Section I. Applicant Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Applicant Legal Name:** | | | | | | |
| 1. **Applicant DBA Name, if applicable:** |  | | | | 1. **Region:** |  |
| 1. **Business Main Address:** |  | | | | 1. **Zip Code:** |  |
| 1. **County:** |  | | | |  |  |
| 1. **City/State:** |  | | | |  |  |
| 1. **Type of Entity:**   Check all that apply | Nonprofit  For-Profit  Governmental Entity  Local Mental / Behavioral Health Authority  Faith Based Organization (Nonprofit organization) | | | | | |
| 1. **Organization Contact Person:** |  | 1. **Phone Number:** |  | 1. **E-mail:** |  | |
| 1. **Authorized Signatory Name:** |  | 1. **Phone Number:** |  | 1. **E-mail:** |  | |
| 1. **Authorized Representative Signature:** | | | | | | |
| 1. **DUNS Number:** | | | | | | |
| 1. **Federal Tax ID No:** | | | | | | |
| 1. **Texas Identification No. (TIN) and TIN Mail Code:** | | | | | | |
| 1. **National Provider Identifier No.:** | | | | | | |
| 1. **Texas Provider Identifier No.:** | | | | | | |

Note: Applicant shall provide supportive documentation verifying the DUNS Number, Federal Tax Identification Number, Texas Identification Number and National Provider Identifier Number, and the Texas Provider Identifier Number.

Section II. Programs/Service Group Type(s)/Service(s) Applying

|  |  |
| --- | --- |
| 1. **Check the Region for this response. (A separate application must be submitted for each region)**   1  2  3  4  5  6  7  8  9 10 11 |  |
| 1. **Is the applicant a Certified Community Behavioral Health Clinic (CCBHC)?**   **Yes  No** |  |
| 1. **Check all Program ID the Applicant is applying to serve.**   **Treatment for Adults (TRA)  Treatment for Females (TRF)  Treatment for Youth (TRY)  CCMS (check if providing Intensive Residential)** |
| 1. **Check all treatment service types the Applicant is applying to provide for TRA, TRF, and/or TRY:** |
| 1. **If question 3 selected “Treatment for Adults (TRA)”, check all TRA services, currently licensed, your agency is applying to provide:**   Outpatient Services  Intensive Residential (including CCMS)  Residential Withdrawal Management Services  Supportive Residential  Ambulatory Withdrawal Management Detoxification Services    HIV Statewide Intensive Residential Services (including CCMS) |
| 1. **If question 3 selected “Treatment for Females (TRF)”, check all TRF services, currently licensed, your agency is applying to provide:**   Outpatient Services  Intensive Residential (including CCMS)  Residential Withdrawal /Detoxification Management Services  Supportive Residential  Ambulatory Withdrawal Management Detoxification Services  Women and Children Intensive Residential Services (including CCMS)    Women and Children Supportive Residential Services |
| 1. **If question 3 selected “Treatment for Youth (TRY)”, check all TRY services, currently licensed, your agency is applying to provide:**   Outpatient Services  Intensive Residential (including CCMS)    Supportive Residential |

Section III. Regulatory Information, Programs, Services and Capacity

For each service group selected in Section II, Applicant shall provide the HHSC regulatory license information for Applicant and/or sub-awards that have committed to providing services. The application shall include the current copies of each regulatory license or Faith Based Registration referenced. For each licensed or registered subcontractor, enter a HHSC license or Faith Based Registration, gender number, age group, HHSC funding requested, number served, committed capacity and name must be completed. Awarded Intensive Residential applicants are required to provide CCMS services.

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Outpatient Services - (TRA, TRF, TRY) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Supportive Residential Services - (TRA, TRF, TRY) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

Awarded Intensive Residential applicants are required to provide CCMS services.

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Intensive Residential Services - (TRA, TRF, TRY, CCMS) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

**Awarded Intensive Residential Applicants are required to provide CCMS services.**

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: HIV Intensive Residential (TRA and CCMS) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

**Awarded Intensive Residential applicants are required to provide CCMS services.**

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Women and Children Intensive Residential Services (TRF), CCMS | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Women and Children Supportive Residential Services - (TRF) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number  Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Residential Withdrawal/Detoxification (TRA and TRF) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number  Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |

**Applicants must use the Exhibit K to complete HHSC funding request and committed capacity.**

|  | Service Group Type: Ambulatory Withdrawal/Detoxification - (TRA and TRF) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHSC License Number (s) or Registration Number (Faith Based) | | Designation | Gender | Age Group | HHSC Funding Request | Number Served | Committed Capacity | Subcontractor Name (leave blank if not subcontracted) |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |
|  | | Licensed  Faith Based | Male  Female | Adult  Youth |  |  |  |  |