**5. HOSPITAL SITTING SERVICES OPEN ENROLLMENT**

**APPLICATION**

# INSTRUCTIONS

## Application must be completed and signed in Section 4 (Certification) for it to be accepted by DFPS.

## Applicant will submit Application and all required documents in the format and order described in Appendix A to the Point of Contact in Open Enrollment Section 1.2.

## If DFPS has difficulty accessing the Applicant’s documents, the Applicant will be required to re-submit documents as directed by DFPS.

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Legal Name of Entity |       |
| Office Address |       |
| City, State, Zip |       |
| Mailing Address |       |
| City, State, Zip |       |
| Phone |       |

|  |  |
| --- | --- |
| Vendor ID Number:       | Federal ID Number – If different from Vendor ID:Applicant:       Parent Organization:       |

|  |
| --- |
| Doing Business As Name (DBA) or Parent Organization – If different from Legal Name above:      Attach a copy of Assumed Name Certificate If an Applicant has a Parent Organization, attach a copy of the agreement between the Applicant and the Parent Organization |

|  |
| --- |
| Type of Applicant – Check appropriate box(es) and attach documentation as indicated |
| [ ]  Sole Proprietorship  |
| [ ]  Private Corporation [ ]  For Profit [ ]  Non-Profit | State of Incorporation:      Charter Number:      Attach a copy of Certificate of Incorporation |
| [ ]  Limited Liability Company (LLC)  | Attach a copy of the Articles of Formation |
| [ ]  Partnership [ ]  Limited [ ]  General | Attach a list of names, addresses for each partner and provide a copy of the Partnership Agreement. |
| [ ]  Governmental Entity Do you have taxing authority? [ ]  Yes [ ]  No |
| Are you a certified Texas HUB? [ ]  Yes – Attach a copy of HUB certification form. [ ]  No – Select all that apply if you fall into one or both of the categories  below: [ ]  Minority Owned Business [ ]  Woman Owned Business |

|  |
| --- |
| Person Authorized to Sign Contract: |
| Name |       | Title |       |
| E-mail |       | Phone |       |
| Contact for Service Delivery: |
| Name |       | Title |       |
| E-mail |       | Phone |       |
| Contact for Invoicing: |
| Name |       | Title |       |
| E-mail |       | Phone |       |

1. **ELIGIBILITY REQUIRMENTS**

(See Section 2.9 of the Open Enrollment)

* 1. Does Applicant have two years of full-time relevant service management experience at the time of this Application is submitted?

[ ]  Yes If yes, attach resume(s) and documentation.

[ ]  No If no, STOP – Applicant does not qualify.

* 1. Does Applicant have two years relevant financial management experience at the time of this Application is submitted?

[ ]  Yes If yes, attach resume(s) and documentation.

[ ]  No If no, STOP – Applicant does not qualify.

* 1. Does Applicant meet the insurance requirements in Section 2.15 of the Open Enrollment?

[ ]  Yes If yes, attach documentation of coverage provided for in Section 2.15. The certificate of insurance must be issued to DFPS or designate DFPS as a Certificate Holder.

[ ]  No If no, STOP – Applicant does not qualify.

1. **SERVICE DELIVERY AREA**

# Region(s) to be Served:

Applicant must mark with a **“√”** next to the Region(s) (see Open Enrollment Section 2.2).

|  |  |  |
| --- | --- | --- |
| **Region** | **√** | **Catchment Area** |
| **Region 1**  | [ ]  | N/A |
| **Region 2**  | [ ]  | N/A |
| **Region 3** | [ ]  | N/A |
| **Region 4**  | [ ]  | N/A |
| **Region 5**  | [ ]  | N/A |
| **Region 6**  | [ ]  | N/A |
| **Region 7** | [ ]   | N/A |
| **Region 8**  | [ ]   | N/A |
| **Region 9**  | [ ]   | N/A |
| **Region 10**  | [ ]   | N/A |
| **Region 11**  | [ ]   | N/A |

1. **CERTIFICATION**

|  |
| --- |
| I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this Open Enrollment. |
| Signature of Authorized Representative | Date      |
| Name of Authorized Representative (Printed)      | Title of Authorized Representative (Printed)      |

**Appendix A – Application Instructions**

1. Applicant must submit a completed Application and Required Forms, as applicable, in the order listed below for File Folder 1 and File Folder 2.
2. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.
3. Save forms in an electronic file.
4. For the Application and the forms that require signature, print, sign and scan in an electronic format. Scanned documents must be clear and legible.
5. Attach File Folders 1 and 2 to email and submit the completed Application to the Point of Contact listed in the Open Enrollment Section 1.2.

**Appendix B – Required Forms**

File Folder 1: Application

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Description | Required or If Applicable |
| Application | Application for Enrollment | Required |
| Insurance | Insurance Documentation  | Required |
| DBA | Assumed Name Certificate Attachment | If applicable |
| Incorporation | Certificate of Incorporation Attachment | If applicable |
| LLC | LLC Articles of Formation Attachment | If applicable |
| Partnership  | Partnership Agreement Attachment | If applicable |
| Partners | Names and addresses and for each partner | If applicable |
| HUB  | HUB Certification Form | If applicable |

File Folder 2: Required Forms

The following forms are located on the DFPS public website, Doing Business with DFPS, Contracting Forms: [https://www.dfps.texas.gov/Doing\_Business /forms.asp](https://www.dfps.texas.gov/Doing_Business%20/forms.asp)

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| 74-176 | 74-176, Vendor Direct Deposit Form | Direct Deposit Authorization |
| 9007FFS | 9007FFS, Internal Control Structure Questionnaire  | Contractor's disclosure of internal controls. Instructions included;attachments must be provided as applicable. |
| 9105RAQ | 9105RAQ, Risk Analysis Questionnaire | Questionnaire for provider to assist staff with the completion of the Risk Assessment Instrument (RAI). |
| AP-152 | AP-152, Application for Texas Identification Number [If you already have a Vendor ID set up for another DFPS contract, print form, note “Already Set Up” at top of page, and provide number] | Application for identification number |
| 2031 | 2031 – Signature Authority Designation | Signature authority designation |

The following form is located on the DFPS public website, Doing Business with DFPS, Contracting Forms, Regional CPS Contracting Forms, General Documents:

[https://www.dfps.texas.gov/Doing\_Business /forms.asp](https://www.dfps.texas.gov/Doing_Business%20/forms.asp)

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| PCS-102 | PCS-102, Contracting Entity and List of Staff, Subcontractors and Volunteers | Contractors must list the contracting entity, all service providers, and requested provider information on this form and submit it electronically to DFPS. |
| 2970C | Disclosure and Consent to Release of Information | Release of information regarding criminal history or DFPS abuse and neglect history. |
| 2971C | Request for Criminal History and DFPS History Check | Application for requesting criminal history and DFPS abuse or neglect history. |

NOTE:  Contractor must submit documentation of organizational qualifications (financial and service management) and direct service staff qualifications for each person listed on Form PCS-102 who will provide the services identified in this open enrollment.  Refer to contract sections 2.9 and 2.10 for a list of qualifications.