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| If Applicant asserts that information provided in its Application is exempt from disclosure under the Public Information Act, Applicant must follow instructions as outlined in Open Enrollment Section 11, Confidential or Proprietary Information. |

**APPLICATION FOR**:

**Open Enrollment HHS0016482**

**for**

**Medical Transportation Program**

**Demand Response Transportation Services**

**The Applicant is required to submit all documentation listed in Open Enrollment (OE) Section 13 along with the Application responses below. Applicant must fill out, sign and submit OE Exhibits A, C, D, E, and H with this Application.**

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| Contractor Name: | Click or tap here to enter text. |
| Name of Organization/Company: | Click or tap here to enter text. |
| Mailing Address: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Zip: | Click or tap here to enter text. |
| County: | Click or tap here to enter text. |
| Physical Address: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Zip: | Click or tap here to enter text. |
| County: | Click or tap here to enter text. |
| Contact Number: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |

**The Applicant will respond to the following questions. The Applicant understands that any and all responses may be validated by the Health and Human Services Commission, at its discretion. If more space is needed, the applicant may attach additional sheets to this Application.**

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| 1. Please provide detailed information on your past experience in operating a transportation service. Please provide number of years of experience.   (Ref: Section 7.1, Minimum Qualifications of Applicants)  Click or tap here to enter text. |

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| 1. Please provide information regarding any licensure and accreditation the applicant is required to obtain and maintain by state statute, city ordinance, etc. Please provide a permit number, effective date and the issuing city or state agency. This does not include a Texas drivers license number.   (Ref: Section 7.2, Licensure and Accreditation)  Click or tap here to enter text. |

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| 1. Applicant must attach the following documentation as part of the application submission process. 2. Secretary of State registration to conduct business in Texas 3. Texas Medicaid & Healthcare Partnership Medicaid enrollment letter   (Ref: Section 7.3, Additional Minimum Qualifications for Contractor)  Click or tap here to enter text. |

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| 1. Applicant must provide affirmation the applicant is in good standing, not in any form of bankruptcy, current in payment of all required taxes and fees such as state franchise fees.   (Ref: Section 7.3, Additional Minimum Qualifications for Contractor)  Click or tap here to enter text. |

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| 1. Please provide detailed information on each of the following key personnel positions to include their years of relevant experience.   (Ref: Section 8.5, Operational Requirements)   1. Project Manager   Click or tap here to enter text.   1. Transportation Supervisor   Click or tap here to enter text.   1. Dispatcher   Click or tap here to enter text.   1. Vehicle Safety Supervisor   Click or tap here to enter text. |

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| 1. Please provide your business’ office days of operation.   (Ref: Section 8.5, Operational Requirements, subsection 8.5.3)  Click or tap here to enter text. |

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| 1. Please provide your business’ office time of operation.   (Ref: Section 8.5, Operational Requirements, subsection 8.5.3)  Click or tap here to enter text. |

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| 1. Please provide your business’ delivery days of operation.   (Ref: Section 8.5, Operational Requirements, subsection 8.5.3)  Click or tap here to enter text. |

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| 1. Please provide your business’ delivery times of operation.   (Ref: Section 8.5, Operational Requirements, subsection 8.5.3)  Click or tap here to enter text. |

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| 1. Please provide your business’ “Where’s My Ride” number and days and hours of operation.   (Ref: Section 8.5, Operational Requirements, subsection 8.5.4)  Click or tap here to enter text. |

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| 1. Applicant must submit an attestation per the instructions in Section 8.6, Applicant Attestation.   Click or tap here to enter text. |

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| 1. Please provide detailed information on the adequacy and efficiency of your business’ communication system.   (Ref: Section 8.10, Communication Requirements)  Click or tap here to enter text. |

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| 1. Please provide specific information regarding your business plan to provide backup vehicle with drivers.   (Ref. Section 8.12, Back Up Vehicles with Drivers)  Click or tap here to enter text. |

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| 1. Please provide detailed information if your business plans to subcontract a portion or all of its assigned trips.   (Ref: Section 8.16, Subcontracting)  Click or tap here to enter text.  The response must also include an acknowledgement that the business will comport with the requirement Section 8.27.2, Assignment/Assumption of Subcontractors Upon Termination, which will be a requirement of an awarded Contract.  (Ref: Section 8.27.2, Assignment/Assumption of Subcontractors Upon Termination)  Click or tap here to enter text. |

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| 1. Please provide a statement of the applicant’s intent to obtain and maintain the required insurance coverage and policy limits. If the applicant will be submitting an alternative method of insuring the Contract, please describe in detail. HHSC shall be the sole and final judge as to the adequacy of any substitute form of insurance coverage.   (Ref: Section 10.1, Insurance Coverage and Section 10.5, Alternative Insurability)  Click or tap here to enter text.  Note: Proof of insurance will be requested at time of potential award. |

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| 1. Please list the region(s) and/or county(ies) to be served.   (Ref: Attachment 3A-Medical Transportation Program Fee-for-Service Transportation Service Region Map and Attachment 3B-Transportation Service Area County List)  Click or tap here to enter text. |

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| 1. Affirmation. Please affirm you have read the open enrollment solicitation in its entirety and understand the requirements set forth.   Click or tap here to enter text. |

**Sign Here**

Knowingly falsifying information on this document may result in disqualification.

I certify that the information contained in the application is to the best of my knowledge, true, accurate and complete.



Click or tap here to enter text.

**Title**

Click or tap here to enter text.

**Phone Number**