

***Open Enrollment for Patient Support Program for Decision-Making and Transition Services***

Open Enrollment Number:

**FORM B: Open Enrollment Application Checklist**

Each Enrollment Application Must Contain the Following Items:

If items not applicable, please mark with N/A

Document	Check (√), if included
FORM A: HHSC Face Page – Signature Required	
FORM B: Open Enrollment Application Checklist	
FORM C: Contact Person Information Form	
FORM D: Proof of Certification	
FORM E: Organizational Chart/Structure of the Guardianship Program	