**5 MENTAL HEALTH PROVIDER ENROLLMENT**

**APPLICATION, ATTACHMENTS**

**AND REQUIRED FORMS**

# INSTRUCTIONS

### Only use one Application and indicate on that Application what you are applying to provide services in.

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

### Applicant will submit Application in its entirety and all required documents in File Folders 1 and 2 in Appendix B to REGION12APSCONTRACTS@dfps.texas.gov.

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

**SECTION I – APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Legal Name of Applicant |       |
| Office Address |       |
| City, State, Zip |       |
| Mailing Address |       |
| City, State, Zip |       |
| Phone |       |
| Contact Person |       | Title |       |
| Contact's E-mail |      |
| Contact Person’s Phone |       |
| Authorized Signatory |       | Title |       |
| Authorized Signatory E-mail |      |
| Authorized Signatory Phone |       |
| Billing Person |       | Title |       |
| Billing Person’s E-mail |      |
| Billing Person’s Phone |       |

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| Doing Business As Name (DBA) or Parent Organization Indicate 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 |
| Mailing Address - If different from Office Address aboveApplicant:      Parent Organization: \_      |
| Vendor ID Number:       |
| Federal ID Number – If different from Vendor IDApplicant:      Parent Organization:       |  |
| Name of Person Authorized to Sign Contract      | Title      | Phone Number:     Email:      |
| Name of Person Responsible for Billing       | Title      | Phone Number:     Email:      |
| Type of Applicant – Check appropriate box(es) and attach documentation as indicated |
| [ ]  Governmental Entity Do you have taxing authority? [ ] Yes [ ] No |
| [ ]  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[ ]  Sole Proprietorship | Attach a list of names, addresses for each partner and provide a copy of the Partnership Agreement. |
| 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 |

### SECTION II-SERVICE DELIVERY AREAS

For this Open Enrollment, DFPS is seeking the Psychologists, Licensed Clinical Social Workers (LCSW), and/or Licensed Professional Counselors (LPC) in to deliver Mental Health Assessment Services in all, some or one DFPS Region 3 Counties (see Open Enrollment Section 1.6).

Select the counties you are applying to provide these services – all, some or one.

|  |
| --- |
| **DFPS Region 3 Service Delivery Area** |
| [ ]  **Check if applying for all Region 3 Counties** |
| [ ]  Collin | [ ]  Grayson | [ ]  Parker |
| [ ]  Cooke | [ ]  Hood | [ ]  Rockwall |
| [ ]  Dallas | [ ]  Hunt | [ ]  Somervell |
| [ ]  Denton | [ ]  Johnson | [ ]  Tarrant |
| [ ]  Ellis | [ ]  Kaufman | [ ]  Wise |
| [ ]  Erath | [ ]  Navarro |  |
| [ ]  Fannin | [ ]  Palo Pinto |  |

### SECTION IV -INSURANCE

Indicate in the table below if requirements are met.

|  |
| --- |
| **Commercial General Liability:** Minimum combined bodily injury (including death) and property damage limits of $2,000,000 per occurrence, and $2,000,000 aggregate. [ ] Yes [ ] No |
| **Professional Liability Insurance:**Minimum required coverage $2,000,000 occurrence and $2,000,000 aggregate.[ ] Yes [ ] No |
| **Commercial Crime Policy with a 3rd Party and Employee Dishonesty or “Client Property” endorsement.**\*Business entities with no employees are not required to obtain Commercial Crime insurance. Minimum required coverage is $25,000.[ ] Yes [ ] No |
| **The Certificate of Insurance must be issued to DFPS or designate DFPS as the Certificate Holder.**Contractor must submit insurance coverage documentation with the signed Contract. DFPS will not execute a Contract if this documentation is not provided or is found to not meet the insurance requirements. |

**SECTION V - EXECUTIVE ORDER 48 COMPLIANCE**

On November 19, 2024, Governor Greg Abbott issued [Executive Order No. GA-48](https://gov.texas.gov/uploads/files/press/EO-GA-48_Hardening_State_Government_FINAL_11-19-2024.pdf) relating to the hardening of state government (EO 48).

By submitting this application, the Applicant certifies that it is not, and, if applicable, any of its holding companies or subsidiaries, is not:

1. Listed in Section 889 of the 2019 National Defense Authorization Act (NDAA);
2. Listed in Section 1260H of the 2021 NDAA;
3. Owned by the government of a country on the U.S. Department of Commerce’s foreign adversaries list under 15 C.F.R. § 791.4; or
4. Controlled by any governing or regulatory body located in a country on the U.S. Department of Commerce’s foreign adversaries list under 15 C.F.R. § 791.4.

In addition, the Applicant must provide DFPS with a copy of its corporate structure, which should include any owners, holding companies, and subsidiaries, and any relevant documents to show that it does not meet any of the above-listed criteria.

**SECTION VI – CERTIFICATION**

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| --- |
| 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**

### ORGANIZATION OF APPLICATION

1. The Applicant does not execute and return the Mental Health Enrollment Sample Base Contract.

2. As part of their submission, Applicants must submit a completed application, forms and attachments, as applicable, in the following order.

3. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.

4. Save forms in an electronic file.

5. For the Application and the forms that require signature, print, sign and save in an electronic format.

**APPENDIX B**

### APPLICATION, ATTACHMENTS AND REQUIRED FORMS

**FILE FOLDER 1: Application**

|  |  |  |
| --- | --- | --- |
| ELECTRONIC FILE NAME | DESCRIPTION | Required or If Applicable |
| 0.1.A-Application | Application for Enrollment | Required |
| 01.B-Licensure  | Applicable State of Texas Professional Licensure | Required  |
| 01.C-Insurance | Insurance Document  | Required |
| 01.D-DBA | Assumed Name Certificate Attachment | If applicable |
| 01.E-Incorporation | Certificate of Incorporation Attachment | If applicable |
| 01.F-LLC | LLC Articles of Formation Attachment | If applicable |
| 01.G-Partnership  | Partnership Agreement Attachment | If applicable |
| 01.H-Partners | Names and addresses and for each partner | If applicable |
| 01.I-HUB  | HUB Certification Form | If applicable |

**FILE FOLDER 2: Required Forms**

|  |  |  |  |
| --- | --- | --- | --- |
| Electronic File Name -Form Number | NAME | PURPOSE | Document Location |
| 74-176 | Vendor Direct Deposit Form | Direct Deposit Authorization | [74-176](https://www.dfps.texas.gov/Application/Forms/showFile.aspx?Name=74-176.pdf) |
| 1513 | Disclosure of Ownership and Control Interest Statement | Documents ownership and financial interest information | [1513](https://www.dfps.texas.gov/Doing_Business/forms.asp) |
| 9007FFS | Internal Control Structure Questionnaire | Contractor's disclosure of internal controls. Instructions included. | [9007FFS](https://www.dfps.texas.gov/Application/Forms/showFile.aspx?Name=9007FFS.doc) |
| AP-152 | Application for Texas Identification Number/Additional Mailing Address | Application for Texas Identification Number | [AP-152](http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?Name=AP-152.pdf) |
| F-500-2970c | Criminal or Abuse/Neglect History for Applicants, Employees, or Volunteers of DFPS Contractors and Subcontractors | Used to disclose criminal and abuse/ neglect history for those who will be involved in direct delivery services with DFPS clients. Instructions included. | [2970C](https://www.dfps.texas.gov/Application/Forms/showFile.aspx?Name=F-500-2970c.pdf) |
| F-500-2971c | Request for Criminal History and DFPS History Check for Purchased Client Services Contractors  | Used to submit background checks for those who will be involved in direct delivery services with DFPS clients. Instructions included. | [2971C](https://www.dfps.texas.gov/Application/Forms/showFile.aspx?Name=F-500-2971c.pdf) |
| 2031 | Signature Authority Designation | Used to establish the authorized signature authorities and designess | [2031](https://www.dfps.texas.gov/Application/Forms/showFile.aspx?Name=2031.docx) |