

Community Services Contract Application

Section 1. Type of Application: New Assignment of Contract Re-enrollment

Section 2. Applicant's Legal Entity Information

Name of Legal Entity		Doing Business As (d/b/a), if applicable	
Taxpayer Identification No. (EIN or SSN)		Provider Identifier No. (NPI or API)	
First Name of Owner (if legal entity is a sole proprietorship)	MI	Last Name	Jr., Sr., etc.
Legal Entity Business Mailing Address (Street or P.O. Box, City, State, ZIP Code)			
Legal Entity Physical Address (Street, City, State, ZIP Code), if different from mailing address			
Location Where Service Delivery Records are Maintained (Street, City, State, ZIP Code), if different from physical address			
Contact Person	Title or Relationship		Area Code and Telephone No.
Physical Address (Street, City, State, ZIP Code)	Email Address		Area Code and Fax No.

Section 3. Applicant's Type of Legal Entity

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Governmental (check one): <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Hospital District/Authority			
<input type="checkbox"/> Other (specify) _____			

Important! See instructions for required legal entity certificates and documents that must be attached to this form.

Section 4. Additional Legal Entity Information

<p>A. Has the legal entity ever been excluded, debarred or suspended from any state or federal program? If Yes, attach a full explanation of the circumstances, including type of action taken, date, program involved, state where incident occurred and agency taking the action.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>B. Has the legal entity or any of the legal entity's owners, directors, officers or managing employees ever been convicted of a criminal offense specified in Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter G, Division 4, §371.1685 or Title 40, Part 1, Chapter 99, §99.2? If Yes, attach a full explanation of the circumstances, including type of action taken, date, program involved, state where incident occurred and agency taking the action.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>C. Has the legal entity ever had a license denied or revoked by the Texas Department of Aging and Disability Services (DADS)? If Yes, attach a full explanation of the circumstances, including date, type of license, license number and final actions.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>D. Has the legal entity ever had a contract or agreement with DADS cancelled for failure to comply with any provisions of the contract or state and federal regulations? If Yes, attach a full explanation of the circumstances, including date, type of contract, contract number and reason for cancellation.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>E. Has the legal entity ever filed for reorganization or bankruptcy or been placed in receivership due to failure or inability to meet financial obligations in the regular course of business? If Yes, attach a full explanation of the circumstances, including date and type of action.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>F. Is there any aspect of the legal entity's operations that would prevent the legal entity from meeting existing financial obligations? If Yes, attach a full explanation.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4. Additional Legal Entity Information (continued)

G. Has the legal entity been notified by any taxing authority (IRS, state, county, city, school district, etc.) of any past due taxes or foreclosure or forfeiture of real or personal property? If Yes, attach a full explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Has there been a change of ownership or control in the legal entity during the last 12 months? If Yes, specify date _____ and type of change _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Does the legal entity anticipate a change of ownership or control within the next 12 months? If Yes, specify date _____ and type of change _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Does the legal entity anticipate filing for reorganization or bankruptcy or being placed in receivership within the next 12 months? If Yes, specify date _____ and type of change _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5. Existing Contracts with DADS

If applicable, list all contracts the applicant currently has with DADS. Copy this page and include as an attachment if additional entries are required.

Note: A document that lists all contracts the applicant currently has with DADS and includes all of the information requested below may be attached in lieu of completing Section 5. Check the following box if a document is attached.

Business Name (legal name in Section 2 or d/b/a, if applicable)		Contract No. (9 digits)
Business Mailing Address (Street or P.O. Box, City, State, ZIP Code), if different from Section 2.		Taxpayer Identification No. (EIN or SSN)
Contact Person	Title or Relationship	Area Code and Telephone No.

Business Name (legal name in Section 2 or d/b/a, if applicable)		Contract No. (9 digits)
Business Mailing Address (Street or P.O. Box, City, State, ZIP Code), if different from Section 2.		Taxpayer Identification No. (EIN or SSN)
Contact Person	Title or Relationship	Area Code and Telephone No.

Business Name (legal name in Section 2 or d/b/a, if applicable)		Contract No. (9 digits)
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Business Mailing Address (Street or P.O. Box, City, State, ZIP Code), if different from Section 2.		Taxpayer Identification No. (EIN or SSN)
Contact Person	Title or Relationship	Area Code and Telephone No.

Section 6. Type of Contract You Wish to Obtain

Use the link to a list of contract types in the instructions to this form to complete this section. Enter the contract type's abbreviation to indicate the type of contract you wish to obtain. Make a separate entry for each contract type you wish to obtain.

Type of Contract	Type of Contract	Type of Contract	Type of Contract
Type of Contract	Type of Contract	Type of Contract	Type of Contract

Section 7. For Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Only

7a. Program Contact and Billing Person

Identify the individual who can be contacted about waiver program service issues and billing questions and issues.

Program Contact Person	Title	Area Code and Telephone No.
Physical Address (Street, City, State, ZIP Code)	Email Address	Area Code and Fax No.

7b. Program Manager

Identify the person who is responsible for managing and overseeing the direct provision of services to individuals enrolled in the DADS waiver program(s) and ensuring the legal entity's compliance with certification provisions and the terms and conditions of the provider agreement.

Note: This individual must attend the next scheduled provider applicant training and complete the certification exam. There are no exceptions to this requirement. Also, no substitutions for this individual during the application process are allowed. A written resume and three signed and verifiable professional references for this person must be submitted with this form.

Name of Individual	Title	Area Code and Telephone No.
Physical Address (Street, City, State, ZIP Code)	Email Address	Area Code and Fax No.

Section 8. Licensure Information

8a. For All DADS License Holders

If you wish to obtain a contract type that requires a DADS license, you must provide the following information regarding the license. Follow the instructions to the form when completing the licensure information. Copy this page and include as an attachment if additional entries are required.

License No.	License Type	Facility Category (check one) <input type="checkbox"/> Asst. Liv. Type A or B <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Asst. Liv. Type C <input type="checkbox"/> Nursing Facility	HCSSA Category (check all that apply) <input type="checkbox"/> LHHS <input type="checkbox"/> Hospice <input type="checkbox"/> PAS <input type="checkbox"/> L&CHHS
HCSSA Branch Office Location (Street, City, State, ZIP Code)			
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HCSSA Branch Office Location (Street, City, State, ZIP Code)			
HCSSA Branch Office Location (Street, City, State, ZIP Code)			

8b. For Adult Day Care (ADC) and Assisted Living (AL) License Holders Only

Do you have a legal right to occupy the property in which the facility is located? Yes No

Provide the following information about the owner of the real property in which the facility is located.

Name of Real Property Owner (Individual or Business Entity)	Area Code and Telephone No.	Area Code and Fax No.
Mailing Address (Street or P.O. Box, City, State, ZIP Code)	Email Address	

Section 9. Applicant/Legal Entity Certification

I certify the information set forth in this application and its attachments, if any, is true and complete. If found to be otherwise, I understand it is sufficient cause for DADS to deny the legal entity's community services contract application or, if applicable, cancel the legal entity's existing contract. I also understand that as a condition to contract with DADS, the information provided in this application must be kept current, and I agree to notify DADS in writing of any changes in accordance with the terms and conditions of my contract with DADS.

Signature – Authorized Representative

Date

Typed or Printed Name of Authorized Representative

Title

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, year _____.

Signature – Notary Public

Printed Name of Notary and Jurisdiction

My commission expires _____