

**Consumer Directed Services - Deaf-Blind with Multiple Disabilities (CDS-DBMD)  
Required Forms**

The following forms should be completed in accordance with HHSC instructions. Please do not send instructions or blank form pages with an application packet.

Reviewed	Attached	Forms
		<a href="#">Form 5830, Application Packet Checklist</a>
		<a href="#">Form 3681, Community Services Contract Application</a>
		<a href="#">Form 3691-A, Service Area Designation HCS, TxHmL, CDS and TAS</a>
		<a href="#">Form 5871 or Form 5871-S, Disclosure of Ownership and Control Interest Statement</a>
		<a href="#">Form 2031, Designation of Authorized Individual(s) – Business Entity</a>
		<a href="#">Form 2031-G, Designation Of Authorized Individual(s) – Governmental Entity</a>
		<a href="#">Form 3834, Written Acknowledgement of Completion of Cybersecurity Training Program</a>
		<a href="#">Data Usage Agreement (DUA)</a>
		<a href="#">HHS Information Security and Privacy Initial Inquiry</a>