

**Deaf Blind with Multiple Disabilities (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
		Form 5830, Application Packet Checklist
		Form 3681, Community Services Contract Application
		Form 3691, Service Area Designation
		Form 5871 or Form 5871-S, Disclosure of Ownership and Control Interest Statement
		Form 2031, Designation Of Authorized Individual(s) – Business Entity
		Form 2031-G, Designation Of Authorized Individual(s) – Governmental Entity
		Form 3834, Written Acknowledgement of Completion of Cybersecurity Training Program
		Data Usage Agreement (DUA)
		HHS Information Security and Privacy Initial Inquiry