



Community-based Programs – Access and Eligibility Services
Contract Application Packet Checklist, Regionally Enrolled

Legal Entity Name	Doing Business As (DBA), if applicable
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This form is intended to be used by contract applicants and Texas Health and Human Services Commission (HHSC) staff to ensure all required forms and documents are submitted during the contract application process. HHSC rules governing the application process for a provisional contract for Community-based Programs are in Texas Administration Code (TAC), Title 40, Part 1, Chapter 49. Submittal of this form with the contract application packet is optional.

Entities applying for a provisional contract with HHSC must submit all forms listed in **Section 1** unless otherwise indicated. Documents listed in **Section 2**, applicable to the applicant's type of business or governmental entity, and forms and documents listed in **Section 3**, applicable to the type of contract the applicant is applying for, must also be submitted. All required HHSC forms must be downloaded from the Texas Health and Human Services (HHS) Internet forms website at <https://hhs.texas.gov/laws-regulations/forms> unless an exception is requested and approved. Failure to submit all required forms and documents will delay the contract application process and may result in HHSC denying the application. Applicants should carefully read the instructions to a form before completing it as errors and omissions will delay the application process. Applicants should retain copies of all forms submitted. Do not send original business documents.

Section 1: Required Forms and Documents

- Form 2031, Designation of Authorized Individual(s) – Business Entity **or**
 Form 2031-G, Designation of Authorized Individual(s) – Governmental Entity
- Form 3681, Community Services Contract Application
- Form 3834, Written Acknowledgement of Completion of Cybersecurity Training Program
- Form 3691, Service Area Designation (not required for Residential Care (RC) or Adult Foster Care (AFC))
- Form 5871, Disclosure of Ownership and Control Statement, **or**
 Form 5871-S, Disclosure of Ownership and Control Statement - Short Form
- Copy of Verification of the Employer Identification Number (EIN) (IRS Form CP-575 or Letter 147c)
- Copy of National Provider Identifier (NPI) confirmation email or letter, if applicable
- Data Use Agreement (See: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/nf/data-use-agreement.pdf>)
- HHS Information Security and Privacy Initial Inquiry (See: <https://hhs.texas.gov/laws-regulations/forms/miscellaneous/hhs-information-security-privacy-initial-inquiry-spi>)

The following forms will be sent to the contract applicant for completion and signature when it has been determined that HHSC will award the contract:

- Form 3254, Community Services Contract – Provider Agreement
- Form AP-152, Application for Texas Identification Number (if entity currently does not have an established TIN)
- Form 74-176, Direct Deposit Authorization
- HHS Contract Affirmations

Section 2: Required Business Documents by Type of Legal Entity

Sole Proprietorship

- Copy of owner's Social Security Card
- Copy of owner's Driver License, State-Issued Identification, or U.S. Passport
- Certificate of Assumed Business Name as filed with County

Limited Partnership

- Certificate of Formation as filed with Secretary of State
- Limited Partnership Agreement
- Any Certificates of Amendments to original filing **(if applicable)**
- Certificate of Registration (if not formed in Texas, authority to transact business in Texas) as filed with Secretary of State
- Certificate of Assumed Business Name as filed with Secretary of State
- Copy of each partner's Driver License, State-Issued Identification, or U.S. Passport
- Copy of each partner's Social Security Card

Corporation (Check one: For Profit Nonprofit)

- Certificate of Formation as filed with Secretary of State
- Articles of Incorporation
- By-Laws **(if applicable)**
- Certificate of Registration (if not formed in Texas, authority to transact business in Texas) as filed with Secretary of State
- Any Certificates of Amendments to original filing **(if applicable)**
- Certificate of Assumed Business Name as filed with Secretary of State

General Partnership

- General Partnership Agreement
- Any Amendments to General Partnership Agreement **(if applicable)**
- Copy of each partner's Social Security Card
- Copy of each partner's Driver License, State-Issued Identification, or U.S. Passport
- Certificate of Assumed Business Name as filed with Secretary of State

Limited Liability Company

- Certificate of Formation as filed with Secretary of State
- Articles of Organization
- Any Certificates of Amendments to original filing **(if applicable)**
- Certificate of Registration (if not formed in Texas, authority to transact business in Texas) as filed with Secretary of State
- Certificate of Assumed Business Name as filed with Secretary of State

Governmental Entity

- Certificate of Registration (if not formed in Texas, authority to transact business in Texas) as filed with Secretary of State (if required to register)
- Certificate of Assumed Business Name as filed with Secretary of State
- Copy of each Commissioner's (or equivalent) Social Security Card
- Copy of each Commissioner's (or equivalent) Driver License, State-Issued Identification, or U.S. Passport

Section 3: Required Forms and Documents by Type of Program

Adult Foster Care (AFC)

- Form 2329, Adult Foster Home Health Inspection Checklist
- Form 2357, DFPS Records Check, for AFC provider and any substitute(s)
- Form 3681-A, Community Services Contract Application - Addendum A
- Form 3681-B, Community Services contract Application - Addendum B, Adult Foster Care Provider Questionnaire
- Current assisted living facility license Type A or Type B issued by HHSC, for a facility serving four to eight individuals
- Must have at least one approved substitute
- Receipts for Criminal History Record Requests for AFC provider and any substitute(s)
- TB Test within the last six months for AFC provider and any substitute(s)
- Three references from non-relatives for AFC provider and any substitute(s)
- Floor Plan/Evacuation
- Fire Marshal Inspection

Emergency Response Services (ERS)

- Form 3681-C, Community Services Contract Application - Addendum C, Emergency Response Services
- Receipts for Criminal History Record Requests for each controlling person of the legal entity

Home-Delivered Meals

- Most recent health authority inspection
- Receipts for Criminal History Record Requests for each controlling person of the legal entity
- Approval from HHSC staff in the region in which the applicant is seeking to provide services

Residential Care (RC)

- Form 3681-A, Community Services Contract Application - Addendum A
- Current Assisted Living Facility license Type A or Type B issued by HHSC
- Form 3647, Assisted Living Disclosure Statement
- Receipts for Criminal History Record Requests for each controlling person of the legal entity