



## OPEN ENROLLMENT APPLICATION FOR INDIVIDUALS

Helping people achieve dignity, independence, and their dreams.”

<https://communityhealthcore.com/about-us/contractors/request-for-application/>

### SECTION 1: Individual Contractor Information

Legal Name (*please print*): \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Social Security Number (*attach copy*): \_\_\_\_\_

Any languages other than English that you can perform services in:  Yes  No

If yes, please list \_\_\_\_\_

Identification: Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

**How did you hear about us?**

- Community Healthcore Website
- Current employee (please specify below)
- Job Board (please specify below)
- Job Fair (please specify below)
- Social Media (please specify below)
- Newspaper (please specify below)
- Other (please specify below)

Please specify source:

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**SECTION 2: Services**

**Applicant agrees to provide the specified community service(s) at the rate of payment described in the RFA.**

Open Enrollment Applicant applying for: \_\_\_\_\_

Service definitions can be found on the RFA Posting and Instructions on the Community Healthcore website located at <http://communityhealthcore.com/about-us/contractors/request-for-application/>. Please refer to the current Request for Applications for a list of rates.

What type(s) of services is Applicant applying to provide?

- Non-Traditional     Licensed or Professional

*\*\*\*Non-traditional services do not require a professional license or certification. Licensed or professional services do require a professional license or certification.*

✓ **Check all services that Applicant is applying to provide.**

- Is Applicant applying to provide Behavioral Health Services for Adults?

Yes       No

- Is Applicant applying to provide Child and Family Services (CFS, Children’s Partnership, Youth and Family Assessment Center, Community Healthcore Family Drug Treatment Court)?

Yes       No

- Is Applicant applying to provide Texas Health and Human Services Commission (HHSC) Services for Adults and Children?

\_\_\_ Yes      \_\_\_ No

- Is Applicant applying to provide Child and Family Services (Early Childhood Intervention Services)?

\_\_\_ Yes      \_\_\_ No

- Is Applicant applying to provide Child and Family Services (Youth Empowerment Services Waiver)?

\_\_\_ Yes      \_\_\_ No

- Is Applicant applying to provide Intellectual and Developmental Disabilities Services?

\_\_\_ Yes      \_\_\_ No

- Is Applicant applying to provide Substance Use Services?    \_\_\_ Yes      \_\_\_ No

**SECTION 3: Geography**

If services are to be provided in the Community or the Consumer’s Home, in what geographic areas is Applicant willing to provide services? Check all that apply.

**General Openings**

• Bowie County	• Cass County	• Gregg County
• Harrison County	• Marion County	• Panola County
• Red River County	• Rusk County	• Smith County
• Upshur County		

**ECI**

• Smith County	• Anderson County	• Cherokee County
Inside the Loop	• Henderson County	• Rains County
Outside the Loop	• Van Zandt County	• Wood County

**Service Location(s): All that apply**

- Will services be provided in the Community?    \_\_\_ Yes      \_\_\_ No
- Will services be provided in the Consumer’s Home?    \_\_\_ Yes      \_\_\_ No

- Will services be provided at your Business location listed on page 1?  Yes  No
- Will services be provided at any other Business location?  Yes  No

If yes, where? \_\_\_\_\_

**SECTION 4: Credentials / Certifications / Requirements / (provide copies of ALL Licenses and Certifications)**

Are you in compliance with HHSC (formerly TDMHMR -Texas Department of Mental Health and Mental Retardation) rules? (Available at the site)

Yes  No

Licensure Status – Note: Licensed providers are MD/DO, psychologist, LPC, LCSW, LMSW, LMFT, LCDC, APN, RN, LVN, ST, PT, OT, LPA, and massage therapists. Certified providers include BCBA, Art Music, and Recreation Therapists. *List name/type of license and certification below.*

Licenses	Certifications	Credential

List and submit any other credentials, certifications, and/or accreditations that Applicant currently holds. This includes documents such as Health and Human Services Commission (HHSC) Licenses or Certifications, Department of State Health Services Licenses or Certifications, Department of Aging and Disability Services Licenses and Certifications, Department of Assistive and Rehabilitative Services Licenses and Certifications, etc. If none, type "Not Applicable." (Attach a separate page, if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have a Relias account assigned to you by Community Healthcore for provider training?

Yes  No

Have you completed any required Community Healthcore provider training?

Yes, I am a new provider, but I have completed some or all of the required training. See attached.

Yes, I am a renewing provider and I have submitted training records to a Community Healthcore staff member upon the previous request.

No, all service providers have registered for upcoming training or will register for upcoming training. I understand that required Community Healthcore provider training must be completed prior to any contract(s) being awarded.

\*\*\*There is no cost for training. Community Healthcore will not pay for time spent in training. Community Healthcore Providers are required through this Open Enrollment to complete current service-specific training. Any specific training and reimbursement will be specified in the contract.

**SECTION 5: Other Provider Details**

Describe any Contracts, Memoranda of Understanding, or employment relationships that Applicant has with Community Healthcore and/or any other state, city, or county agencies in Bowie, Cass, Gregg, Harrison, Marion, Red River, Rusk, Smith, and/or Upshur County (ies) in the last ten (10) years. Attach a separate page, if needed.

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Is the Applicant excluded from performing services under any Governmental Programs or any other Government-sponsored program, including Medicaid and/or Medicare programs in any state?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Please list any family member (related by blood or marriage) who is employed by Community Healthcore or serves on the Community Healthcore Board of Trustees.

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**Adverse Actions**

Has Applicant ever been a party to a contract or held an employee position that was terminated for cause, relinquished or withdrawn; or failed to proceed with an application to avoid an adverse action, to preclude an investigation, or while under investigation relating to professional conduct?

Yes \_\_\_\_\_      No \_\_\_\_\_

Has participation in Medicare, Medicaid, or other government programs as a provider ever been or is it currently in the process of being denied, revoked, suspended, reduced, limited, censured, placed on probation, reprimanded, sanctioned, disqualified, fined, placed under board order, or not renewed?

Yes \_\_\_\_\_      No \_\_\_\_\_

Has Applicant ever been assessed a penalty by Medicaid, Medicare, or any government program?

Yes \_\_\_\_\_      No \_\_\_\_\_

Has Applicant ever been convicted of or pleaded no contest to a drug or alcohol-related offense?

Yes \_\_\_\_\_      No \_\_\_\_\_

Has Applicant ever been convicted of anything other than a minor traffic violation as an adult?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been sanctioned by a peer review organization or similar federal, state, regulatory program, or military agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been found to be the perpetrator of a confirmed case of client abuse, neglect, or exploitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is Applicant currently under investigation, or has Applicant had a license or accreditation revoked, by any state/federal/local authority or licensure agency, within the last five (5) YEARS?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant had any judgments or settlements entered against him/her in the last ten (10) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant been placed on vendor hold within the past five (5) years by any funding agency or company?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant delinquent in the payment of any child support payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant subject to any levy by a governmental agency including but not limited to the IRS?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Transporting:**

Applicants that will be transporting consumers must meet Safe Driving Standards. If any provider has four (4) or more points on their current DPS past 3-year driver records, then they CAN NOT TRANSPORT CONSUMERS.

Will Applicant be transporting consumers? \_\_\_\_ Yes \_\_\_\_ No

If so, please provide a copy of your current DPS Driving Record and an accident report for accident violations where you were determined to not be at-fault (if applicable).

Barred (license suspended or revoked) from driving? \_\_\_\_ Yes \_\_\_\_ No

Insurance: Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Provide copies of the following:**

- Current DPS 3-year driver record.
- Texas Auto liability coverage in limits required by the State of Texas with effective and expiration dates
- Current Driver's License

**SECTION 6: Assurance**

The applicant is not currently held in abeyance or barred from the award of a Federal or State contract. The applicant is currently in good standing with the State of Texas and has paid all applicable taxes that are currently due. If applicant cannot make both assurances, please explain why (use separate paper if necessary).

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**SECTION 7: Submitted Documents**

- Open Enrollment Application
- Background Check Form (Included in this package)
- Conflict of Interest (Included in this package)
- Copy of Current Professional Certificate of Insurance
- Other documents asked for in the application (copy of current professional license, permit or certification)
- W-9

**SECTION 8: Certify**

I CERTIFY that all the information provided by me in connection with this application, whether on this application or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for a refusal to consider, or if engaged, termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Background Check

I authorize Community Healthcore to conduct computerized criminal history, and online background checks with the Texas Department of Public Safety, Federal Bureau of Investigation, and Health and Human Services Registries in accordance with applicable statutes.

I understand that the background checks will be done and that I will not be able to provide services directly to/with Community Healthcore until these clearances are obtained.

If a criminal history and/or online background check reveal negative results, I may be denied certain assignments. Also, I agree to report to the Human Resources Director all arrests, indictments, and convictions I receive while providing service to/with Community Healthcore.

**Please provide the following information in order to process criminal history and online background checks. This information obtained will be used for that purpose only.**

Legal Name (please print) \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.



## CONTACT INFORMATION

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

This form will be provided to Community Healthcore HR to set up training and the Supervisor so they will be able to contact you if needed.

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To be completed by Community Healthcore Contract Department.

Center Contract Supervisor: \_\_\_\_\_

Unit #: \_\_\_\_\_

