



## OPEN ENROLLMENT APPLICATION FOR ORGANIZATIONS

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

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

### SECTION 1: Business Contractor Information

Business Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Representative Name: \_\_\_\_\_

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

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

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

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

Type of Business Entity:  Profit  Non-Profit  Governmental  Other

EIN (attach copy): \_\_\_\_\_ Number of Employees Providing Service: \_\_\_\_\_

Speak any Languages Other than English that you can perform services in:  Yes  No

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

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 Company 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 your Company applying to provide Behavioral Health Services for Adults?  
 Yes     No
  
- Is your Company 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 your Company applying to provide Texas Health and Human Services Commission (HHSC) Services for Adults and Children?  Yes  No
- Is your Company applying to provide Child and Family Services (Early Childhood Intervention Services)?  Yes  No
- Is your Company applying to provide Child and Family Services (Youth Empowerment Services Waiver)?  Yes  No
- Is your Company applying to provide Intellectual and Developmental Disabilities Services?  Yes  No
- Is your Company 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, to what geographic areas that Community Healthcore service, is Applicant willing to travel 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?  Yes  No

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

Is your Business in compliance with HHSC (formerly TDMHMR Texas Department Mental Health and Mental Retardation) rules?

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.

Licensed       Certified       Other

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)

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Do your Business 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, I 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.

Community Healthcore Providers are required through this Open Enrollment to currently complete service-specific training. Any specific training and reimbursement will be specified in the contract.

**SECTION 5: Other Provider Details**

Describe any contracts, Memorandum of Understanding, or employment relationships that Applicant has with another state, city, or county agencies in Bowie, Cass, Gregg, Harrison, Marion, Red River, Rusk, Smith, and/or Upshur County. (Attach separate page, if needed)

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Is the Business certified to be a Historically Underutilized Business?  Yes  No (If yes, attach HUB)

Is Business a Medicaid and/or Medicare Provider?  Yes  No

Is the Business 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

**Adverse Actions**

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

Yes  No

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

Yes  No

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

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

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

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

Has Business had any judgments or settlements entered against it in the last ten (10) years?

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

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

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

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

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

**Transporting:**

Businesses 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 Business be transporting consumers? \_\_\_\_ Yes \_\_\_\_ No

Do the Business (owner, employees) have Poor Driver's Violations? \_\_\_\_ Yes \_\_\_\_ No

Provide a list of drivers and copies of their Driver's License (**each individual will need to fill out the Criminal History form attached**):

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Provide a copy of an accident report for accident violations where your business was determined to not be at-fault (if applicable).

Barred from driving? \_\_\_\_ Yes \_\_\_\_ No Date on DPS Driver Record \_\_\_\_\_

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 - completed by each individual who will be providing service at Community Healthcore facilities)
- Conflict of Interest (Included in package)
- Copy of Current Professional Certificate of Insurance
- Other documents asked for in the application (copy of current professional license, permit or certification - for each individual who will be providing service at Community Healthcore facilities)
- 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



# COMMUNITY HEALTHCORE IS A GOVERNMENTAL ENTITY

## CONFLICT OF INTEREST QUESTIONNAIRE

### FORM CIQ

For vendor doing business with local governmental entity

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

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*