

Hill Country MHDD Centers
CONTRACT PROVIDER INFORMATION WORKSHEET

Name of Individual Contract Provider or Contract Company / Agency Name: _____

Address: _____

City/State/Zip Code: _____

Day Phone: _____ Other Phone: _____

Contact person: _____ Email address: _____

The following information is requested prior to approval of the Contract for pre-credentialing screening and will be used only as allowed by law and for the credentialing screen.

Date of Birth: _____ (for individual providers only)

Driver's License # _____ (include a copy)

Sex: Female Male

Ethnic Origin (Check mark preferred).

White Black Hispanic Native Hawaiian/Pac-Isl.

Amer Ind/Alaskan Native Asian

Two or more races (not including Hispanic)

What is your professional designation? **Please check one: (include a copy)**

Individual Proprietor – Tax Identification (Social Security) _____

Corporation - Tax Identification # _____

Partnership - Tax Identification # _____

Please check either YES or NO for the following:

1. Bilingual. () YES () NO

2. Willing to travel to provide services if requested. () YES () NO

3. Are you a Historically Underutilized Business (HUB)? () YES () NO

4. Are you a female or minority owned business? () YES () NO

5. Do you provide these services to other individuals or agencies? () YES () NO

NOTE: Attach a copy of License and Liability Insurance if providing Licensed services (i.e. Audiologist, Counselor, Dietitian, Physician, etc.)

Type and Description of Services to include: _____

(Audiologist, Counselor, Dietitian, Therapist [Occupational/Physical], Sign Language, Spanish Translators, Speech)

If you are a "Licensed Provider" a Credentialing Packet will be required upon approval of this completed form.

If agency, list all possible providers and their credentials (attach additional information if required):

Fee Schedule: (Please be specific: hour, day, session, service fee; travel @ Hill Country MHDD Centers current policy rate) _____

Provider Signature _____

Proof of TB Skin Test is also required if providing services for the Early Childhood Intervention / Home Spun Program.

Name of Contract Provider or Agency Name (please print): _____

I hereby authorize Hill Country MHDD Centers to investigate my background, education and experience. I authorize former employers, former supervisors, and other persons with knowledge of my background, education or experience to provide any and all information to the Center. I understand any information collected during such investigations will be confidential and I will NOT be given access to the information.

I understand that as a condition of this contract, I will be required to provide legal proof of authorization to work in the U.S.

I further understand that a conviction related to any sexual offenses, homicide, theft, assault, battery, or any other crime involving personal injury or threat to another person would bar contract as required by law; that conviction of other types of criminal offenses may be considered a contraindication to contract; and that being listed as revoked in the Nurse Aide Registry or being listed as unemployable in the Employee Misconduct Registry, Office of the Inspector General, Excluded Party List, and Healthcare Practitioner data base would bar contract status with Hill Country MHDD Centers. I authorize HCMHDDC to use my name to conduct a pre-screening criminal conviction check through the Texas Department of Public safety computer files and/or the FBI, the Nurse Aid Registry and the Employee Misconduct Registry.

CONTRACT PROVIDER'S SIGNATURE/DATE:

NOTE: You may email worksheet to sgriffin@hillcountry.org; mail original to Contracts Department, HCMHDDC, 819 Water St, Suite 300, Kerrville, TX 78028.

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE
HCMHDDC STAFF REQUESTING THE CONTRACT**

For Hill Country MHDD Centers use only

Start Date: _____ Termination Date: _____ OR end of current FY

Limit FY for FY = \$ _____ (Dollars available for TOTAL Contract)

Cost Center: _____ HCS Reimbursable Rate: \$ _____ (If Applicable)

Counties Contract Provider will serve: _____

REQUESTED BY:

APPROVAL:

Program Manager

Division Manager (i.e. Management Team)

DPS Computerized Criminal History (CCH) Verification

(Hill Country MHDD Centers)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Rev. 02/2011

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	