5.1 SUPERVISED VISITATION SERVICES OPEN ENROLLMENT APPLICATION

INSTRUCTIONS

5.1.1 Application must be completed and signed in Section 3 (Certification) for it to be accepted by DFPS.

5.1.2 Applicant will submit Application and all required documents in the format and order described in Appendix A to the Point of Contact in Open Enrollment Section 1.2.

5.1.3 If DFPS has difficulty accessing the Applicant's documents, the Applicant will be required to re-submit documents as directed by DFPS.

1. APPLICANT INFORMATION

Legal Name of Applicant/Entity	
Office Address	
City, State, Zip	
Mailing Address	
City, State, Zip	
Phone	

Vendor ID Number:	Federal ID Number – If different from Vendor ID: Applicant: Parent Organization:

Doing Business As Name (DBA) or Parent Organization – If different from Legal Name above:

Attach a copy of Assumed Name Certificate

If an Applicant has a Parent Organization, attach a copy of the agreement between the Applicant and the Parent Organization

Type of Applicant – Check appropriate box(es) and attach documentation as indicated

☐ Sole Proprietorship	
☐ Private Corporation ☐ For Profit ☐ Non-Profit	State of Incorporation: _____ Charter Number: _____ Attach a copy of Certificate of Incorporation
☐ Limited Liability Company (LLC)	Attach a copy of the Articles of Formation
☐ Partnership ☐ Limited ☐ General	Attach a list of names, addresses for each partner and provide a copy of the Partnership Agreement.
☐ Governmental Entity Do you have taxing authority? ☐ Yes ☐ No	

Are you a certified Texas HUB?

☐ Yes – Attach a copy of HUB certification form.

☐ No – Select all that apply if you fall into one or both of the categories below:

☐ Minority Owned Business ☐ Woman Owned Business

Person Authorized to Sign Contract:			
Name		Title	
E-mail		Phone	
Contact for Service Delivery:			
Name		Title	
E-mail		Phone	
Contact for Invoicing:			
Name		Title	
E-mail		Phone	

2. ELIGIBILITY REQUIRMENTS

(See Section 2.8 of the Open Enrollment)

2.1 Does Applicant have two years of full-time relevant service management experience at the time of this Application is submitted?

☐ Yes If yes, attach resume(s) and documentation.
☐ No If no, STOP – Applicant does not qualify.

2.2 Does Applicant have two years relevant financial management experience at the time of this Application is submitted?

☐ Yes If yes, attach resume(s) and documentation.
☐ No If no, STOP – Applicant does not qualify.

2.3 Does Applicant meet the insurance requirements in Section 2.9. of the Open Enrollment?

☐ Yes If yes, attach documentation of coverage provided for in Section 2.9. The certificate of insurance must be issued to DFPS or designate DFPS as a Certificate Holder.
☐ No If no, STOP – Applicant does not qualify.

3. CERTIFICATION

I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this Open Enrollment.	
Signature of Authorized Representative	Date
Name of Authorized Representative (Printed)	Title of Authorized Representative (Printed)

Appendix A – Application Instructions

1. Applicant must submit a completed Application and Required Forms, as applicable, in the order listed below for File Folder 1 and File Folder 2.
2. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.
3. Save forms in an electronic file.
4. For the Application and the forms that require signature, print, sign and scan in an electronic format. Scanned documents must be clear and legible.
5. Attach File Folders 1 and 2 to email and submit the completed Application to the Point of Contact listed in the Open Enrollment Section 1.2.

Appendix B – Required Forms

File Folder 1: Application

Electronic File Name	Description	Required or If Applicable
Application	Application for Enrollment	Required
Insurance	Insurance Documentation	Required
DBA	Assumed Name Certificate Attachment	If applicable
Incorporation	Certificate of Incorporation Attachment	If applicable
LLC	LLC Articles of Formation Attachment	If applicable
Partnership	Partnership Agreement Attachment	If applicable
Partners	Names and addresses and for each partner	If applicable
HUB	HUB Certification Form	If applicable

File Folder 2: Required Forms

The following forms are located on the DFPS public website, Doing Business with DFPS, Contracting Forms: https://www.dfps.state.tx.us/Doing_Business/forms.asp

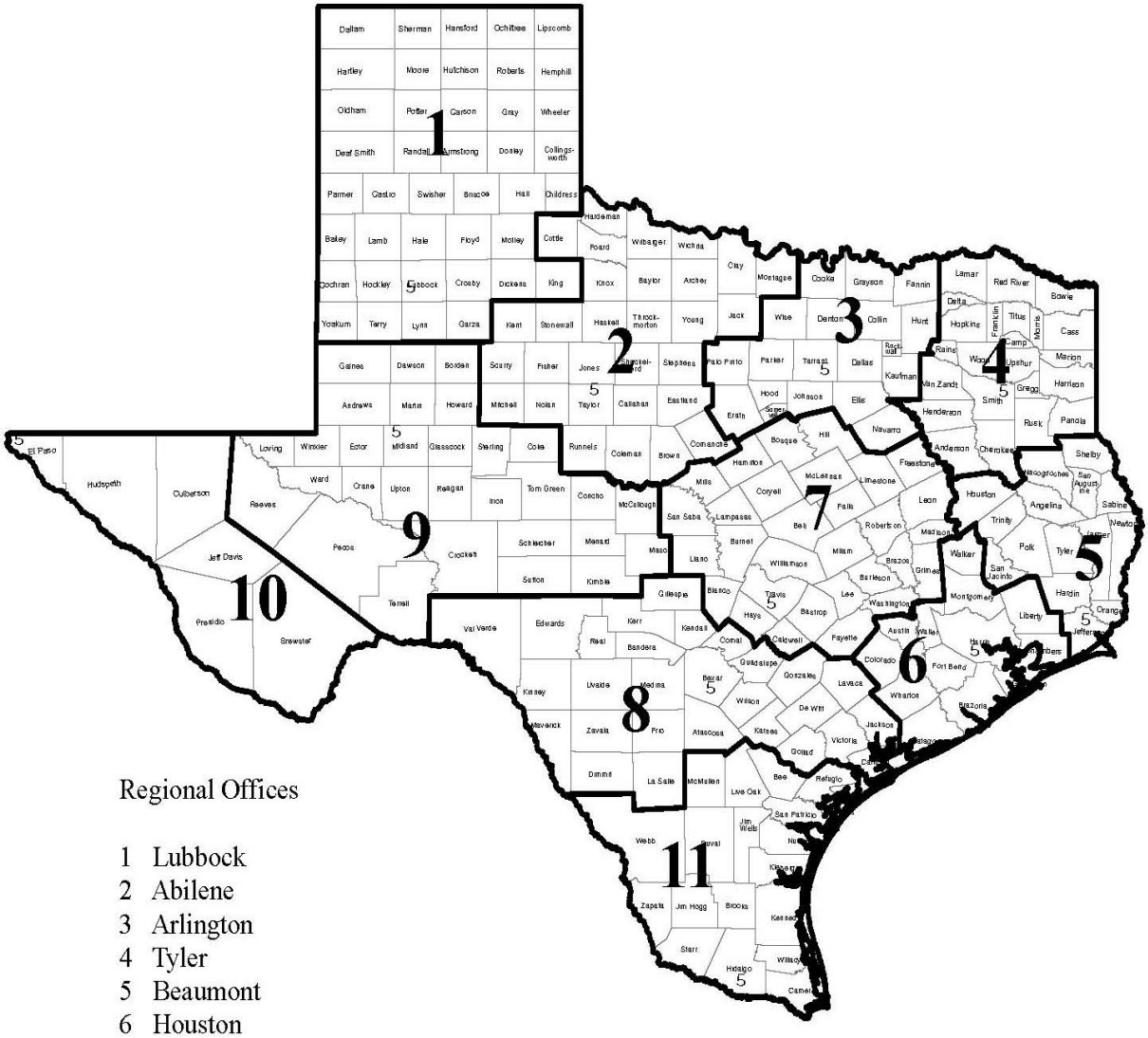
Electronic File Name	Form Number and Name	Purpose
74-176	74-176, Vendor Direct Deposit Form	Direct Deposit Authorization
9007FFS	9007FFS, Internal Control Structure Questionnaire	Contractor's disclosure of internal controls. Instructions included; attachments must be provided as applicable.
9105RAQ	9105RAQ, Risk Analysis Questionnaire	Questionnaire for provider to assist staff with the completion of the Risk Assessment Instrument (RAI).
AP-152	AP-152, Application for Texas Identification Number [If you already have a Vendor ID set up for another DFPS contract, print form,	Application for identification number

	note "Already Set Up" at top of page, and provide number]	

The following form is located on the DFPS public website, Doing Business with DFPS, Contracting Forms, Regional CPS Contracting Forms, General Documents: https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Regional_CPS_Contracts/forms.asp

Electronic File Name	Form Number and Name	Purpose
PCS-102	PCS-102, Contracting Entity and List of Staff, Subcontractors and Volunteers	Contractors must list the contracting entity, all service providers, and requested provider information on this form and submit it electronically to DFPS.
2970C	Disclosure and Consent to Release of Information	Release of information regarding criminal history or DFPS abuse and neglect history.
2971C	Request for Criminal History and DFPS History Check	Application for requesting criminal history and DFPS abuse or neglect history.

NOTE: Contractor must submit documentation of organizational qualifications (financial and service management) and direct service staff qualifications for each person listed on Form PCS-102 who will provide the services identified in this open enrollment. Refer to contract section 2.8 for a list of qualifications.



Regional Offices

1 Lubbock
2 Abilene
3 Arlington
4 Tyler
5 Beaumont
6 Houston
7 Austin
8 San Antonio
9 Midland
10 El Paso
11 Edinburg

Attachment A-3 Service Delivery Area

Service Delivery Area Counties To Be Served – Region 1	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Armstrong	☐ Hockley
☐ Bailey	☐ Hutchinson
☐ Briscoe	☐ King
☐ Carson	☐ Lamb
☐ Castro	☐ Lipscomb
☐ Childress	☐ Lubbock
☐ Cochran	☐ Lynn
☐ Collingsworth	☐ Moore
☐ Crosby	☐ Motley
☐ Dallam	☐ Ochiltree
☐ Deaf Smith	☐ Oldham
☐ Dickens	☐ Parmer
☐ Donley	☐ Potter
☐ Floyd	☐ Randall
☐ Garza	☐ Roberts
☐ Gray	☐ Sherman
☐ Hale	☐ Swisher
☐ Hall	☐ Terry
☐ Hansford	☐ Wheeler
☐ Hartley	☐ Yoakum
☐ Hemphill	

Service Delivery Area **Counties To Be Served – Region 2**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Archer	☐ Kent
☐ Baylor	☐ Knox
☐ Brown	☐ Mitchell
☐ Callahan	☐ Montague
☐ Clay	☐ Nolan
☐ Coleman	☐ Runnels
☐ Comanche	☐ Scurry
☐ Cottle	☐ Shackelford
☐ Eastland	☐ Stephens
☐ Fisher	☐ Stonewall
☐ Foard	☐ Taylor
☐ Hardeman	☐ Throckmorton
☐ Haskell	☐ Wichita
☐ Jack	☐ Wilbarger
☐ Jones	☐ Young

Service Delivery Area **Counties To Be Served – Region 3**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Collin	☐ Johnson
☐ Cooke	☐ Kaufman
☐ Dallas	☐ Navarro
☐ Denton	☐ Palo Pinto
☐ Ellis	☐ Parker
☐ Erath	☐ Rockwall
☐ Fannin	☐ Somervell
☐ Grayson	☐ Tarrant
☐ Hood	☐ Wise
☐ Hunt	

Service Delivery Area **Counties To Be Served – Region 4**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Anderson	☐ Marion
☐ Bowie	☐ Morris
☐ Camp	☐ Panola
☐ Cass	☐ Rains
☐ Cherokee	☐ Red River
☐ Delta	☐ Rusk
☐ Franklin	☐ Smith
☐ Gregg	☐ Titus
☐ Harrison	☐ Upshur
☐ Henderson	☐ Van Zandt
☐ Hopkins	☐ Wood
☐ Lamar	

Service Delivery Area **Counties To Be Served – Region 5**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Angelina	☐ Polk
☐ Hardin	☐ Sabine
☐ Houston	☐ San Augustine
☐ Jasper	☐ San Jacinto
☐ Jefferson	☐ Shelby
☐ Nacogdoches	☐ Trinity
☐ Newton	☐ Tyler
☐ Orange	

Service Delivery Area **Counties To Be Served – Region 6**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Austin	☐ Liberty
☐ Brazoria	☐ Matagorda
☐ Chambers	☐ Montgomery
☐ Colorado	☐ Walker
☐ Fort Bend	☐ Waller
☐ Galveston	☐ Wharton
☐ Harris	

Service Delivery Area **Counties To Be Served – Region 7**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Bastrop	☐ Hill
☐ Bell	☐ Lampasas
☐ Blanco	☐ Lee
☐ Bosque	☐ Leon
☐ Brazos	☐ Limestone
☐ Burleson	☐ Llano
☐ Burnet	☐ Madison
☐ Caldwell	☐ McLennan
☐ Coryell	☐ Milam
☐ Falls	☐ Mills
☐ Fayette	☐ Robertson
☐ Freestone	☐ San Saba
☐ Grimes	☐ Travis
☐ Hamilton	☐ Washington
☐ Hays	☐ Williamson

Service Delivery Area **Counties To Be Served – Region 8**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Atascosa	☐ Karnes
☐ Bandera	☐ Kendall
☐ Bexar	☐ Kerr
☐ Calhoun	☐ Kinney
☐ Comal	☐ La Salle
☐ De Witt	☐ Lavaca
☐ Dimmit	☐ Maverick
☐ Edwards	☐ Medina
☐ Frio	☐ Real
☐ Gillespie	☐ Uvalde
☐ Goliad	☐ Val Verde
☐ Gonzales	☐ Victoria
☐ Guadalupe	☐ Wilson
☐ Jackson	☐ Zavala

Service Delivery Area **Counties To Be Served – Region 9**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Andrews	☐ Mason
☐ Borden	☐ McCulloch
☐ Coke	☐ Menard
☐ Concho	☐ Midland
☐ Crane	☐ Pecos
☐ Crockett	☐ Reagan
☐ Dawson	☐ Reeves
☐ Ector	☐ Schleicher
☐ Gaines	☐ Sterling
☐ Glasscock	☐ Sutton
☐ Howard	☐ Terrell
☐ Irion	☐ Tom Green
☐ Kimble	☐ Upton
☐ Loving	☐ Ward
☐ Martin	☐ Winkler

Service Delivery Area **Counties To Be Served – Region 10**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Brewster	☐ Hudspeth
☐ Culberson	☐ Jeff Davis
☐ El Paso	☐ Presidio

Service Delivery Area **Counties To Be Served – Region 11**	
Choose the counties within the Region where services will be provided. Check ("√") the box in front of the county name. Choose a single county or any combination of counties.	
Regional Counties	
☐ Aransas	☐ Live Oak
☐ Bee	☐ McMullen
☐ Brooks	☐ Nueces
☐ Cameron	☐ Refugio
☐ Duval	☐ San Patricio
☐ Hidalgo	☐ Starr
☐ Jim Hogg	☐ Webb
☐ Jim Wells	☐ Willacy
☐ Kenedy	☐ Zapata
☐ Kleberg	

Office Information:

Please provide a schedule in the table(s) below indicating days and times routinely available to provide services at each service location. These represent only routine days and times. Applicant will be expected to adjust schedule to accommodate the needs of clients and DFPS. Refer to contract Section 2.5 for additional information. Use additional copies of this section, as necessary, to provide complete information.

Name of Applicant/Contractor	

1.

Service Delivery Address			
City, State, Zip			
Phone		Fax	
Contact Person		E-mail	

	HOURS			
DAY	**From**	**To**	**From**	**To**
Example	**7 AM**	**Noon**	**2 PM**	**7 PM**
☐ Monday				
☐ Tuesday				
☐ Wednesday				
☐ Thursday				
☐ Friday				
☐ Saturday				
☐ Sunday				

2.

Service Delivery Address			
City, State, Zip			
Phone		Fax	
Contact Person		E-mail	

	HOURS			
DAY	**From**	**To**	**From**	**To**
☐ Monday				
☐ Tuesday				
☐ Wednesday				
☐ Thursday				
☐ Friday				
☐ Saturday				
☐ Sunday				

3.

Service Delivery Address			
City, State, Zip			
Phone		Fax	
Contact Person		E-mail	

	HOURS			
DAY	**From**	**To**	**From**	**To**
☐ Monday				
☐ Tuesday				
☐ Wednesday				
☐ Thursday				
☐ Friday				
☐ Saturday				
☐ Sunday				