



2519 Scripture Street
Denton, Texas 76202

PO Box 2346
Denton, Texas 76201

[REQUEST FOR APPLICATION \(RFA\)](#)

Military Veteran Peer Network

Equine-Assisted Services / Mental Health Counseling

May 2025

REQUEST FOR APPLICATION FOR MILITARY VETERAN PEER NETWORK EQUINE-ASSISTED SERVICES / MENTAL HEALTH COUNSELING SERVICES

Checklist

- ☐ Attach a copy of Certificate of Occupancy
- ☐ Attach a copy of General Liability Insurance
- ☐ Attach Form W-9
- ☐ Attach Signed Copy of Attestation
- ☐ Attach Signed Copy of General Authorization for Release of Information
- ☐ Attach Signed Copy of Assurances
- ☐ Attach Signed Copy of Certification Regarding Lobbying, Grants, Loans & Cooperative Agreements
- ☐ Attach Criminal Background Check Form

Attachments

Attachment A – DENTON COUNTY MHMR CENTER RATES

Attachment B - APPLICATION

Attachment C – ATTESTATION

Attachment D – GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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INTRODUCTION

The Denton County MHMR Center (hereinafter referred to as “**The Center**”), a community MHMR Center and governmental unit of the State of Texas, is seeking to contract with local providers for the purpose of providing various Equine-Assisted facilities, expand program options, and enhance engagement with Veterans and their families of Denton County.

The Center is committed to supporting the health and well-being of adults throughout Denton County. Network providers are key to the overall success of the individuals who depend on our agency for their healthcare needs.

All information for application is posted on The Center’s website at <https://www.dentonmhmr.org/volunteers/contract-opportunities/>. Notice is hereby given that The Center will receive applications for providers beginning **May 2025. An original of the application and (1) copy of the attachments is due to:**

ATTENTION:
Denton County MHMR Center
Natalee Galvan
contractsubmission@dentonmhmr.org

Center Background

Denton County MHMR Center or “Local Authority” (Local Mental Health Authority “LMHA and Local Intellectual and Developmental Disability Authority “LIDDA”) is the Texas Health and Humas Services “HHS” designated authority established to plan, coordinate, develop policy, develop, and allocate resources, supervise, and ensure the provision of community based for the residents of Denton County, Texas. The Center receives funding from many diverse sources that enable it to provide a variety of services for people who have needs related to behavioral health and/or intellectual/developmental disabilities. A board of Directors appointed by the Denton County Commissioners court governs The Center.

2519 Scripture Street Denton, Texas 76201
2509 Scripture Street, Suites 100, 101, 103, and 104, Denton Texas 76201
1614 Scripture Street Denton, Texas 76201
3835 Morse Street, Denton, Texas 76208
3827 Morse Suite 101, Denton, Texas 76208 and
1001 Cross Timbers Suites 1250 and 1040, Flower Mound, Texas 75028

(The Center is exempt from State and local sales tax and federal excise tax)

Pursuant to 25 Texas Administrative Code § 412.5 and 40 Texas Administrative Code § 2.55, the LMHA and LIDDA have the authority to acquire services to address needs of mental health and/or intellectual/developmental disabilities needs by certain procurement methods. This Request for Applications (RFA)/Open Enrollment invites and encourages the submission of applications (each, an “Application” and collectively, the “Applications,” and any party applying, and “Applicant”) from those interested in entering one or more contracts (each a

“Contract” and collectively the “Contracts”) with The Center. Each qualified Applicant(s) under this RFA/Open Enrollment (each a “Successful Applicant” and collectively, the “Successful Applicants”) will be eligible to enter a Contract with The Center to provide one or more of the community-based services.

The individual who will be served under this arrangement each, a “Client” and collectively, “Clients” must always (a) meet the then current requirements of the funder of the services, and (b) reside in Denton County, Texas. An individual’s designation as a client may only be made by the Local Authority and must be documented in their record. This RFA invites the submission of Applications from those interest in being considered for a Contract with The Center for the purpose of offering services for Clients.

Mission Statement, Agency Principles, Vision, & Values

Mission Statement

Denton County MHMR Center enhances the quality of the individuals serve and their family members.

Our Guiding Principles

Denton County MHMR Center we believe these principles should guide our interactions with our clients and with interactions between our staff.

- Assumes Good Intentions
- Understanding You is Important
- Share Knowledge and Resources
- Create a Safe Space
- Good Ideas Can Come from Anywhere at Any Time
- Strive for Continual Improvement

The Center’s Values are:

We respect each individual’s unique and special concerns by providing assistance to best fit their needs, that enhances their ability to live a full and dignified life, and that celebrates the contributions all individuals make to our community. Our core values are:

- Individual Worth
- Integrity
- Community Inclusion
- Opportunity
- Compassion
- Dignity
- Choice

The Center’s Vision Statement is:

We envision a DCMHMR Center

- That provides effective, comprehensive, and timely services to any and all people in need.
- Where a qualified, motivated, and caring staff strive to make a difference in the lives of those they serve.

- That offers state-of-the-art, high-quality facilities to assist individuals in living full and productive lives.

General Information

The Center reserves the right to modify the general description and scope of services contained in the RFA by notifying potential applicants of any modifications. If any of the provisions of the RFA conflict with applicable laws, rules, regulations, and/or other codes of professional ethics, the latter shall prevail over the provisions of the RFA.

The Center shall not reimburse potential contractors for any expenses incurred preparing applications in response to this request. Any information that the respondent deems to be proprietary or otherwise confidential in the text of the application should be marked with red brackets or clearly designated as such. However, respondents are advised that the Center may disclose such proprietary information to appropriate parties if required to do so by applicable Texas open meetings and public record statutes. All questions and communication concerning the RFA, and process must be made in writing to the Procurement Analyst & Contract Developer only, at the following email address:

contractsubmission@dentonmhm.org.

Note: Subject line of the email must read RFA Military Veteran Peer Network Equine-Assisted Services / Mental Health Counseling

Note: It is the Centers intent to respond to all appropriate questions or convers received.

Purpose of the RFA

The purpose of the RFA is to provide contracts that support active participation in services at various Equine-Assisted facilities, expand program options, and enhance engagement with Veterans and their families.

Target Population

The target population for this RFA consists of Veterans and their families that are in association with Military Veteran Peer Network Peer Support that will be referred to the various equine services.

Eligible Applicants

Applicants must be registered with the Secretary of State in Texas and have a Tax Identification Number. Individuals providing professional services must hold valid Texas licenses and/or certifications as required by state law. In any situation where a consortium of providers is applying, a single entity responsible for services delivered must be identified and the financial agent must be an organization with a demonstrated ability to manage funds. Applicants may not subcontract responsibilities for these services. All service providers

must be eighteen (18) years of age or older. Applicants may not have been convicted of a crime relevant to a person's duties including any sexual offense, drug-related offense, homicide, theft, assault, battery, or any other crime involving personal injury or threat to another person.

INSTRUCTIONS FOR SUBMISSION FOR APPLICATIONS

To facilitate and ensure an objective review, Applicants must follow these instructions for submission. Denton County MHMR Center (The Center) expressly reserves the right to reject any application that is not submitted according to the instructions below.

Applicants must email (1) original of the completed application and one (1) copy of all applicable attachments to:

Email: contractsubmission@dentonmhmr.org

Subject: Military Veteran Peer Network Equine-Assisted Services / Mental Health Counseling

Applicants must follow the attached outline for submissions to facilitate objective review. **Please be sure to answer every question. If the question does not apply to you or your organization, simply and clearly document “N/A.”**

False statements or false information provided by an Applicant may result in disqualification from or termination of enrollment into the network. In accepting applications, The Center reserves the right to reject any and all Applications, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action which it deems to be in the best interest of the Local Authority. The Center will not pay for any costs incurred by Applicants in the preparation and submission of a response to this RFA.

Each Applicant is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The Local Authority expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached form(s) must be completed by each Applicant to be considered for possible enrollment in the network.

Each Applicant shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code, **except for trade secrets and confidential information contained in the Application and clearly identified by the Applicant as such with blue ink.** Such information may still be subject to disclosure under the Public Information Act and other applicable laws.

Attachment A

Denton County MHMR Center Rates

The Center will pay for specified services as written and documented in a contract agreement. All services and products rendered under contract to the Center must be preauthorized in writing by the Center, or the Center will not assume responsibility in the payment or collection of such services.

A contract provider must invoice the Center only one time per calendar month and each invoice must be accompanied by supporting documentation as required by the Center. The Center reserves the right to withhold any payments to contractor until services are completed to the satisfaction of the Center.

Consultant Fees or Contract Labor

Licensed Professional – Counseling Sessions - \$100.00 per hour

If hourly, enter # hours expected, if flat fee – 320 = \$32,000 over 2 years

Therapeutic Riding Instructor – Counseling Sessions - \$125.00 per hour

If hourly, enter # hours expected, if flat fee – 480 = \$60,000 over 2 years

ATTACHMENT B

Application

Military Veteran Peer Network Equine-Assisted Services / Mental Health Counseling

GENERAL INFORMATION:

Organization/Individual Name: _____

DBA: _____ Federal Tax ID # _____

Agency NPI Number: _____ Business Address: _____

Contact/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Executive Director-Owner/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Service Contact/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Billing Contact/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Business locations in this market area:

	Street	City	County	Zip Code
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Indicate if you provide any of the following:

- | | |
|---|--|
| 1. TTY/TTD (Hearing Impaired Services/Capabilities) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. American Sign Language | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Handicap Accessible | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Public Transportation Access | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Bilingual Services (please list below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Is the business owner a current or former DCMHMR board member or employee? ☐ Yes ☐ No

Is the business owner related to a current DCMHMR board member or employee? ☐ Yes ☐ No

If yes, who: _____

Owners/Partners:

Name	% Ownership	If corporate, list Organization
1. _____		
2. _____		
3. _____		
4. _____		

Type of organization (i.e., non-profit corporation, limited liability company, general partnership, etc.): _____

Certification Number if a Historically Underutilized Business (i.e., Women Owned Business, Minority Owned Business): _____, or qualifications if HUB eligible, but not certified: _____

FINANCIAL

Is the organization/provider incorporated as "Profit," "Not for Profit," or "Other"?
(If it is a Not for Profit, attach a valid 501C IRS Exemption Form)

Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded:

Has the organization/provider declared any type of bankruptcy in the prior seven (7) years?

Has the organization/provider received a "qualified" opinion on a financial statement in the past three (3) years? _____ If yes, please explain:

Is the organization/provider currently under investigation, or have a license or accreditation revoked by any state/federal/DCMHMR or licensure agency, within the last five (5) years _____ If yes, please explain:

Has the organization/provider had any judgments or settlements against it within the last

ten (10) years? _____ If yes, please explain:

Has the organization/provider been placed on "vendor hold" by any agency or government? _____ If yes, please explain:

SERVICES

Describe how Applicant will communicate with the Center regarding the Consumer referral process, specifically what are the parameters around access.

Describe in detail the array of Services the Applicant would offer. Identify units of Service, where Services are offered, who would provide Services (education and credentials), and the times of day and days of the week the Services would be available. Indicate the capacity of all services. Include a copy of Services schedules and descriptions.

Describe the frequency and type of in-service training currently offered by the Applicant or provided to employees including, but not limited to, training related to patient rights and standards of services.

Describe the Applicant's history of working with this population on an outpatient basis and experience of working with persons who are not compliant with treatment. Describe the ability to treat persons with disabilities and persons with multiple diagnoses of a developmental disability-mental illness-substance abuse. Detail the specific population the Applicant intends to serve under this Applicant. Include ages and level of severity.

Describe the Applicant's ability to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English. Describe how the Applicant ensures cultural competency on the part of staff with regard to ethnic, racial,

religious, and sexual orientation differences. Include how you will meet the cultural and linguistic needs of the consumers in the Center's local service area.

Describe or attach policies and procedure which describe any process the Applicant presently has to receive communication from clients, family members and advocates, and to receive and resolve complaints and grievances.

Describe the facility(ies) proximity to public transportation or the Applicant's ability to facilitate access to public transportation.

Describe where and when you will provide Services within the Center's local service area, and how persons with disabilities will be able to access those Services.

How many individuals can the organization/provider serve: _____

How long do people currently wait to get into the organization's/provider's services: _____

RISK ASSESSMENT

Describe the process, if any, the organization/provider uses to check on previous convictions of employees. Describe or attach any policies and procedures regarding the hiring of a retention of people with criminal histories:

Has the organization/provider or its employees had any validated client abuse, client neglect, or rights violations claims in the last three(3) years? ____ If yes, explain in detail:

Describe or attach any current policies and procedures regarding client abuse, client neglect, or rights violations and the training of staff in these issues:

Does the organization/provider currently have any malpractice claims pending or closed during the past five (5) years? _____ If yes, please supply the following information:

1. Letter from your attorney explaining the facts of the case.
2. Copies of the complaint and judgment
3. Name of malpractice carrier that handled the claim and firm representing the carrier.

QUALITY MANAGEMENT/UTILIZATION MANAGEMENT

List all licenses, credentials, certifications, and/or accreditations the Applicant currently holds related to the Services. Provide copies of all licenses, certifications, accreditations.

Describe the Applicant's internal utilization management procedures. Describe methods for ensuring that individuals are receiving services in accordance with internal standards of care. Provide copies of recent reports to payors showing the Applicant's performance relative to its utilization management requirements.

Specialized Services Provided

The services provided will allow the Center to increase access with various Equine-Assisted Facilities and grow programs through Military Veteran Peer Network. Providing peer support, specialized PTSD therapeutic counseling and mental health (MH) and/or substance use disorder (SUD) counseling will significantly improve the health and well-being of Veterans and their families living in Denton County, specifically targeting and increasing support for Veterans living in Lewisville (75057) and Sanger (76266).

Therapeutic classes such as: mounted adaptive riding, unmounted equine classes, therapeutic horsemanship, and hippotherapy, alongside mental health counseling with licensed therapist.

Applicants will endeavor to identify any individuals who are in need of mental health or substance use treatment and provide a referral to MHMR. If the individual identified appears to be in an immediate crisis, they will be connected to MHMR's 24/7 Crisis Hotline, 1-800-762-0157.

Attachment C

ATTESTATION

Are there any reasons you would be unable to perform the essential functions required with or without accommodation?

☐ Yes, if yes, please explain on a separate sheet ☐ No

I hereby attest to the following:

- I do not currently use any illegal drug.
- I have reported accurately and completely any reason(s) for any inability to perform the essential functions required with, or without, accommodation.
- I have reported accurately any history of felony convictions or client abuse and neglect.
- I have reported accurately any chronological work history.
- I consent to the inspection of records and documents pertinent to this Application, including the release by any person to Denton County My Health My Resources Center, *dba* Denton MHMR Center (the Center) of all information that may reasonably be relevant to an evaluation and verification of this Application or evaluation of professionals or institutions with which Organization/Individual has been or is currently associated.
- The information submitted in and with the application is complete and correct to the best of my knowledge.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/Program Name (if applicable)

Attachment D

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned Individual, or authorized representative of Organization (acting on Organization's behalf), hereby authorize Denton County My Health My Resource Center *dba* Denton County MHMR Center (The Center) to obtain any and all information required to complete a review and primary source verification of Organization/Individual's credentials. Information and documents to be reviewed include, but are not limited to, licensure/certification, accreditations, education, and claims made against licensure/certification, malpractice insurance and claims.

I, the undersigned Individual or authorized representative of Organization, hereby release from liability and hold harmless for the consequences of any disclosure, to the fullest extent permitted by law, the named references in this Application and Denton County My Health My Resource *dba* Denton County MHMR Center (The Center) for their written and oral statements, decisions, and actions in connection with evaluating Organization/Individual's Application for network approval including, without limitation, Organization/Individual's experience, competencies and qualifications, health status, emotional stability, professional ethics, and character. Organization/Individual hereby releases from liability any and all individuals and organizations reviewing this Application for their acts performed in good faith and without malice in connection with evaluating this Application and the credentials and qualifications. Organization/Individual also released from any liability any and all individuals and organizations who provide information in good faith and without malice concerning the above release items.

A photostat, electronic or facsimile copy of this original statement constitutes Organization/Individual's written authorization and requests to release any and all documentation relevant to Denton County My Health My Resource Center *dba* Denton County MHMR Center credentialing and/or network approval process. Such photostat, electronic or facsimile copy shall have the same force and effect as the signed original.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/Program Name (if applicable)

Attachment E

ASSURANCES DOCUMENT

Applicant assures the following:

1. That all addenda and attachments to the Application as distributed by MHMR have been received.
2. No attempt will be made by the Applicant to induce any person or firm to submit or not to submit an Application, unless so described in the response document.
3. The Applicant does not discriminate in its services or employment practices based on race, color, religion, sex, national origin, ethnicity, disability, veteran status, or age.
4. That no employee of Denton County MHMR and/or no member of Denton County MHMR's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the applicant is unable to make the affirmation, then the applicant must disclose any knowledge of such interests.
5. All cost and pricing information is reflected in the Application response document or attachments.
6. Applicants accept the terms, conditions, criteria, and requirements set forth in the Application.
7. Applicants accept Denton County MHMR's right to cancel the Application at any time prior to contract award.
8. Applicant accepts Denton County MHMR's right to alter the timetables for procurement as set forth in the Application.
9. The application submitted by the Applicant has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
10. Unless otherwise required by law, the information in the application submitted by the Applicant has not been knowingly disclosed by the Applicant to any other Applicant(s) prior to the notice of intent to award.
11. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
12. Denton County MHMR has the right to complete background checks and verify information.
13. The individual signing this document and the contract is authorized to legally bind the Applicant.
14. The address submitted by the Applicant to be used for all notices sent by Denton County MHMR is current and correct.

Signature of Authorized Representative

Title (if applicable)

Date

Attachment F
CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, &
COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontractors, subgrant, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/Program Name (if applicable)

Attachment G
EXECUTIVE LEADERSHIP TEAM

TITLE	NAME	BUSINESS ADDRESS	BUSINESS PHONES #
Executive Director	Pam Gutierrez	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chief Operations Officer	Dallas Hamilton	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chief Financial Officer	Michelle Conrad	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chief Medical Officer	Dr. Meena Vyas	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chief Human Resources Officer	Erin Posey	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chief Clinical Officer	Wakeelah Adelegan	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chief Technology Officer	Ritch Wright	2519 Scripture St, Denton, TX 76201	(940)381-5000
Senior Director of Nursing	Vacant	2519 Scripture St, Denton, TX 76201	(940)381-5000
Senior Director of IDD Services	Morgan Quinnlley	2519 Scripture St, Denton, TX 76201	(940)381-5000
Senior Director of Community Integration Services	Vacant	2519 Scripture St, Denton, TX 76201	(940)381-5000
Senior Director of QM/UM	Veronica Armendariz	2519 Scripture St, Denton, TX 76201	(940)381-5000
Senior Director of Behavioral Health	Jessica Pham	2519 Scripture St, Denton, TX 76201	(940)381-5000
Senior Director of Clinical Services	Sharon Jones	2519 Scripture St, Denton, TX 76201	(940)381-5000
Controller	Margie Lea	2519 Scripture St, Denton, TX 76201	(940)381-5000
Director of Crisis Services	Elizabeth Davenport	2519 Scripture St, Denton, TX 76201	(940)381-5000
Director of Liaison Services	Vacant	2519 Scripture St, Denton, TX 76201	(940)381-5000
Director of Procurement	Randi Silar	2519 Scripture St, Denton, TX 76201	(940)381-5000
Director of Facilities	Alex Wright	2519 Scripture St, Denton, TX 76201	(940)381-5000
HR Director	Jennifer Akcali	2519 Scripture St, Denton, TX 76201	(940)381-5000
Assistant Medical Director	Rohini Ravindran	2519 Scripture St, Denton, TX 76201	(940)381-5000
Clinical Operations Director	Sarah Yeoman	2519 Scripture St, Denton, TX 76201	(940)381-5000

Director of Behavioral Health	Constance Siegel	2519 Scripture St, Denton, TX 76201	(940)381-5000
Director of Mental Health	Melodye McKaye	2519 Scripture St, Denton, TX 76201	(940)381-5000
Billing Director	Judith Michael	2519 Scripture St, Denton, TX 76201	(940)381-5000
Executive Assistant	Taylor Warren	2519 Scripture St, Denton, TX 76201	(940)381-5000
Chair, Finance Committee Chair, Facilities & Assets Committee	Dianne Hickey		
Vice Chair, Finance Committee, Facilities & Assets Committee	Arthur K. Sayre		
Board Secretary – Ad Hoc Committee	Judi Swayne		
Board Member – Personnel Committee	Cynthia Jones		
Board Member – Facilities & Assets Committee	Douglas Lee		
Board Member – Vice Chair Personnel Committee	Jack Phillips		
Board Member – Chair Facilities & Assets Committee	Ron Marchant		
Vice Chair of the Personnel Committee	Linda Holloway, PHD		
Ad Hoc Committee Chair	Patti Dunn		
Facilities & Assets Committee	Leah Strittmatter		
Board Member	Isabel Hernandez		

Attachment H

Local Authority's Bars to Workforce/Contracting

The names of all Denton County MHMR prospective workforce and contract providers are cleared through a pre-employment/contracting criminal history and registry clearance. The clearance will search data from the Texas Department of Public Safety, the U.S. Department of Health and Human Services Office of the Inspector General (OIG) List of Excluded Individuals, the Texas Department of Human Services Nurse Aide Registry and Employee Misconduct Registry, and the Texas Department of State Health Services Client Abuse and Neglect Reporting System. Additionally, a Federal Bureau of Investigation (FBI) fingerprint clearance is conducted for those individuals who have resided outside the state of Texas within the past two years of Application. A conviction for any of the offenses listed below is a bar to employment with and/or providing contracted services for Local Authority:

- Kidnapping and unlawful restraint (Penal
- Code, Chapter 20); Criminal homicide (Penal
- Code, Chapter 19);
- Indecency with a child (Penal Code, §21.11) or continuous sexual abuse of
- young child or children (Penal Code, §21.02);
- Sexual assault (Penal Code,
- §22.011); Aggravated assault
- (Penal Code, §22.02);
- Injury to a child, elderly individual, or disabled individual
- (Penal Code, §22.04); Abandoning or endangering a child
- (Penal Code, §22.041);
- Aiding suicide (Penal Code, §22.08),
- Agreement to abduct from custody (Penal
- Code, §25.031); Sale or purchase of a child
- (Penal Code, §25.08);
- Arson (Penal Code,
- §28.02); Robbery
- (Penal Code,
- §29.02);
- Aggravated robbery (Penal Code,
- §29.03); Indecent exposure (Penal
- Code, §21.08);
- Improper relationship between educator and student (Penal
- Code, §21.12); Improper photography or visual recording
- (Penal Code, §21.15);
- Deadly conduct (Penal Code,
- §22.05); Aggravated sexual assault
-

- (Penal Code, §22.021); Terrorist threat (Penal Code, §22.07);
- Online solicitation of a minor (Penal Code, §33.021); Money laundering (Penal Code, §34.02);
- Medicaid fraud (Penal Code, §35A.02); Cruelty to animals (Penal Code, §42.09); or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this paragraph; and
- A conviction of any of the following offenses during the five years before proposed employment or contract issuance:
 1. Assault that is punishable as a Class A misdemeanor or as a felony (Penal Code, §22.01);
 2. Burglary (Penal Code, §30.02);
 3. Theft that is punishable as a felony (Penal Code, Chapter 31);
 4. Misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony (Penal Code, §32.45);
 5. Securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony (Penal Code, §32.46),
 6. False identification as a peace officer (Penal Code, §37.12); or
 7. Disorderly conduct (Penal Code, §42.01(a)(7), (8), or (9)).

In addition, the following will apply to all Applicants:

1. A conviction of other types of criminal offenses may be considered a bar to employment or contracting with Local Authority, in Local Authority's discretion.
2. Identification of a revoked license in the Nurse Aide Registry; or
3. Identification as "unemployable" in the Employee Misconduct Registry

Attachment I
CRIMINAL BACKGROUND CHECK FORM

LEGAL NAME: FIRST: _____ **LAST:** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

GENDER: _____ **RACE:** _____ **EMAIL ADDRESS:** _____

MAILING ADDRESS: _____ **PHONE #:** _____

LIST ALL THE STATES YOU HAVE LIVED IN THE LAST TWO YEARS (INCLUDING TX):

In addition to obtaining criminal history record information from TDPS, local authorities must obtain criminal history information for applicants who have lived outside of the State of Texas at any time during the two years preceding the contract through the FBI using a complete set of fingerprints on the official FBI card. DCMHMR Center assumes no liability nor responsibility should the results of this background check, nurse aid registry check, misconduct registry check, or debarred vendor check divulge that the applicant is ineligible for consideration as a provider of services.

With the below signature, I give Denton County MHMR Center my permission to run the above-described background check, as well as the nurse aide registry, misconduct registry check and debarred vendor check. I also declare my full understanding that the above test will be performed by Denton County MHMR Center on an annual basis. If the LEIE check applies, the LEIE check will be performed by Denton County MHMR Center on a monthly basis.

Signature of Contractor

Date

If Provider, its officers, employees, or agents have a conviction as described in this section, then Agreement may be terminated without prior notice. For the purpose of this Agreement, convictions of criminal offenses which constitute an absolute bar to employment are (a) criminal homicide; (b) kidnapping, unlawful restraint, and smuggling of persons; (c) continuous sexual abuse of young child or children or indecency with a child; (d) sexual assault; (e) aggravated assault; (f) injury to a child, elderly individual, or disabled individual; (g) abandoning or endangering child; (h) aiding suicide; (i) agreement to abduct from custody; (j) sale or purchase of child; (k) arson; (l) robbery; (m) aggravated robbery; (n) indecent exposure; (o) improper relationship between educator and student; (p) improper photography or visual recording; (q) deadly conduct; (r) aggravated sexual assault; (s) terroristic threat; (t) exploitation of child, elderly individual, or disabled individual; (u) online solicitation of a minor; (v) money laundering; (w) Medicaid fraud; (x) obstruction or retaliation; (y) cruelty to livestock animals or cruelty to no livestock animals; or (z) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection. A person may not serve in a position the duties of which involve direct contact with an individual receiving services before the fifth (5th) anniversary of the date the person is convicted of (a) assault that is punishable as a Class A misdemeanor or as a felony; (b) burglary; (c) theft that is punishable as a felony; (d) misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony; or (e) securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony; (f) false identification as a peace officer; or (g) disorderly conduct.

Attachment J

FORM W-9

Request for Taxpayer Identification Number and Certification

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

(Attach completed form as part of the application)