**Department of Family and Protective Services**

**Hospital Sitting Services**

Enrollment Number: HHS0000010

Applicants must complete and submit the forms in the format and order listed below.

A complete answer includes a written response and any supporting documents required

by the form. In addition, "Not Applicable" is only an appropriate response when a given

question or form does not apply to an Applicant's organization.

**List of Required Forms**

1. Form 2970c, Disclosure and Consent to Release of Information Regarding Criminal or Abuse/Neglect History for Applicants, Employees or Volunteers of DFPS Contractors and Subcontractors
2. Form 2971c, Request for Criminal History and DFPS History Check
3. Form 4109x, Application for Texas Identification Number and Instructions
4. Form 4732, Request for Determination of Ability to Contract
5. Form 9007FFS, Internal Control Structure Questionnaire, and any attachments to the form
6. Form PCS 102, Contracting Entity and List of Staff, Subcontractors, and Volunteers
7. Form 4736, DFPS Certificate of Insurance (COI), if applicant currently has insurance

**Applicants may access the list of Required Forms at the following link:**

<http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Regional_CPS_Contracts/forms.asp>