Subcontractor Consent Form

Whereas,      (“Subcontractor”) is an entity licensed by the Texas Department of Family and Protective Services (“DFPS”).

Whereas, Saint Francis Community Services in Texas, Inc. has been awarded Single Source Continuum Contractor contract with DFPS (“SSCC contract”).

Whereas, Saint Francis Community Services in Texas, Inc. is obligated by the SSCC Contract to perform due diligence on Subcontractor and requires access to certain information retained by DFPS on Subcontractor.

Therefore, Subcontractor hereby consents to and authorizes DFPS to provide to Saint Francis Community Services in Texas, Inc. the following:

1. All data provided by or concerning Subcontractor accessible through DFPS’s Performance Management Evaluation Tool (“PMET”), including but not limited to any corrections requested by DFPS to information contained on PMET;
2. Compliance data maintained by DFPS concerning Subcontractor for the three-year period preceding the date of this Consent Form. This will include any technical assistance given to provider by DFPS and tracked by DFPS;
3. Copies of all corrective action plans developed by or relating to Subcontractor, including but not limited to, plans concerning placement holds, evaluations, and provider plans;
4. Information regarding any lawsuits to which Subcontractor was a party for the three-year period preceding the date of this Consent Form;
5. Information regarding any current lawsuits to which Subcontractor is a party;
6. Information related to Subcontractor’s payment history;
7. Copies of written communication pertaining to the sub-contractor to include complaints, as well as accolades made by any individuals, groups of individuals such as foster families or other agencies concerning Subcontractor; and
8. Copies of Subcontractor’s most recent contract review with DFPS. This Subcontractor Consent Form is dated the      day of      , 20      .

|  |  |  |
| --- | --- | --- |
| Signature of Subcontractor’s Authorized Representative | | |
| Printed Name |  |  |
| Title of Authorized Representative |  | Provider/Facility Name: |