ARMS WIDE

SUBCONTRACTOR QUALIFICATION FORM

For entities, primarily General Residential Operations, licensed by HHSC Child Care Regulation, please provide a copy of your operating permit/license in lieu of this letter.

Fill out each section below and provide a copy of your resume.

Provider Name

Address

Telephone Number

Professional Training:

Please list the schools you attended and the degree achieved:

Please list any significant additional training you have that contributes to the services that you offer.

Foster Care/Adoption Experience:

Please list any pertinent experience-previous jobs held, clientele involved, therapeutic approaches, uses, etc:

Post Adoption Experience:

Please list any pertinent experience-previous jobs held, clientele involved, therapeutic approaches, uses, etc:

License/Certification: *Please attach a copy of your license and/or certification if applicable

Are you a licensed professional: ☐ Yes ☐ No

License Number

Are you certified in more than one area? ☐ Yes ☐ No

List all certifications (and certification numbers where applicable):