#  Texas Child-Centered Care System

# Full Credential Application for General Residential Operations

**Purpose:** General Residential Operations (GRO) will use this form to apply for the ***Full Credential***, to provide Residential Child Care Services under the Texas Child-Centered Care (T3C) System.

GRO’s that obtain an Inactive Full Credential must fulfill the requirements and obtain an Active Full Credential for each Service Package and Add-On Service within 120 calendar days of being issued the Inactive Full Credential.

**Step-by-Step GRO Instructions for Completing the Full Credential Application:**

1. **Determine the Tier I T3C Treatment/Transition Service Packages and/or the Tier II T3C Stabilization Support Service Packages that the Provider Is Seeking to Provide:**

Review the latest edition of the *T3C System Blueprint* to determine which of the nine available Tier I T3C Treatment/Transition Service Packages and/or six available Tier II T3C Stabilization Support Service Packages that the Provider is seeking to obtain a Full Credential to provide. A listing of all fifteen of the Service Packages can be found under the section titled *“T3C Foster Care Continuum and Full Array of Services*” of the current *T3C System Blueprint*, located here: <https://www.dfps.texas.gov/Texas_Child_Centered_Care/T3C_System_Blueprint.asp>.

GROs should thoroughly review the Service Package requirements fully to ensure a complete understanding of ***all*** requirements. Detailed requirements for each Service Package are in the section titled, *“General Residential Operations – Tier I T3C Treatment/Transition Service Packages”* and *“General Residential Operations – Tier II T3C Stabilization Support Service Packages”* in the latest edition of the T3C System Blueprint.

GROs may apply to provide one or up to all fifteen of the Service Packages in a single Full Credential Application. Alternatively, a GRO may submit additional Full Credential Application(s) in the future to add additional Service Packages.

1. **Review the Full Credential Application:** GROs are encouraged to read, review, and become familiar with the entire Full Credential Application prior to initiating completion of the first section of the Application. Sections of the Application build upon each other, so it is important to read through in full before beginning to complete the Application.

As the GRO reviews the Application, special attention should be paid to which of the requirements the GRO must have in place or meet at the time of submission of the Application (commonly referred to in the *T3C System Blueprint* and the Full Credential Application as ***“In Place @Time of Application for Full Credential”****)*, and which of the requirements the GRO must attest to having in place and meeting in no more than 120 calendar days from issuance of the Inactive Full Credential (commonly referred to in the *T3C System Blueprint* and the Full Credential Application as *“****In Place on 1st Day Operating under an Active Full Credential”****)*. More information can be found on the two Full Credential category requirements in the *T3C System Blueprint*, in *Appendix III. A*.

1. **Complete the Full Credential Application:** While the application is designed to allow for a single submission to obtain a Full Credential for more than one Service Package and Add-On Service, the GRO will be required to demonstrate the ability to specialize in/provide each distinct Service Package and Add-On Service independently. This is important, because as DFPS evaluates the Full Credential Application, staff will be assessing each Service Package and Add-On Service independently to ensure that the requirements are met to support a Full Credential being issued for each Service Package and Add-On Service that is sought. To properly complete the Full Credential Application, the GRO should review and refer to the specific requirements for each Service Package and Add-On Service as outlined in the *T3C System Blueprint*. The Full Credential Application form must be completed in its entirety before it is submitted to DFPS.

**Directions for Completing/Submitting the Full Credential Application:**

*Review the instructions below to ensure an accurate submission.*

 **Response Selection Guidelines**

* The application allows for multiple selections (Yes, No, and N/A) to be checked simultaneously; however, selecting multiple options does not necessarily meet the requirements for a response. GROs should carefully review the question and select only the option that accurately corresponds to their response. For Yes/No questions, only one option should be selected.
* Applications with conflicting responses, such as both Yes and No selected, or where the GRO fails to make appropriate requirement-based selections, may be deemed non-responsive and returned to the GRO.
* If the individual completing the Full Credential Application on behalf of the GRO fails to initial and attest to a particular statement or item that requires attestation, the application will be deemed non-responsive and returned to the GRO.

 **Supporting Documentation Guidelines**

* Supporting documentation illustrating GRO’s current compliance with the requirements can be submitted in a clearly labeled separate file.
* The completed Full Credential Application and all associated documentation must be submitted via upload to the online T3C Credentialing Platform, which will be linked from the T3C website beginning in January 2025.

**Exclusion of PII/CPII**

* Personal Identifiable Information (PII) or Child Personal Identifiable Information (CPII) must not be submitted or included in your application under any circumstances.
* Thoroughly review your submission to ensure it does not include any PII/CPII before submitting your application.
* Applications containing PII/CPII will not be reviewed. If such information is identified, the application will be deleted, and taken out of the review que.

 **Attestation Statement Instructions**

An attestation constitutes a formal declaration by the individual charged with completing the application on behalf of the GRO, affirming that the operation comprehensively understands and meets the pertinent requirement(s). For purposes of the T3C System Credential, attesting to a statement by entering the initials of the individual responsible for completing the application, confirms that the GRO accurately and truthfully certifies that certain policies, procedures, standards, or documentation requirements have been met.

The GRO should review and address the attestation section in accordance with the following guidelines:

* Carefully review the attestation section to confirm the GRO meets all applicable requirements for the T3C Service Package(s) and Add-On Service(s) that are a part of the application for Credential.
* By providing the attestation, the GRO confirms that the requirements associated with the statement as a part of the T3C Service Package(s) and Add-On Service(s) have been met.
* Each attestation statement must be verified with the initials of the individual responsible for completing the application on behalf of the GRO . The applicant, defined as the individual completing the form, should initial each attestation to confirm it applies to the organization.
* Ensure all information provided is accurate and reflects the GRO ’s current practices and capabilities.
* By certifying the application, upon submission, the designated controlling person for the GRO confirms the accuracy and truthfulness of all items attested to throughout its entirety.

**Authority to Review and Monitor:** DFPS and the SSCC’s reserve the right to request, review and monitor the GRO's compliance with any and all requirements of the T3C Service Package(s) and Add-On Service(s), including requirements attested to and all supporting documentation provided as part of the application.

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| **Response for Upload Instructions:**Following the description of the requirement(s), the Provider will click on the field with gray text labeled “*Click to indicate uploaded file name*” that highlights in a gray box when the curser hovers over the field in the Section/Sub-section, and:* Specify the **FILE NAME** where the relevant information can be found; **and**
* Move to the subsequent field with gray text labeled “*Click to indicate pages*” and list the **PAGE NUMBER(s)** that are responsive to the required information in the uploaded document; **and**
* **HIGHLIGHT** the relevant section of the uploaded information, if it is a part of a larger handbook, policy, procedure, etc.

**Unless otherwise specified the Provider may submit a document, narrative, policy, procedures, plans, manuals, etc. that demonstrates how the Provider will meet the T3C requirements.**If a response to a question **is covered** in a previously uploaded document, add the document name in the field with gray text labeled “*Click to indicate uploaded file name*” for the current section and specify the page numbers in the subsequent field. Be sure that the previously uploaded document has the section relevant to the additional response highlighted. A duplicate upload **is not required.** ***Please note****:* The GRO should give clear details of file name and page numbers to guide the DFPS Credentialing staff to the needed information for review, which will streamline processing of the Provider’s Application. **Incomplete or unclear information** will result in the application **being denied**. **Formatting Requirements** File names should be no more than 50 characters total in length. When uploading a document as a part of the Application process. The Provider will be able to upload files up to 2 gigabytes in the following file types: Adobe portable document format (.pdf), Microsoft office documents (such as .doc; .docx; .xls; or .ppt), and images (such as .bmp; .gif; .jpg; .jpeg; .png; and .tif). Files created in other operating systems and not saved as .pdf will not be able to be reviewed. Within the Credentialing Platform the Provider must choose from and use the DFPS developed ‘Document Classification’ field that corresponds to the required information.  |

***Important:*** *Under the Active Full Credential, a GRO can begin serving children under T3C, contingent on contract amendments.*

For Technical Assistance with the T3C Credentialing Platform contact the DFPS Help Desk at **877-642-4777**. For general questions about the Full Credential Application or Credentialing process please address them to DFPSTexasChildCenteredCare@dfps.texas.gov.

Provider’s specific questions related to an actual *in-process* Full Credential Application should be directed to the DFPS Credentialing team, via the DFPSProviderCredentialing@dfps.texas.gov.

| **Section I: GRO Information** |
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| Legal Name of GRO:      | DBA Name (if applicable):      |
| Name of individual(s) listed as GRO’s designated Controlling Person(s):      |
| Name and phone number of primary contact for T3C System Credential purposes:      |
| GRO Emails for T3C Credential purposes:Email 1 (required):      Email 2 (optional):       |
| Does the GRO’s Permit include all the Permit Services identified in the ***T3C System Blueprint*** for the specific Service Package(s) being applied for?[ ]  Yes [ ]  No If no, please identify the date that the request for addition of any required Permit Services was submitted to HHSC-CCR and gather documentation to provide in Section II.A. |
| Current GRO Contract Number if Provider contracts directly with DFPS (also include Contract Number for Qualified Residential Treatment Pilot Program and/or Intensive Psychiatric Transition Program if currently contracted with DFPS for these services):      | How many SSCCs are you currently contracting with?(Select a Number) Choose an item. |
| DFPS Region of GRO:Choose an item. |
| GRO Permit/License Number:       |
| The GRO offers Extended Care Services:[ ]  Yes [ ]  No |

| Indicate which of the following Service Package(s) the GRO is applying for as part of this Full Credential Application (Select all that apply):**Tier I**[ ]  Tier I: T3C Basic Child Care Operation[ ]  Tier I: Service to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting[ ]  Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition[ ]  Tier I: Substance Use Treatment Services to Support Community Transition[ ]  Tier I: Emergency Emotional Support & Assessment Center Services[ ]  Tier I: Complex Medical Needs Treatment Service to Support Community Transition[ ]  Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition[ ]  Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition[ ]  Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition**Tier II**[ ]  Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization[ ]  Tier II: Substance Use Services to Support Stabilization[ ]  Tier II: Aggression/Defiant Disorder Services to Support Stabilization[ ]  Tier II: Complex Mental Health Services to Support Stabilization[ ]  Tier II: Complex Medical Services to Support Stabilization[ ]  Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization |
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| **ONLY** GROs who are applying for one or more of the ***Tier II Service Package(s)*** need to complete **This Section**All other GROs move to **Section II**. |
| 1. Is the GRO applying to become Credentialed to provide one or more of the GRO Tier II Service Packages, a ***new*** operation that is ***not currently*** ***serving children or youth*** under an active DFPS or SSCC residential childcare contract?

[ ]  **Yes, please move to GRO Attestation Statement 2 below.** [ ]  **No, move to Section II of the Application.**1. **GRO Attestation**

**By marking “Yes” to Question 1,** the GRO attests that if granted the Full Credential for one or more of the GRO Tier II Service Packages, the operation will maintain a census of 16 or fewer children and youth residing on each premises where residential childcare services are provided, as a part of the operation’s Permit that is attached to the provision of the GRO Tier II services.*Applicant Enters Initials Here* ***If the new GRO that is not currently serving children or youth under an active DFPS or SSCC residential childcare contract is unable to attest to GRO Attestation Statement 2, the GRO is not eligible for the Inactive Full Credential for Tier II Service Package(s). Please discontinue the application process as it relates to GRO Tier II Service Package(s), as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| **Section II: Questions Required for All Service Packages***Please note that the requirements of Section II apply to ALL Service Packages*1. **Permit Services**
 |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Active Full Credential”***(as found in the *T3C System Blueprint*, Appendix III). |
| 1. GRO has a “Full” Permit issued by HHS-CCR (or similar body for out of state Applicants) to support the Permit Type and Permit Services required for each Service Package(s) for which GRO is applying to be Credentialed?

[ ]  **Yes** Upload the GRO’s Permit to demonstrate compliance and identify below.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s)[ ]  **No** 1. ***If GRO responded “No” to Question 1,*** does the GRO have a valid acceptance letter from HHSC-CCR, or a “Provisional” or “Initial” Permit, that aligns to the Permit Type required for each Service Package that is a part of this application?

 [ ]  **Yes** Upload the permit to demonstrate compliance and identify below.**Provide File Name of Supporting Documentation:**Click to indicate uploaded file name **Provide relevant page number(s) in File:** Click to indicate page(s)   [ ]  **No** ***If GRO answered “No” to Questions 1 and 2 the GRO is not eligible for the Full Credential. Please STOP completing the form as this application will not be reviewed.***1. Does GRO have a permit or a valid acceptance letter from HHSC-CCR, that includes all applicable **Treatment, Programmatic, and/or Special Services** required for ***each*** Service Package(s), as specified in the *T3C System Blueprint*?

[ ]  **Yes** [ ]  **No** [ ]  **N/A** GRO is not applying for a Service Package(s) that requires the permit to include any Treatment, Programmatic, or Special Services. Move to **Section II. B.** 1. **If GRO marked “No” to Question 3**, is hiring staff the only barrier to obtaining the permitted **Treatment, Programmatic, and/or Special Services** needed to provide each of the applied for Service Package(s)?

[ ]   **Yes** [ ]   **No** ***If GRO answered “No” to Question 4 the GRO is not eligible for the Inactive Full Credential for Service Package(s) that require Treatment, Programmatic, and/or Special Services as a part of the permit. Please discontinue the application process as it relates to the associated applied for Service Package(s), as an Inactive Full Credential cannot be issued without meeting the required Permit Services requirements.*** |
| Full Credential **Minimum** Requirement for this subsection is **“In Place on 1st Day Operating Under Full Credential”** (as found in the T3C System Blueprint, Appendix III). |
| 1. **GRO Attestation**

**By marking “Yes” to Question 4,** and by entering the initials of the person responsible for completing this application below, the GRO attests that all permitted requirements to deliver **Treatment, Programmatic, and/or Special Services** associated with each Service Package will be in place on the 1st Day Operating Under the Active Full Credential.*Applicant Enters Initials Here* ***If GRO is applying for a Service Package that requires Treatment, Programmatic, and/or Special Services as a part of the permit, and the GRO is unable to attest to GRO Attestation Statement 5, an Inactive Full Credential cannot be issued for the relevant Service Package(s).*** |
| **Section II: Questions Required for All Service Packages (Continued)****B. Information Technology (IT) System** |
| Full Credential **Minimum** Requirement for this subsection is: ***“Plan Only @ Time of Application for Full Credential”*** (as found in *T3C System Blueprint*, Appendix III). |
| 1. ***GRO Attestation***

By entering the initials of the person responsible for completing his application below, the GRO attests that the operation has an active IT System(s) that, at a minimum supports the following:1. Child and organizational-level data collection to include the ability to track T3C referrals, admission and discharge data as specified in the *T3C System Blueprint*; **and**
2. Quality Assurance; **and**
3. Continuous Quality Improvement process; **and**
4. Billing/Invoicing; **and**
5. Reporting: **and**
6. Tracking of case and program specific information/data.

Applicant Enters Initials Here***If the GRO is unable to attest to the requirements outlined in GRO Attestation Statement 1 in Section II. Subsection B the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. Name of the **IT System(s**) GRO is using to fulfill requirements listed in Question 1 of Section II. Subsection B. of this Application:

 *Type the name of IT System(s) Here*  |

| **Section II: Questions Required for All Service Packages (Continued)**1. **Evidence-Informed Treatment Model(s)**
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| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. Does GRO have documentation **that**:
	1. Provides a detailed narrative (or policy if available) that describes the GRO’s Treatment Model(s) and explains how it is used as the framework/structure for the program to meet the customized physical, emotional, social, and spiritual well-being needs for children, youth, and young adults requiring the specific Service Package; ***and***
	2. Illustrates the ongoing development and implementation process for the Treatment Model, identifying the individual/s responsible for the process; ***and***
	3. Includes the data, and/or other information the GRO used to select the specific evidence-informed Treatment Model(s), along with an explanation of how the model is designed to meet the custom needs of the population requiring each Service Package; ***and***
	4. Explains how the model is trauma-informed to meet the needs of children, youth and young adults who have been victims of abuse and neglect.

[ ]  **Yes** Upload, identify the file below, and move to **Question 2**. **Provide File Name of Supporting Documentation:**Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s) [ ]  **No (GRO is *not* eligible for the Full Credential. Please stop completing the form as the application will not be reviewed.)** 1. Is the Treatment Model(s) integrated throughout the policies & procedures, including customized programming tailored to meet the unique needs of children, youth, and young adults required for each specific Service Package(s) for which the GRO is seeking to be Credentialed. Examples of relevant documentation include GRO’s policies and procedures, but other materials developed to fulfill the requirement can also be uploaded to demonstrate compliance.

 [ ]  **Yes** Upload, identify the file below, and move to **Question 3**. **Provide File Name of Supporting Documentation:** Click to indicate uploaded file name **Provide relevant page number(s) in File:** Click to indicate page(s) [ ]  **No** **(GRO is *not*** **eligible for a Full Credential. Please stop completing the form as the**  **application will not be reviewed.)** 1. Has GRO:
2. Developed initial and on-going (annual) training requirements and a curriculum, incorporating the specific programming designed to meet the custom needs of children who qualify for each specific Service Package for which the GRO is seeking to become Credentialed; ***and***
3. Developed and documented methods and practices to ensure child, youth, and young adult education and awareness of the Treatment Model(s)?

[ ]  **Yes** Upload and identify the file below and move to **Question 4.****Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s) [ ]  **No** **(GRO is *not*** **eligible for a Full Credential. Please stop completing the form as**  **the** **application will not be reviewed.)**  |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint,* Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form below, the GRO attests that all staff and direct delivery caregivers will have completed initial/pre-service training on the relevant Treatment Model(s) based on the Credential Service Package(s) by the 1st Day Operating Under the Active Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section II. Subsection C. GRO Attestation Statement 4. If you*** ***are unable to attest to Section II. Subsection C. GRO Attestation Statement 4 GRO is not*** ***eligible for a Full Credential.***  |
| **Section II: Questions Required for All Service Packages (Continued)**1. **Logic Model(s)**
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| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III).  |
| 1. Provide a **graphic illustration** of the GRO’s Logic Model(s) in accordance with requirements defined in the “Commonly Used Terms” section of the *T3C System Blueprint*, specific to each Service Package the GRO is applying for. The graphic illustration must demonstrate integration of the Treatment Model in the GRO.

**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s)1. GRO must submit documentation that explains how the specific Logic Model is used to inform the GRO’s formal continuous quality improvement (CQI) process. The documentation must include a timeline for initiation of the CQI process (if not already a part of the GRO’s program) and defined timeframes for each phase of the provider’s formal CQI process.

**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| **Section II: Questions Required for All Service Packages (Continued)**1. **Human Trafficking Prevention Training**
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| Full Credential Minimum Requirement for this subsection is **“*In Place @ Time of Application for Full Credential*”** (as found in the T3C System Blueprint, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will be using the DFPS-developed Human Trafficking Prevention Training and has training staff who have attended and successfully completed the DFPS Train-the-Trainer training. ***If GRO will not be using the DFPS-developed Human Trafficking Prevention Training, please skip to Statement 2 in Section II, Subsection E. below.****Applicant Enters Initials Here* Enter the names of GRO trainer(s) and the date(s) the DFPS Human Trafficking Prevention Train the-Trainer training was completed below. *Type the name of Trainers and Date of Training Attendance Here****If the GRO is attesting to using the DFPS-developed Human Trafficking Prevention*** ***described in GRO Attestation Statement 1 of this subsection, please DO NOT respond to*** ***GRO Attestation Statement 2.***1. **GRO Attestation**

***If the GRO will not be using the DFPS Human Trafficking Prevention Training***, the GRO attests by entering the initials of the person responsible for completing this application, that the operation will be developing/utilizing a different Human Trafficking Prevention Training model that: * 1. Meets all of the [19 DFPS Core Components](https://www.dfps.texas.gov/Texas_Child_Centered_Care/documents/UHTPT%20DFPS%20Core%20Components%20Equivalent%20Curriculum%20Guide%201.0.pdf); ***and***
	2. The GRO has and will maintain curriculum and trainers qualified to provide the training to staff and caregivers within the operation.

 *Applicant Enters Initials Here*Enter the names and titles of the individual’s the GRO will be using to provide the GRO’s-specific Human Trafficking Prevention Training. *Type the name of Trainers and Date of Training Attendance Here*Upload a copy of the curriculum and/or training materials the GRO will be using to meet the Human Trafficking Prevention Training requirement.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential Minimum Requirement for this subsection is **“In Place on 1st Day Operating Under Full Credential”** (as found in the *T3C System Blueprint*, Appendix III.) |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that:* 1. All staff and direct delivery caregivers will receive the Human Trafficking Prevention Training by the 1st Day Operating Under the Active Full Credential; ***and***
	2. The GRO has a documented policy and/or process for how child/youth/young adult Human Trafficking prevention education efforts have been and will continue to be achieved in accordance with the T3C System Blueprint.

*Applicant Enters Initials Here* ***Please note that at the time of submission of the T3C Verification Form, to move from the******Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section II. Subsection E. GRO Attestation Statement 3.******If the GRO is seeking to become Credentialed to provide a Service Package designed specifically for victims/survivors of Human Trafficking, there are additional requirements as outlined in the T3C System Blueprint related to prevention training. The review of the prevention training model for the Human Trafficking specific Service Packages will occur in conjunction with the Treatment Model review. Service Package Dependent Human Trafficking Prevention Training documentation should be submitted in Section III. D.***  |

| **Section II: Questions Required for All Service Packages (Continued)**1. **Staffing Requirements**
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| **F.1 Staffing – LCCA** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation has a Licensed Child Care Administrator that is an employee of the operation.*Applicant Enters Initials Here****If GRO is unable to attest to the requirement listed in GRO Attestation Statement 1 in Section II. Subsection F.1 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. Enter the name(s) and original date(s) of employment for the Licensed Child Care Administrator(s) that meets the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint*.

*Type the name of Licensed Child Care Administrator(s) and Employment Date(s) Here* |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation will have a Full-Time Licensed Child Care Administrator that is dedicated to the single provider and meets the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here***Please note that at the time of submission of the T3C Verification Form, to move from the** **Inactive to the Active Full Credential status, the GRO will be required to upload** **documentation into the DFPS Credentialing Platform that demonstrates the GRO met** **requirements attested to in Section II. Subsection F.1. GRO Attestation Statement 3.**  |
| **Section II: Questions Required for All Service Packages (Continued)****F. Staffing Requirements****F.2 Staffing – Program Director** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation has a job description, organizational chart(s), policies, procedures, and a training plan for the Program Director position relevant to the Service Package(s) and as outlined in the *T3C System Blueprint*.*Applicant Enters Initials Here*Upload a copy of the Program Director job description, organizational chart, policies, procedures, and training plan that meets this requirement.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 1 in Section II. Subsection F.2 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the GRO will have a Program Director hired and trained, who meets all the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****If GRO is unable to attest to the requirements in GRO Attestation Statement 2 in Section II. Subsection F.2 the GRO will not be eligible for the Active Full Credential.*** |
| **Section II: Questions Required for All Service Packages (Continued)**1. **Staffing Requirements**

**F.3. Staffing - Treatment Director** |
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| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

 By entering the initials of the person responsible for completing this application, the GRO  attests that the GRO has, or will have, a **Treatment Director(s)** who meets the qualifications of the relevant Service Package(s) for which the GRO is applying.*Applicant Enters Initials Here*1. **GRO Attestation**

By entering the initials of the person responsible for completing this application below, the GRO attests that the operation has a job description, organizational chart, policies, procedures, and a training plan that reflects the **Treatment Director(s)** requirements and roles and responsibilities in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.*Applicant Enters Initials Here*Upload a copy of the **Treatment Director(s)** job description, organizational chart, policies, procedures, and training plan that meets this requirement.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will have a **Treatment Director(s)** hired and trained, who meets the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section II. Subsection F.3. GRO Attestation Statement 3.***  |
|   **Section II: Questions Required for All Service Packages (Continued)****F. Staffing Requirements** **F.4. Staffing – Case Management Staff** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation has a job description, organizational chart(s), policies, procedures, and a training plan for the Case Management position relevant to the Service Package(s) and as outlined in the *T3C System Blueprint*.*Applicant Enters Initials Here*Upload a copy of the Case Manager job description, organizational chart, policies, procedures, and initial and on-going training plan that meets this requirement.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 1 in Section II. Subsection F.4 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the organization will have Case Management staff hired and trained, who meet all the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****If GRO is unable to attest to the requirements in GRO Attestation Statement 2 in Section II. Subsection F.4 the GRO will not be eligible for the Active Full Credential.******Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met******requirements attested to in Section II. Subsection F.4. GRO Attestation Statement 2.***  |
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| **Section II: Questions Required for All Service Packages (Continued)**1. **Staffing Requirements**

**F.5. Staffing – Direct Delivery Caregivers** |
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| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation has a job description, organizational chart(s), policies, procedures, and a training plan for the **Direct Delivery Caregiver(s)** position relevant to the Service Package(s) and as outlined in the *T3C System Blueprint*.*Applicant Enters Initials Here*Upload a copy of the **Direct Delivery Caregiver(s)** job description, organizational chart, policies, procedures, and initial and on-going training plan that meets this requirement.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 1 in Section II. Subsection F.5 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation will have **Direct Delivery Caregiver** staff hired and trained, who meet all the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****If GRO is unable to attest to the requirements in GRO Attestation Statement 2 in Section II. Subsection F.5 the GRO will not be eligible for the Active Full Credential.******Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met******requirements attested to in Section II. Subsection F.5 GRO Attestation Statement 2.*** |
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| **Section II: Questions Required for All Service Packages (Continued)**1. **Staffing Requirements**
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**F.6. Staffing – Driver** |

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| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III).   |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***Driver*** function the operation has the following:1. An organizational chart that includes this function if using operation staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section II, Subsection F.6, GRO Attestation Statement 1***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 1 in Section II. Subsection F.6 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that the operation will have **Driver** staff (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****If GRO is unable to attest to the requirements in GRO Attestation Statement 2 in Section II. Subsection F.6 the GRO will not be eligible for the Active Full Credential.******Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section II. Subsection F.6. GRO Attestation Statement 2.*** |
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| **Section II: Questions Required for All Service Packages (Continued)****F. Staffing Requirements** |
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**F.7 Staffing – Identified Personnel and Infrastructure Functions** For the required staffing functions of:* Staff Training and Workforce Development;
* Staff (Including Direct Delivery Caregiver) Recruitment and Retention;
* Intake/ Placement;
* Continuous Quality Assurance and Improvement for Program;
* T3C Identified Billing/ Cost Reporting/ Claims Administrator; and
* Cross System Coordination.
 |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***Staff Training and Workforce Development*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section II, Subsection F.7, GRO***  ***Attestation 1***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 1 in Section II. Subsection F.7 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***Staff Recruitment and Retention*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

 *Applicant Enters Initials Here*Upload a copy of all the required documentation to support ***Section II, Subsection F.7, GRO Attestation 2***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 2 in Section II. Subsection F.7 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***Intake/Placement*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function. ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section II, Subsection F.7,***  ***GRO Attestation 3***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 3 in Section II. Subsection F.7 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***Continuous Quality Assurance and Improvement for Program*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

 *Applicant Enters Initials Here*Upload a copy of all the required documentation to support ***Section II, Subsection F.7, GRO Attestation Statement 4***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 4 in Section II. Subsection F.7 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** function, the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here*Upload a copy of all the required documentation to support ***Section II, Subsection F.7, GRO Attestation Statement 5***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 5 in Section II. Subsection F.7 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO attests that, with relation to the ***Cross-System Coordination*** function, the GRO has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section II, Subsection F.7, GRO Attestation Statement 6***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 6 in Section II. Subsection F.7 the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III) |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this form, the GRO Attests that the operation will have staff (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential, for the following functions:1. Staff Training and Workforce Development; ***and***
2. Staff Recruitment and Retention; ***and***
3. Intake/Placement; ***and***
4. Continuous Quality Assurance and Improvement for Program; ***and***
5. T3C Identified Billing/Cost Reporting/Claims Administrator; ***and***
6. Cross-System Coordination.

*Applicant Enters Initials Here****If GRO is unable to attest to the requirements in GRO Attestation Statement 7 in Section II. Subsection F.7 the GRO will not be eligible for the Active Full Credential.******Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section II. Subsection F.7. GRO Attestation Statement 7.*** |

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| Section II: Questions Required for All Service Packages (Continued)1. **Policies, Procedures, & Practices**
 |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation has day-to-day policies and procedures that are specific to each Service Package that are a part of the GRO’s application and address the following:1. Review of CANS 3.0 assessment results to inform services as a part of Service Plan reviews, arranging all required therapies/services, special required care and/or supervision plans; ***and***
2. Quality Assurance and Continued Stay Guidelines, as specified in the *T3C System Blueprint*, including all required written confirmations and notifications; ***and***
3. Anticipated Length of Service in accordance with the *T3C System Blueprint*; ***and***
4. The approach for engagement of child and child’s family/support network, and process for inclusion of all individuals. Procedure should address where and how inclusion of all individuals will be documented by the GRO; ***and***
5. Aftercare Services (if applicable based on age of youth served); ***and***
6. Transition to Adulthood Services (if applicable based on Service Package); ***and***
7. How the need for 1 Direct Delivery Caregiver to 1 child supervision for child-safety will be met. This section of the policy and procedures must detail how, when, under what circumstances, and which staff positions are responsible for making the determination for one-to-one supervision, when necessary, as outlined in the *T3C System Blueprint*.

*Applicant Enters Initials Here*Upload a copy of the Policies, Procedures, and any other documentation to support ***Section II, Subsection G, GRO Attestation Statement 1***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name **Provide relevant page number(s) in File:** Click to indicate page(s)***If GRO is unable to attest to requirements listed in GRO Attestation Statement 1 in Section II. Subsection G the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation has training materials that are, or will be, used to educate staff/direct delivery caregivers on the T3C System Policy and Procedures relevant to the Credentialed Service Package(s). The training materials must include a timeline that shows how the T3C specific training will be integrated into initial and on-going annual training.*Applicant Enters Initials Here*Upload a copy of the training materials to support ***Section II, Subsection G, GRO Attestation Statement 2***.**Provide File Name(s) of Supporting Documentation:** Click to indicate uploaded file name **Provide relevant page number(s) in File:** Click to indicate page(s)***If GRO is unable to attest to requirements in GRO Attestation Statement 2 in Section II. Subsection G the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |

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| **Section II: Questions Required for All Service Packages (Continued)**1. **Staff Benefit Package**
 |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation has the following:1. Policies and procedures related to paid annual vacation and paid sick leave, for all full-time Direct Delivery Caregivers and/or Cottage Parents; ***and***
2. IT and/or Human Resource (HR) Systems to support new annual/sick leave policies and procedures.

*Applicant Enters Initials Here*1. Date that the GRO’s Staff Benefit Package policy and procedures took, or will take, effect for existing and any new eligible employees.

 *Type the Date Here* ***If the GRO is unable to attest to the requirements outlined in GRO Attestation Statement 1 in Section II. Subsection H the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |

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|  Providers who are applying for **ONLY *Tier I: T3C Basic Child Care Operation*** will move to **Section IV.** |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.1. Service Package Dependent Staffing – Therapist(s)** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, with relation to the ***Therapist(s)*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for GRO staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the GRO will use to regularly assess the workload of the positions in accordance with the GRO’s Treatment Model and considering case complexity.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section III, Subsection A.1, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will have **Therapist(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.1. GRO Attestation Statement 2.*** |
| Providers who are applying for **ONLY *Tier I: Emergency Emotional Support & Assessment Center Services*** will move to **Section III. A.4.** |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.2. Service Package Dependent Staffing – aftercare case manager** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, with relation to the ***Aftercare Case Manager*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for GRO staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the GRO will use to regularly assess the workload of the positions in accordance with the GRO’s Treatment Model and considering case complexity.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section III, Subsection A.2, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will have **Aftercare Case Manager(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.2. GRO Attestation Statement 2.*** |

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| Providers who are applying for Either *Tier I Complex Medical Needs Treatment Services to Support Community Transition OR Tier II: Complex Medical Services to Support Stabilization* will move to Section III. A.6.Providers who are applying for ONLY *Tier II Service Packages* Or *Tier I Substance Use Treatment Services to Support Community Transition* will move to Section III. A.7.ONLY Providers applying for the following Service Packages need to complete Section III. A.3: *Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition**Tier I: IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition*1. *Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition*

All other Providers will move to **Section IV**.  |
|  **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.3 Service Package Dependent Staffing – behavior support specialist/mentor** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, with relation to the ***Behavior Support Specialist/Mentor*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for GRO staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the GRO will use to regularly assess the workload of the positions in accordance with the GRO’s Treatment Model and considering case complexity.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section III, Subsection A.2, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the organization will have ***Behavior Support Specialist/Mentor*(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.3. GRO Attestation Statement 2.*** |
| **ONLY** Providers who are applying for ***Tier I: Emergency Emotional Support & Assessment Center Service* *Package*** need to complete **Section III. A. 4. & A.5.**All other Providers will move to **Section III. A.6.** |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.4. Service Package Dependent Staffing – education liaison** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, with relation to the ***Education Liaison*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for GRO staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section III, Subsection A.4, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will have **Education Liaison(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.4. GRO Attestation Statement 2.*** |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.5. Service Package Dependent Staffing – physician** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, with relation to the ***Physician*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for GRO staff or contractor/entity fulfilling this function.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section III, Subsection A.5, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will have **Physician(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.5. GRO Attestation Statement 2.***  |
| **ONLY** Providers who are applying for **Either*****Tier I: Complex Medical Needs Treatment Services to Support Community Transition*** **OR** ***TIER II: Complex Medical Services To Support Stabilization*** need to complete **Section III. A.6.**All other Providers will move to **Section III. A.7.** |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.6. Service Package Dependent Staffing – registered Nurse(s) on staff** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation has, or will have a ***Registered Nurse(s)*** who meets the qualifications of the relevant Service Package(s) for which the GRO is applying.*Applicant Enters Initials Here*1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests the operation has a job description, organizational chart, policies, procedures, and a training plan that reflect the ***Registered Nurse(s)*** requirements and roles and responsibilities in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*. The policies and procedures should include the process that the GRO will use to regularly review the workload of this staff based on the GRO’s Treatment Model and considering case complexity.*Applicant Enters Initials Here*Upload a copy of all the required documentation to support ***Section III, Subsection A.6, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initial of the person responsible for completing this application, the GRO attests that the operation will have a ***Registered Nurse(s)*** hired and trained, who meets the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the******Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.6. GRO Attestation Statement 3.*** |

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| **ONLY** Providers applying for the **following Service Packages** need to complete **Section III. A.7.:**1. ***Tier I: Substance Use Treatment Services to Support Community Transition,***
2. ***Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition,***
3. ***Tier I: IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition,*** *AND*
4. ***ALL* *Tier II Service Packages*** *except for* ***Complex Medical Services to Support Stabilization, which can move to Section III B.***

All other Providers move to **Section IV.**  |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Staffing**

**A.7. Service Package Dependent Staffing – registered Nurse(s) on staff or Contracted** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, with relation to the ***Registered Nurse*** function the operation has the following:1. An organizational chart that includes this function if using GRO staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the GRO has oversight of the contract/agreement; ***And***
2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And***
3. Policies, procedures, and a training plan for GRO staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the GRO will use to regularly assess the workload of the positions in accordance with the GRO’s Treatment Model and considering case complexity.

*Applicant Enters Initials Here* Upload a copy of all the required documentation to support ***Section III, Subsection A.7, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place on 1st Day Operating under an Active Full Credential”*** (as found in *T3C System Blueprint*, Appendix III).  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation will have **Registered Nurse(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection A.7. GRO Attestation Statement 2.***  |
| **ONLY** Providers who are applying for **ANY** ***Tier II Service Package*** need to complete **Section III. B. & AND** **Section III. C.** Providers who are Applying for **ONLY** ***Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition*** move to **Section III. D.**All other Providers will move to **Section IV.** |
| **Section III: Required Questions that are Service Package Dependent**1. **Service Package Dependent Accreditation with Not-for-profit/approved accrediting body**
 |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that, the operation is accredited by one of the following not-for-profit, accrediting bodies:1. The Commission on Accreditation of Rehabilitation Facilities (CARF); ***or***
2. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); ***or***
3. The Council on Accreditation (COA).

*Applicant Enters Initials Here*Upload a copy of documentation that demonstrates proof of current accreditation to support requirements listed in ***Section III, Subsection B.1, GRO Attestation Statement 1***.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:**  Click to indicate page(s)***Please note that failure to maintain accreditation with one of the three bodies listed in*** ***Section III. B.1, Attestation Statement 1 will result in the automatic revocation of any*** ***and all Credentials associated with GRO Tier II Service Packages.*** |
| **Section III: Required Questions that are Service Package Dependent (Continued)**1. **Service Package Dependent Enhanced Child Safety Monitoring**
 |
| Full Credential **Minimum** Requirement for this subsection is “***In Place on 1st Day Operating under an Active Full Credential”***(as found in *T3C System Blueprint,* Appendix III*).*  |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation has an Enhanced Child Safety Monitoring Plan, that includes a timeline for implementation, and is specific to the Service Package(s) and addresses: [ ]  a. Selection/Purchase/Installation of equipment and technology; ***and/or*** [ ]  b. Hiring/contracting for additional identified personnel to support child safety.*Applicant Enters Initials Here****If the GRO is unable to attest to the requirements outlined in GRO Attestation Statement 1 in Section III. Subsection C the GRO is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the organization will have the components that make up the required Enhanced Child Safety Monitoring Plan relevant to the Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection C.1 GRO Attestation Statement 2.*** |
| **ONLY** Providers who are applying for the **following Service Packages** need to complete**Section III. D:**1. ***Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community***

***Transition,* AND/OR**1. ***Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Packages***

All other Providers will move to **Section IV.**  |
| **Section III: Required Questions that are Service Package Dependent (Continued)**1. **Service Package Dependent Human trafficking prevention training**
 |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that the operation has documentation to support that all the requirements identified below have been fulfilled:1. The GRO has purchased and/or developed a training curriculum designed for Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking; ***And***
2. The GRO has staff (including contracted or external staff) that have been identified and trained to deliver the Human Trafficking Prevention Training for victims/survivors of Human Trafficking.

*Applicant Enters Initials Here* Upload a copy of all the training curriculum and a document that includes the identified staff (including contracted or external staff) that are/will be delivering the Human Trafficking Prevention Training for victims/survivors.**Provide File Name of Supporting Documentation:** Click to indicate uploaded file name**Provide relevant page number(s) in File:** Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **GRO Attestation**

By entering the initials of the person responsible for completing this application, the GRO attests that:1. All relevant staff and direct delivery caregivers will receive the Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking by the 1st Day Operating Under the Active Full Credential; **and**
2. The GRO has a documented policy and/or process for how child/youth/young adult Human Trafficking prevention education efforts have been and will continue to be achieved in accordance with the *T3C System Blueprint* for victims/survivors of Human Trafficking.

*Applicant Enters Initials Here****Please note that at the time of submission of the T3C Verification Form, to move from the*** ***Inactive to the Active Full Credential status, the GRO will be required to upload*** ***documentation into the DFPS Credentialing Platform that demonstrates the GRO met*** ***requirements attested to in Section III. Subsection D. GRO Attestation Statement 2.*** |

| PRIVACY STATEMENT   |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.texas.gov/policies/Website/default.asp). |

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| **Section IV. – Attestation Certification** |
| I attest, to the best of my knowledge, that all items attested to in this application are true, accurate and correct. I affirm that I have entered my initials to indicate the representation of my attestation throughout the application. I further affirm that the named legal entity has authorized me, as its representative, to attest to all parts of this application.  |
| Signature of the primary individual who completed the application/attestations on behalf of the GRO:**X** | Date: |
| Name of the primary individual who completed the application/attestations for the GRO (Printed):  | Initials of the primary individual who completed the application/attestations for the GRO: |

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| Section V. – Application Certification |
| I certify that all information provided in this Application, including all attestation statements, are complete and accurate, and that the contents of the application and its supporting documents, including the specific service delivery model, are tailored to the named legal entity and its location/permit type. I further certify that the named legal entity has authorized me, as its representative, to submit this Application, and that the legal entity complies with all eligibility requirements.I have informed DFPS of any changes to information or documents previously submitted regarding the named legal entity.  |
| Signature of Designated Controlling Person for the GRO:**X**  | Date: |
| Name of Designated Controlling Person for the GRO (Printed):  |

*Note: The signatures can be handwritten and scanned, an electronic signature, or a digital signature, but a scripted font is not a legal or electronic signature and will not be accepted.*