

Form T
DISASTER CONTACT LIST UPDATE INFORMATION

Center Name:
Counties Served:

Note: Every six months beginning with the first quarter, provide the DBHS office the names and 24-hour contact information of two mental health professionals who are trained in mental health and/or substance abuse, as well as the names and 24-hour contact information of Contractor's Risk Manager or Safety Officer (include whether individual is trained in FEMA-ICS 100, 200, 300, 700, Psychological First Aid (PFA), , Disaster Behavioral Health (DBH) Toolkit, and/or ICISF Critical Incident Stress Management (CISM) on Form T;

Primary Name/License	
Address	
Office Phone	
Office Fax	
Crisis Number	
Pager	
Cell Phone	
Home/Alt Phone	
E-mail address	
Check All That Apply	<input type="checkbox"/> FEMA-ICS 100 <input type="checkbox"/> FEMA-ICS 200 <input type="checkbox"/> FEMA-ICS 300 <input type="checkbox"/> FEMA-ICS 700 <input type="checkbox"/> PFA <input type="checkbox"/> DBH Toolkit <input type="checkbox"/> ICISF CISM

Secondary Name/License	
Address	
Office Phone	
Office Fax	
Crisis Number	
Pager	
Cell Phone	
Home/Alt Phone	
E-mail address	
Check All That Apply	<input type="checkbox"/> FEMA-ICS 100 <input type="checkbox"/> FEMA-ICS 200 <input type="checkbox"/> FEMA-ICS 300 <input type="checkbox"/> FEMA-ICS 700 <input type="checkbox"/> PFA <input type="checkbox"/> DBH Toolkit <input type="checkbox"/> ICISF CISM

Risk Manager Name/License	
Address	
Office Phone	
Office Fax	
Crisis Number	
Pager	
Cell Phone	
Home/Alt Phone	
E-mail address	
Check All That Apply	<input type="checkbox"/> FEMA-ICS 100 <input type="checkbox"/> FEMA-ICS 200 <input type="checkbox"/> FEMA-ICS 300 <input type="checkbox"/> FEMA-ICS 700 <input type="checkbox"/> PFA <input type="checkbox"/> DBH Toolkit <input type="checkbox"/> ICISF CISM

Email form to performance.contracts@dshs.state.tx.us in accordance with Information Item S