

Confirmation Form for Providing Emergency 911 or Emergency Transfer Service in a county other than the County of licensure.

Provider: _____ License #: _____

County of Licensure: _____ (TSA): _____ Level of Service: _____

To be eligible for funding from the EMS Allotment/Allocation in a county other than their county of licensure, a licensed EMS Provider must provide documentation in the form of a Contract or Letter of Agreement to provide:

- emergency 911 (non-mutual aid);
- emergency transfer service in the other county; or
- have a Geo-political subdivision whose borders cross county lines

The following instances will be considered eligible in every county containing the geo-political sub-division borders in question. These include:

- Being a Municipal EMS provider
- Have City, School District, Emergency Services District, Hospital, Utility, or Prison boundaries that cross county lines
- Provider whose routine service is provided in more than one county (evaluated on a case by case basis) as specified in the Texas Administrative Code Chapters 157.130 and 157.131.

Note: A separate confirmation is required for each county, or one confirmation for a city within another county in which you operate. A separate confirmation is needed for each county where a geo-political subdivision crosses county lines

Contract/Letter of Agreement

This confirmation acknowledges that: _____
(Licensed Provider Name)
provides emergency 911 (non-mutual aid) or emergency transfer service in the

City/County _____ of TSA: _____

This agreement is made on _____ and is valid through _____
(Month/day/year) (Month/day/year)

Geo-political Sub-division

If a licensed provider coverage area falls into the geo-political sub-division criteria and does not require a contract or letter of agreement to provide emergency 911 (non-mutual aid) or emergency transfer care, that instance will need to be listed below and confirmed by a City/County/Municipal Official.

Geo-political Subdivision: _____

Furthermore, we understand that this signed document may be subject to future evaluation for compliance with the requirements of Texas Administrative Code Chapters 157.130 and 157.131.

Administrator (Printed Name)

City/ County/ Municipal Official (Printed name)

Administrator (Signature)

City/ County/ Municipal Official (Signature)

Date

Date

Email completed form to: Indra Hernandez, Trauma Systems Specialist

Email: indra.hernandez@dshs.texas.gov