

Confirmation Form for 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.

Provider: _____ License #: _____

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

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.

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

- Municipalities
- School Districts
- Emergency Service Districts (ESDs)
- Hospital Districts
- Utility Districts
- Prison Districts

Providers whose routine service is provided in more than one county will be evaluated on a case by case basis as specified in the 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: fundingapp@dshs.texas.gov