



OCOK Subcontractor Consent Form

Whereas, _____ (“Subcontractor”) is an entity licensed by the Texas Department of Family and Protective Services (“DFPS”) or is licensed by an approved State’s agency to performed residential and family services.

Whereas, Our Community Our Kids (“OCOK”) is the Single Source Continuum Contractor (“SSCC”) for Region 3W.

Whereas, OCOK is obligated by the SSCC contract to perform due diligence on Subcontractor and requires access to certain information retained by DFPS on Subcontractor.

Therefore, Subcontractor hereby consents to and authorizes DFPS to provide to Our Community Our Kids the following:

- a) All data provided by or concerning Subcontractor accessible through DFPS’s Performance Management Evaluation Tool (“PMET”), including but not limited to any corrections requested by DFPS to information contained on PMET;
- b) Compliance data maintained by DFPS concerning Subcontractor for the three-year period preceding the date of this Consent Form. This will include any technical assistance given to Subcontractor by DFPS and tracked by DFPS;
- c) Copies of all Corrective Action Plans developed by or relating to Subcontractor, including but not limited to, plans concerning placement holds, evaluations, and Subcontractors plans;
- d) Information regarding any lawsuits to which Subcontractor was a party for the three-year period preceding the date of this Consent Form;
- e) Information regarding any current lawsuits to which Subcontractor is a party;
- f) Information related to Subcontractor’s payment history;
- g) Copies of written communication pertaining to the Subcontractor to include complaints, as well as accolades made by any individuals, groups of individuals such as foster families or other agencies concerning Subcontractor; and
- h) Copies of Subcontractor’s most recent contract review with DFPS.

This Subcontractor Consent Form is dated the _____ day of _____, 20__.

Signature of Subcontractor’s Authorized Representative

Printed Name

Title of Authorized Representative

Provider/Facility Name