

**Texas Health and Human Services Commission
Vendor Information Form (VIF)**

Instructions: This form must be completed and submitted with each new contract, amendment, renewal, and/or extension.
(Please type or print information.)

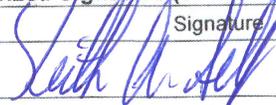
SECTION 1: Contractor's General Information

Legal Contractor's Name:	Collin County		
Legal Doing Business As (DBA) Name:			
Physical Address:	2300 Bloomdale Ave. McKinney, TX 75071		
Remit To (Payment) Address:	2300 Bloomdale Ave. McKinney, TX 75071		
Enter one of the following:	<input checked="" type="checkbox"/> Texas Identification Number (TIN): 1756000969		
	<input type="checkbox"/> Federal Employer Identification Number (FEIN):		
	<input type="checkbox"/> Social Security Number (SSN):		
Select the Legal Status:	<input type="checkbox"/> For-profit Entity	<input type="checkbox"/> Non-profit Entity	
	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership* <input type="checkbox"/> Limited (Liability) Company <input type="checkbox"/> Limited (Liability) Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Governmental Entity (must specify): County <input type="checkbox"/> Other (must specify):		
Select the Business Structure:	* If Partnership, must provide SSN or TIN for minimum of two partners		
	Partner Name:	TIN or SSN:	
	Partner Name:	TIN or SSN:	
If applicable, enter appropriate information:	State of Incorporation:	Texas Charter Number:	Name of Parent Entity:

SECTION 2: Contractor's Contact Information

Person Who Will Sign the Contract	Point of Contact for Contract
Name: Keith Self	Name: Leigh Hornsby
Title: County Judge	Title: Project Manager
Mailing Address: 2300 Bloomdale Ave.	Mailing Address: PO Box 570, Allen, TX 75013
Telephone:	Telephone: 214.551.5401
Fax:	Fax:
E-mail:	E-mail: leigh.hornsby@publicinformation@ssd.links.com

SECTION 3: Contractor's Authorized Signature (or HHSC Contract Manager)

Printed Name	Signature	Date	Phone Number
Keith Self		9/26/14	

SECTION 4: ECPS Contract and Administration Office Use Only

Contractor to Receive Payment: <input type="checkbox"/> No <input type="checkbox"/> Yes
Contract Number: