



PROVIDER INQUIRY FORM

Provider Name:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Contact Person(s) and Title(s):		
Phone Number(s):		
Fax Number:		
Email Address:		
Website (if applicable):		
Is provider a Company/Organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing to contract with GCC to serve non-Medicaid funded individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe your experience delivering mental health services by completing the questions below.		
1. How many years have you been providing mental health services?		
2. Which populations do you currently serve?		
3. What types of individuals (e.g., children, youth, and/or adults) do you serve?		
4. What types of staff do you currently employ (position/credentials)?		
5. What licensure and/or national certification or accreditation do you maintain?		
6. Is your company Texas-based or part of a national entity?		
Use this section to provide additional information about your company.		

Check the service type(s) you are interested in providing. For each item selected, please be prepared to discuss the specific range of services and capacity you can offer during the follow-up meeting or teleconference with GCC.

- Full Levels of Care for non-Medicaid Adults
- Full Levels of Care for non-Medicaid Children/Adolescents
- Non-Medicaid funded Crisis and/or Residential services

Read the following paragraph. If you agree, then check the box and submit the form by email to LindaB@gulfcoastcenter.org.

I have considered all information available about local planning, developing a mental health service delivery network and the Texas Resilience and Recovery model. By completing this Provider Interest Inquiry form in full, I am stating my interest in doing business with GCC for the services I have indicated. I understand that GCC would only contract with my organization to provide services to non-Medicaid funded individuals and that completing this form does not guarantee a contractual relationship with GCC.

I understand a representative from GCC will contact me to discuss my interest and qualifications in becoming a part of the GCC mental health service network.