

## 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:	HIDALGO COUNTY		
Legal Doing Business As (DBA) Name:			
Physical Address:	1304 S. 25 St. Edinburg, TX 78539		
Remit To (Payment) Address:	2810 S. Business Hwy 281		
Enter one of the following:	<input type="checkbox"/> Texas Identification Number (TIN): <input checked="" type="checkbox"/> Federal Employer Identification Number (FEIN): 746000717 <input type="checkbox"/> Social Security Number (SSN):		
Select the Legal Status:	<input type="checkbox"/> For-profit Entity	<input type="checkbox"/> Non-profit Entity	
Select the Business Structure:	<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): Local Gov't (County) <input type="checkbox"/> Other (must specify):		
	* 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:	Ramon Garcia	Name:	Eduardo Olivarez
Title:	Hidalgo County Judge	Title:	Chief Administrative Officer
Mailing Address:	302 W. University Dr. Edinburg, TX 78539	Mailing Address:	1304 S. 25 <sup>th</sup> St. Edinburg, TX 78539
Telephone:	956-318-2600	Telephone:	956-383-6221
Fax:	956-318-2699	Fax:	956-383-3229
E-mail:	ramon.garcia@co.hidalgo.tx.us	E-mail:	eddie.olivarez@hchd.org

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

Printed Name	Signature	Date	Phone Number
Ramon Garcia			956-318-2600

### SECTION 4: ECPS Contract and Administration Office Use Only

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