*Instructions: Email completed forms for each proposed site location to* [*OESSARIIM@hhsc.state.tx.us*](mailto:OESSARIIM@hhsc.state.tx.us)*.*

**1. Site Location and Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Street Address:** |  | | | | |
| **City:** |  | Zip Code: |  | County: |  |

**2. Contact Information for Local Points of Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Local Government** |  | **Site** |  |
| Name: |  |  |  |  |
| Title/Role: |  |  |  |  |
| Primary Phone: |  |  |  |  |
| Secondary Phone: |  |  |  |  |
| Email: |  |  |  |  |

**3. Physical Adequacy of Proposed Site Location**

| Readiness Elements | Yes | No | Comments |
| --- | --- | --- | --- |
| Location can be made or is elderly and wheelchair accessible. |  |  |  |
| Adequate security can be arranged to be onsite during operating hours for crowd control and to provide armed escort for EBT staff for the duration of the program. |  |  |  |
| Adequate parking and traffic controls can be arranged. |  |  |  |
| Ensure public transportation is in close proximity to the site. |  |  |  |
| Site is large enough to accommodate estimated applicants, eligibility staff and volunteers. |  |  | **Site Capacity:** |
| Application completion area is protected or can be protected from the elements. |  |  |  |
| Site contains area that can be designated as a location/room with seating to service the elderly/disabled or others needing accommodations. |  |  |  |
| Adequate power (electricity, generator), if applicable. |  |  |  |
| Site has air conditioning/heat, chairs, restrooms, drinking water, etc. |  |  |  |
| Restrooms are wheelchair accessible. |  |  |  |
| Appropriate medical and first aid assistance can be arranged. |  |  |  |

**4. Submitted by Authorized Local Government Representative or Designee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Date: |  |  |
| Title/Role: |  |  |  |  |

**5. Acceptance by Authorized HHSC Representative or Designee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Date: |  |  |
| Title/Role: |  |  |  |  |