TEXAS Health and Human Services

Form 2435
March 2010-E

Medically Dependent Children Program

Adaptive Aids Bid

- All bids must be dated and signed by the bidder.
- All elements of this form must be completed.
- Bids submitted on another form must contain the same elements as this form.
- All bids must document labor and warranty.
- Attach additional sheets as needed.

Name	Area Code and Telephone No.
Address	
Bidder Name	Area Code and Telephone No.
Bidder Address	Area Code and Fax No.

Item/Description	Product No.	Manufacturer	Cost

Comments:

Installation/Labor: _____

Other: _____

Labor/Warranty: _____ **years**

Item/Warranty: _____ **years**

Bidder Completing Form (Print Name)	Signature of Bidder	Date

Fax this bid to the case manager identified below and give a copy to the individual named above.

Case Manager	Area Code and Telephone No.	Area Code and Fax No.