

Status Change Form

Appointees of UAP boards and commissions are required to inform both the Commissioners Court and the leadership of their agency in the event that information provided in their original application submission should change during their tenure. Examples of a status change includes, but is not limited to, a change of address or other contact information, changes to employment, or any other change in circumstance that might hinder their ability to comply with the Affidavit of Eligibility or other statutory provisions.

Only information that has changed on the contact sheet needs to be filled out. The Conflict of Interest and Disclosure Statement must be completed and any time a Status Change Form is submitted.

Please submit forms electronically to IGR@traviscountytexas.gov.

I hereby certify that the ensuing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give Travis County full authority to conduct background investigations pertinent to this application.

I agree to file the attached affidavit of eligibility prior to being considered for an appointment by Travis County. I further agree to file an amendment in the event my status should change during my tenure on a county board.

Printed Name

Appointee's Signature

Date

**INTEGRAL CARE
APPOINTEE CONTACT SHEET**

(Form must be submitted in this format. Please do not retype or reformat.)

Name:		
Spouse's Name:		
Home Telephone #	Work Telephone #	Cellular # (Optional)
Email Address:		
Residential Home Address:		
County Commissioner Precinct:		
Profession:		
Present Job title & job description:		
Employer and Employer's Address:		
Other Information Not Listed Above:		



CONFLICT OF INTEREST AND DISCLOSURE STATEMENT

To All Members of the Board of Trustees:

Integral Care respects the rights of its trustees in their activities outside their positions of trust with Integral Care which are private in nature and which in no way conflict with or reflect upon Integral Care. The trustees have been carefully selected and their integrity and judgment are valued and trusted. This document is a safeguard for Board members so as to avoid any misunderstandings which might unintentionally involve a conflict of interest. To avoid any misunderstandings, the following statements of policy are made:

1. A conflict of interest is broadly defined as a conflict between the private interests and the official responsibilities of a person in a position of trust. Trustees are in positions of trust. The private interests of a trustee cannot conflict with his/her official duties as a representative of Integral Care nor with the interests of Integral Care.
2. Each trustee must avoid incurring any kind of financial or personal obligation which might affect his/her judgment in dealing for Integral Care with outside organizations, firms or individuals. Each person must examine his/her own activities and those of his/her family to be sure that no condition exists which creates an embarrassing situation in respect to transactions of Integral Care.
3. Where there is any question about a conflict of interest, even though it may not exist in actuality, the particular situation should be disclosed in writing. For a trustee, the disclosure should be filed with the Chief Executive Officer or his/her designee. This action of disclosure is a protection for both Integral Care and the trustee. In most cases, the activity disclosed does not represent a conflict of interest which would require corrective action by either Integral Care or the trustee. The mere documentation via disclosure indicates good faith and rarely would additional action be required. It is the responsibility of the Executive Committee of the Board of Trustees to determine whether conflicts of interest do occur, and to take such steps as deemed appropriate to protect Integral Care.
4. Below is a list of areas about which care should be exercised by the trustee as potential conflicts of interest.
 - a. Holding a financial interest of over 1% (including stockholder, partner, joint venture, creditor, guarantor or director) in a firm which provides services or supplies, materials or equipment to Integral Care; or with a firm to which Integral Care provides services or makes loans; or engaging in such activities with Integral Care as an individual.
 - b. Speculating or dealing in equipment, supplies, materials or property purchased by Integral Care, or speculating or dealing for his/her own account in services provided by Integral Care.
 - c. Borrowing money from suppliers, persons receiving services from Integral Care or from individuals or firms with whom Integral Care does business. This does not include routine banking services and transactions between a bank, savings and loan or other similar institution and trustee.
 - d. Accepting gifts or favors for himself/herself or for any family member, or entertainment or other personal obligation from an outside organization or individual which are substantial enough to influence his selection of goods and services for Integral Care. This does not apply to

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acceptance of perishable or consumable gifts of a nominal value, nor reasonable personal entertainment, but care must be exercised to be sure that continuation of such matters does not gradually build up into an embarrassing obligation. In the case of gifts that are of a substantial nature, these should be returned to the donor with the explanation that Center policy will not permit the acceptance of the gift. Integral Care will take care of the expense of returning such gifts.

- e. Acquisition by purchase or lease of real estate in which it is known Integral Care has an interest, or which may improve in value because of Integral Care's interest in adjoining property.
 - f. The misuse of information to which the trustee has access by reason of his position, such as the disclosure of confidential information to competitors or others outside the business.
 - g. Be employed in a situation or accept compensation which might reasonably be expected to impair independence of judgment in the performance of Integral Care official duties.
 - h. Trustees in the role in private business or professional activities shall not:
 - i. Use Integral Care office or return address on their business or professional stationary;
 - ii. Utilize Center employees for personal work or any private business or professional activity during regular working hours;
 - iii. Utilize Center equipment, supplies or facilities for their private business or professional activities;
 - iv. Provide privately the same services to Center clients which Center clients are currently receiving from Integral Care; or
 - v. Solicit clients for their private business or professional activities from persons being served by Integral Care.
5. The foregoing is to be understood to refer not only to Integral Care, but also to any of Integral Care's pension, retirement, savings or similar plans. The holding of any security, not including one of the securities in question of a publicly owned corporation (i.e., one stock is registered with the Securities and Exchange Commission), will not be deemed a violation of this policy.

Copies of this policy statement are sent to each trustee once a year, with the request that they sign one copy and return it to the Chief Executive Officer. Any possible conflict of interest on the part of any of the following that is known to the Trustee should be disclosed at the end of this letter:

- 1. Trustees or their families (which would include spouse, parents, brothers, sisters, children, nieces, nephews and spouses of brothers, sisters and children).
- 2. Any organization of which they or members of their families are an officer, director or either directly or indirectly, a stockholder or partner.
- 3. Any trust or estate in which they or members of their families have a beneficial interest or for which they act in a fiduciary capacity.

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Remember that this is a disclosure for the protection of both you and Integral Care. This documentation discloses your good faith that no action or interest on your part or that of your family is intentionally in conflict with the interests of Integral Care.

If a situation of this type described above should develop during the year, a statement outlining the details should be filed with either the Chief Executive Officer or his/her designee.

I have read and understand this policy and will make every effort to observe it carefully.

Name: _____

Signature: _____

Date: _____