

# 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 Affidavit of Eligibility must be completed and notarized any time a Status Change Form is submitted.

Please submit forms electronically to [IGR@traviscountytexas.gov](mailto: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.

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**Printed Name**

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**Applicant's Signature**

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**Date**

**CENTRAL HEALTH BOARD OF MANAGERS  
APPOINTEE CONTACT SHEET**

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

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

**CENTRAL HEALTH BOARD OF MANAGERS**  
**AFFIDAVIT OF ELIGIBILITY FOR APPOINTMENT**

STATE OF TEXAS §

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COUNTY OF TRAVIS §

On this day, \_\_\_\_\_ appeared before me, the undersigned notary public, and after I administered an oath, upon his/her oath, he/she said:

"My name is \_\_\_\_\_. I am competent to make this affidavit. The responses to the questions stated in this affidavit are within my personal knowledge and are true and correct. In this affidavit, "Central Health" means the Travis County Hospital District d/b/a Central Health and "Board" means the Board of Managers of Central Health. I am making this affidavit to disclose potential conflicts of interest that might affect my ability to serve on the Board and to verify that I meet all eligibility requirements for appointment to the Board.

"I understand that providing no information in the space provided in items 4 through 25 is a statement that these circumstances do not apply to either my spouse or me as applicable and I affirm that all of the following statements are true and correct.

1. I reside in Travis County, Texas.

**EMPLOYMENT**

2. I am not an elected official.

3. My **spouse's** employer is \_\_\_\_\_.

My **spouse** works in \_\_\_\_\_ (department).

My **spouse's** position title is \_\_\_\_\_.

**FINANCIAL RELATIONSHIPS**

4. If my employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

Central Health \_\_\_\_\_

City of Austin \_\_\_\_\_

Travis County \_\_\_\_\_

Integral Care \_\_\_\_\_

- Ascension Health (Seton Healthcare Family or its affiliates) \_\_\_\_\_  
\_\_\_\_\_
- Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates  
\_\_\_\_\_
- University of Texas System \_\_\_\_\_
- The University of Texas at Austin \_\_\_\_\_
- Sendero Health Plans \_\_\_\_\_
- CommUnityCare \_\_\_\_\_
- Community Care Collaborative \_\_\_\_\_
- Another entity that has or is likely to have a financial relationship with Central Health  
(specify entity also) \_\_\_\_\_  
\_\_\_\_\_

5. If my **spouse's** employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

- Central Health \_\_\_\_\_
- City of Austin \_\_\_\_\_
- Travis County \_\_\_\_\_
- Integral Care \_\_\_\_\_
- Ascension Health (Seton Healthcare Family or its affiliates) \_\_\_\_\_  
\_\_\_\_\_
- Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates  
\_\_\_\_\_
- University of Texas System \_\_\_\_\_
- The University of Texas at Austin \_\_\_\_\_
- Sendero Health Plans \_\_\_\_\_

- CommUnityCare \_\_\_\_\_
- Community Care Collaborative \_\_\_\_\_
- Another entity that has or is likely to have a financial relationship with Central Health (specify entity also) \_\_\_\_\_  
\_\_\_\_\_

6. If I intend to seek a business arrangement with Central Health, the type of business is stated below:

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7. If my **spouse** intends to seek a business arrangement with Central Health, the type of business is stated below:

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8. If I do work for or participate in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name of the organization, the entity providing funds and the type of funding are stated below:

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9. If my **spouse** does work for or participates in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name of the organization, the entity providing funds and the type of funding are stated below:

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INDEPENDENCE

10. If I am employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

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11. If my **spouse** is employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

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12. If I am employed or engaged in any activity that could significantly impair my independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

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13. If my **spouse** is employed or engaged in any activity that could significantly impair my independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

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14. If I own an interest in real property that is expected to be acquired for a Central Health project, the location of the property is stated below:

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15. If my **spouse** or **minor children** own an interest in real property that is expected to be acquired for a Central Health project, the location of the property is stated below:

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16. If I have material personal investments that could create a conflict between my private interests and the interests of Central Health, the type and extent of those investments is stated below:

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17. If my **spouse** or **minor children** have material personal investments that could create a conflict between their private interests and the interests of Central Health, the type and extent of those investments is stated below:

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18. If I own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name and percentage of ownership of those companies are stated below:

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19. If my **spouse** or **minor children** own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name and percentage of ownership of those companies are stated below:

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20. If I use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from Central Health, the type and approximate annual quantity are stated below:

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21. If my **spouse** or **minor children** use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from Central Health, the type and approximate annual quantity are stated below:

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LOBBYING AND CONSULTING

22. If I am an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

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23. If my **spouse** is an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

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24. If, currently or during the last three years, I am or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my activities and on whose behalf they were provided are stated below:

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25. If, currently or during the last three years, my **spouse** is or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my **spouse's** activities and on whose behalf they were provided are stated below:"

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\_\_\_\_\_  
Appointee Name

SWORN TO and SUBSCRIBED before me by \_\_\_\_\_ on \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas