



ACA Reporting and Tracking Service (ARTS) Contact Designation Form

Contracting Authority: _____ (Group Name) hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that any notice to, or agreement by, a Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Group. Each Group reserves the right to change its Contracting Authority from time to time by giving written notice to HEBP.

Name: James Michael DeLoach Title: County Judge
Address: 100 6th Drive, Littlefield, Texas 79339
Phone: 806-385-4222 x 201 Fax: 806-385-6485
Email: judgedeloch@gmail.com

Primary Contact: Main contact for data file and reporting matters pertaining to the ARTS program.

Name: Jerry Yarbrough Title: County Treasurer
Address: 100 6th Drive, Littlefield, Texas 79339
Phone: 806-385-4222 x 204 Fax: 806-485-9150

HIPAA Secured FAX number: _____

Email: j.yarbrough@nts-online.net

Other Contact Emails for ARTS correspondence regarding data files, if any:

j.mckinnon@nts-online.net

James M. DeLoach
Signature of County Judge or Contracting Authority

4-24-17
Date

James Michael DeLoach
Print Name and Title

Payroll Software provider: _____
Software Version #: _____

