



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

Copy

RESPONSE PACKET
710-20-0011

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Winn Counseling, PA			
Address:	16861 School House Road			
City:	Siloam Springs	State:	AR	Zip Code: 72761
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters			
Contact Person:	Lyndon Winn, LCSW	Title:	President, Winn Counseling
Phone:	479-549-7733	Alternate Phone:	N/A
Email:	winnd3@gmail.com		

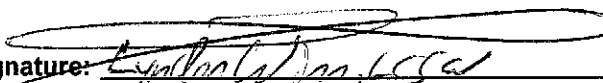
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

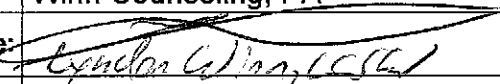
Authorized Signature:  Title: President, Winn Counseling
Use Ink Only.

Printed/Typed Name: Lyndon Winn, LCSW Date: 1/27/20

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are **NON-mandatory** **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

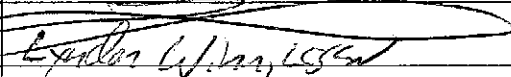
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Winn Counseling, PA	Date:	1/27/20
Authorized Signature:		Title:	President
Print/Type Name:	Lyndon Winn, LCSW		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are **NON-mandatory** **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

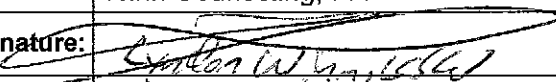
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Winn Counseling, PA	Date:	1/27/20
Authorized Signature:		Title:	President
Print/Type Name:	Lyndon Winn, LCSW		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Winn Counseling, PA	Date:	1/27/20
Authorized Signature:		Title:	President
Print/Type Name:	Lyndon Winn, LCSW		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.


PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Kristen Dennyae McCray, LCSW	2260 Bunker Lane	Farmington, AR 72730
Allison Elisabeth Fullen, LCSW	6164 Grays Gap Road	Fayetteville, AR 72704
Alina Cheyne Kelley, LCSW	938 S. Eastview Drive	Fayetteville, AR 72701
Shante Lajuane Mormon, LCSW	7424 Peach Blossom Ave.	Benton, AR 72019
Kaitlin Thulin, LCSW	2950 N. Blossom Ct.	Fayetteville, AR 72703
Joanna Ellis Douglass	36 Bronte Ct.	Little Rock, AR 72223
Meghan Faye Sireci, LMSW	1810 S. 4th Ave.	Sioux Falls, SD 57105
Lindsey Michelle Odglen, LSW	12517 Meadow Oaks Ln.	Farmington, AR 72730
Sarah Marie Jones, LSW	1410 Valle Lane	Springdale, AR 72762
Allison Joann Hunter, LSW	3207 Martin Drive	Springdale, AR 72762

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Winn Counseling, PA	Date:	1/27/20
Authorized Signature:		Title:	President
Print/Type Name:	Lyndon Winn, LCSW		

Contract Number _____
 Attachment Number _____
 Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____
 Yes No Wfnm Counseling, PA (Contractor)

TAXPAYER ID NAME: 202270269

IS THIS FOR:
 Goods? Services? Both?

YOUR LAST NAME: Wfnm

FIRST NAME Lyndon

M.I.: D

ADDRESS: 16861 School House Road

CITY: Siloam Springs STATE: AR ZIP CODE: 72761

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

F O R I N D I V I D U A L S *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	Person's Name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title President, Winn Counseling Date January 27, 2020

Vendor Contact Person Lyndon Winn, LCSW Title President, Winn Counseling Phone No. 479-549-7733

Agency use only			
Agency Number	0710	Agency Name	Department of Human Services
		Agency Contact Person	
		Contact Phone No.	
		Contact Phone No.	
		Contract or Grant No.	

INFORMATION FOR EVALUATION

• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

• Do not include additional information if not pertinent to the itemized request.


	Maximum RAW Score Available
E.1 MINIMUM QUALIFICATIONS	
A. Submit social work licenses for all staff identified to execute the Scope of Work. Attachment-A	5 points
B. Describe your experience in social work or child welfare related field. 13-years as AR contractor for home studies & child summaries	5 points
C. Submit an organization chart displaying all staff that will execute the Scope of Work. Clearly Show title and line of supervisory. Attachment-B	5 points
D. Provide three (3) letters of recommendation from three (3) different sources, dated within the last six (6) months of bid submittal date, relating to the Scope of Work of this RFP. Attachment-C	5 points
E. Explain your plan for meeting the requirement of working nights and weekends. Contractors have agreed to non-traditional hours	5 points
F. Describe how you propose to maintain sufficient staffing levels to ensure successful completion of task requires in the Scope of Work. I request that DHS staff refer potential contractors to me.	5 points
E.2 APPROACH TO SCOPE OF WORK	
A. Submit a sample describing vendor's approach to gathering, assessing and providing pertinent information to be used in decision making regarding the appropriateness of approval of homes. Attachment-D	5 points
B. Describe vendor approach to face-to-face interviews to prospective families as stated in section 2.4a 2. My Contractors agree to conduct 2 face-to-face interviews with referred families	5 points
C. State how will you ensure a SAFE Home Study will be completed within the timeframe stated in 2.4a 2.3a 3. I am bidding for a smaller service area & have an expanding staff	5 points
E.3 ADDITIONAL CONTRACT REQUIREMENTS	
A. Explain how you will ensure timely reporting as required in 2.3a and b. Same as for E.2 above	5 points
B. State your mode of transportation that will be used to meet the Scope of Work in this RFP. All of my contractors have valid driver's licenses & passenger vehicles	5 points
E.4 REPORTING AND BILLING	
A. State your plan to comply with the training requirement as set forth in 2.5a. I plan to reduce area I serve & increase staff	5 points
B. Explain how you will ensure timely billing of DHS for services. See answer for previous question	5 points
C. What your agency's or organization policy on confidentiality and record retention? Files are double locked & stored for 7-years	5 points

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY
AREA(S)**

- *Please Check each area in which you are willing to provide the service.*
- ***Do not** include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

- AREA 1
- AREA 2
- AREA 3
- AREA 4
- AREA 5
- AREA 6
- AREA 7
- AREA 8
- AREA 9
- AREA 10

Arkansas Professional License



Social Work License

License No. 1710-G

Lyndon D. Winn, LCSW

1686 School House Road
Siloam Springs AR 72761

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Lyndor Winn, Winn Counseling P A
16851 Siloam House Road, Siloam Springs, AR 72761
Phone # 479-549-7733
Fax # 479-248-7015

Attachment-A Page 1 of 2



License No.
7703-C
Expiration Date:
11/30/2021
Kaitlin Taylor
2950 N. Bossard
Fayetteville, AR 72701
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board



**Arkansas Department of Health
Social Work License Card**
License No. 7298-C
Expiration Date: 11/30/2021
Alina Cheyne Kelley, LCSW
938 S. Eastview Dr.
Fayetteville AR 72701
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board
[Signature]
Chairman



**Arkansas
Social Work License Card**
License No. 2690-B
Expiration Date: 11/30/2020
Sarah Marie Jones
1209 E. Courage
Siloam Springs AR 72761
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board



**Arkansas
Social Work License Card**
License No. 8181-M
Expiration Date: 11/30/2020
Joanna Ellis Douglass, LMSW
36 Bronte Ct.
Little Rock AR 72223
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board
[Signature]
Chairman

Lyndon Winn, Winn Consulting P.A.
16861 School House Road, Siloam, GA 30751
Phone # 479-549-1111
Fax # 479-248-1111

Attachment A



Arkansas
Social Work License Card

License No. 2558-C Expiration Date: 12/31/2021
Allison Elisabeth Fuller, LCSW
6164 Grays Gap Rd
Fayetteville AR 72704

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

[Signature]
Chairman



Arkansas
Social Work License Card

License No. 3730-C Expiration Date: 3/31/2020
Shante Lashae Morman, LCSW
7424 Peach Blossom Ave
Benton AR 72010

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

[Signature]
Chairman



Arkansas
Social Work License Card

License No. 2977-B Expiration Date: 4/30/2021
Allison Joann Hunter, LSW
3207 Martin Drive
Springdale AR 72762

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

[Signature]
Chairman

Arkansas

Social Work License Card

Expiration Date: 03/31/2020
Allison Joann Hunter, LSW
2200 Hunker Lane
Fayetteville AR 72730

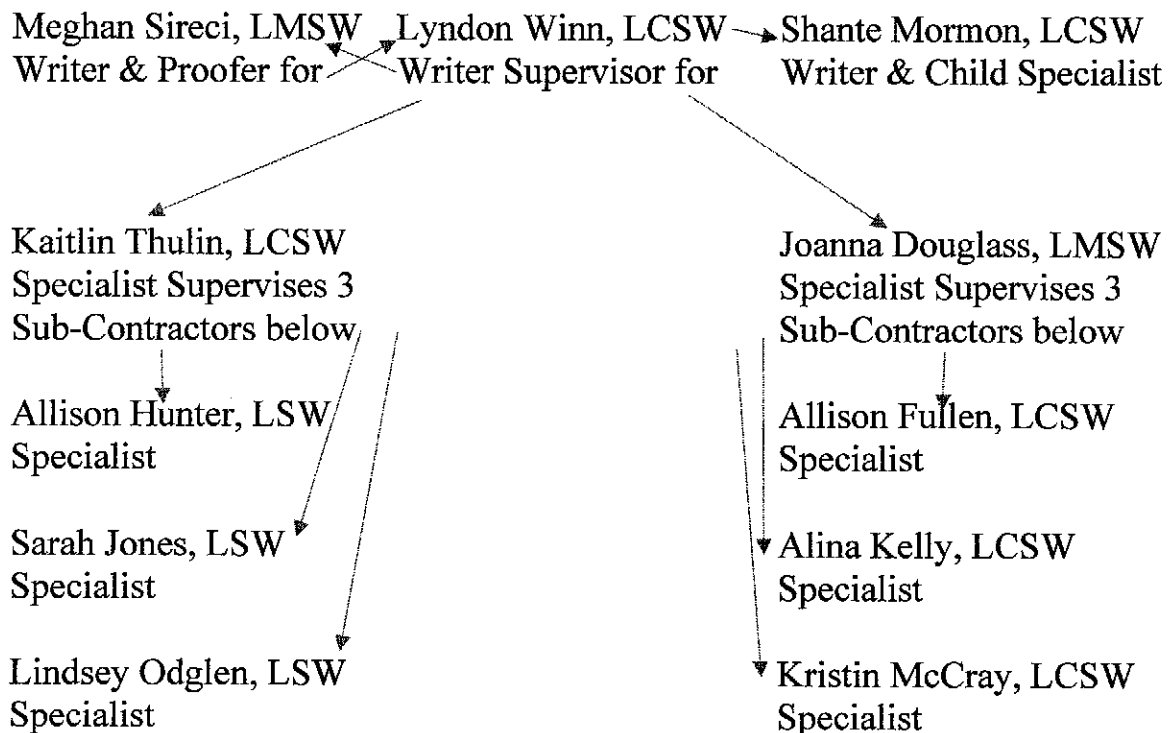
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

[Signature]
Chairman

Lyndon Winn, Winn Counseling P A
16861 School House Road, Siloam Springs, AR 72761
Phone # 479-549-7733
Fax # 479-248-7015

Attachment-B

Organizational Staffing Chart



Official Letterhead

Winona Gayle Connor, LCSW
174 County Road
Lamar, AR 72846

Licensed Certified Social Worker
winonagayle@gmail.com
479-647-6020

State of Arkansas

Office of Procurement

Arkansas Department of Human Services

700 Maine Street

Little Rock, Arkansas 72203

1/27/2020

To Whom It May Concern:

I am submitting this written reference for Lyndon Winn, President of Winn Counseling of Siloam Springs AR. I have worked on sub-contract for Mr. Winn since November 2011. I completed SAFE training in May 2011 and SAFE supervision training in June 2011 through Mid-South/UALR). Mr. Winn has had multiple contracts for adoption and foster home studies and adoption summaries in my years with him. I have provided sub-contract work for him each year completing home studies and summaries as well as providing the resource as the LCSW co-signature on home studies that he has completed.

Mr. Winn is knowledgeable of the DHS/DCFS policy and procedures for home studies and has provided ongoing supervision and expertise in the work of meeting requirements for home studies. He has also been available to answer questions regarding judgment/evaluation sections of home studies from a clinical expert perspective. I have gained valuable insight and judgment from his guidance.

Mr. Winn is thorough and able to meet demands of a large caseload. In fact, he has often managed more than one contract simultaneously. Mr. Winn is dependable, competent and viewed as an expert in this field. I have confidence he will continue to serve well.

Thank you,

W Gayle Connor LCSW

W Gayle Connor, LCSW

Joanna E. Douglass, LMSW
Contract Home Study Supervisor and Evaluator
36 Bronte Court, Little Rock, AR 72223
joannaedouglass@gmail.com/704.723.1477 (mobile)

January 27, 2020

To:

State of Arkansas, Office of Procurement
Arkansas Department of Human Services
700 Main Street
Little Rock, Arkansas 72203

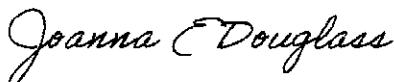
To Whom It May Concern:

I am writing to recommend Lyndon Winn of Winn Counseling agency as an excellent and proficient resource to the State of Arkansas Department of Human Services in the areas of home study evaluations, home study updates, adoption child summaries, & adoption child summary updates.

As a contracted social worker for Mr. Winn, I rely on his extensive experience and professional opinion in my evaluations, especially regarding matters of complexity and sensitivity. He is always both quick and detailed in proofing evaluations, in order to offer DHS as well as adoptive children and families a thorough and timely assessment. Mr. Winn is aware of the importance of prioritizing particular evaluations, and he maintains awareness of where "in process" given assessments are progressing.

It is my strong opinion that Lyndon Winn's agency be granted a new contract to continue to assist prospective adoptive families and adoptees in the State of Arkansas.

Sincerely,


Joanna E. Douglass, LMSW

Meghan F. Sireci
1810 S. 4th Ave. Sioux Falls, SD 57015
757-775-3011 – socialworker.mfsireci@gmail.com

To
State of Arkansas
Office of Procurement
Arkansas Department of Human Services
700 Main Street
Little Rock, Arkansas 72203

Letter of Reference: Meghan Sireci, LMSW
Document Writer & Proofer for Winn Counseling

Dear To Whom It May Concern,

This letter of reference is in regards to Lyndon Winn of Winn Counseling. I have been a document writer and proofer for Winn Counseling since 2016. In my professional opinion it is clear that Lyndon completes home visits and the subsequent home studies, home study updates, adoption child summaries and adoption child summary updates that are referred to him in a professional and timely manner.

Sincerely,

Meghan Sireci, LMSW

Meghan Sireci, LMSW

Lyndon Winn, Winn Counseling P A
16861 School House Road, Siloam Springs, AR 72761
Phone # 479-549-7733
Fax # 479-248-7015
Attachment-D

Approach to Gathering, Assessing, & Providing Pertinent Information Needed to Decide If Homes Are Suitable for Approval


All Contractors & Subcontractors used by Winn Counseling have completed SAFE Training & are supervised by Master's Level Practitioners who have also completed the SAFE Supervisor Training.

All completed documents have been reviewed & signed by an LCSW Licensed Professional.

SAFE Questionnaires (1 & 2), SAFE In-Home-Consultation Report, SAFE Letters of Reference, DHS Worker input regarding background check results, DHS Worker input regarding referred family's level of cooperation with all other requirements, & information gleaned from an additional home study questionnaire regarding family history that Winn Counseling uses are all used to identify any items of interest with the family.

Items of interest are discussed with family during face-to-face meetings & via other contacts through telephone, text, or email. Any items deemed to be significant are discussed during staffing sessions that include DHS personnel if it is deemed to be advisable to do so.

While Contractors & Subcontractors for Winn Counseling do not make final recommendations, all significant points of interest that might aid DHS personnel in making approval decisions are identified in the final summary.


Lyndon Winn, LCSW
President: Winn Counseling, PA

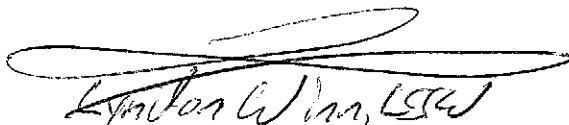
January 27, 2020

Lyndon Winn, Winn Counseling P A
16861 School House Road, Siloam Springs, AR 72761
Phone # 479-549-7733
Fax # 479-248-7015

Winn Counseling Equal Opportunity Policy

Winn Counseling, as well as all Contractors & Subcontractors used by Winn Counseling have agreed to avoid discriminating against any person providing services for Winn Counseling or any person for whom Winn Counseling provides services for. There will be no discrimination because of race, color, religion, sex, national origin, age (except as provided by law), marital status, political affiliation, or disability. There will be no discrimination regarding the following:

- Employment
- Promotion
- Demotion/Transfer
- Recruitment
- Layoff/Termination
- Rates of Pay/Compensation
- Selection for Training


Lyndon Winn, LCSW
President: Winn Counseling, PA

January 27, 2020

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

DATE: January 3, 2020
SUBJECT: 710-20-0011 Home Studies

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid submission/opening date and time
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time remains the same

CHANGE OF SPECIFICATION(S)

Delete 4.5 of Section 4 – Performance Bonding. This is no longer required.

4.5 PERFORMANCE BONDING

A. ~~The Contractor shall be required to obtain performance bonds to protect the State's interest as follows:~~

- ~~1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.~~
- ~~2. The State shall require additional performance bond protection when a contract price is increased or modified.~~
- ~~3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.~~
- ~~4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.~~
- ~~5. Failure to provide is a breach of contract and may result in immediate contract termination.~~

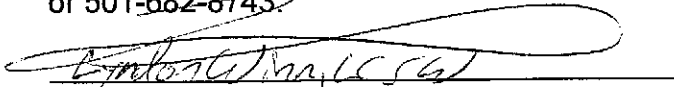
B. ~~The Contractor shall submit documentation to the satisfaction of the State that a performance bond has~~

been obtained. The contractor ~~shall~~ notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.



Vendor Signature

1/27/20
Date

Winn Counseling, PA
Company