

**Attachment I**

***Client History Form***

***RFP # 710-24-0017***

## Client History Form

Instructions: This form is intended to help the State gain a full understanding of each Respondent's experience providing foster care services. This form **must** be accurately completed and signed by the same signatory who signed the Response Signature Page in the Technical Response Packet.

The State reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas's DHS will be the client. For each listed client, Respondents **must** include the client entity's name, address, and phone number. Additionally, Respondents are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts the clients listed, the State reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

The boxes below each prompt will expand if necessary. If there are no contracts which meet the definition, Respondent **must** state "none."

1. Please list three (3) different clients where you served as the **prime contractor** for services of similar size and scope in the past three (3) years. Client information as described above must be included. Client information must not include a current DHS employee.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Use Ink Only)*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_