

Attachment H
Client History Form
Physical Therapy
Services-SEAHDC
710-26-033

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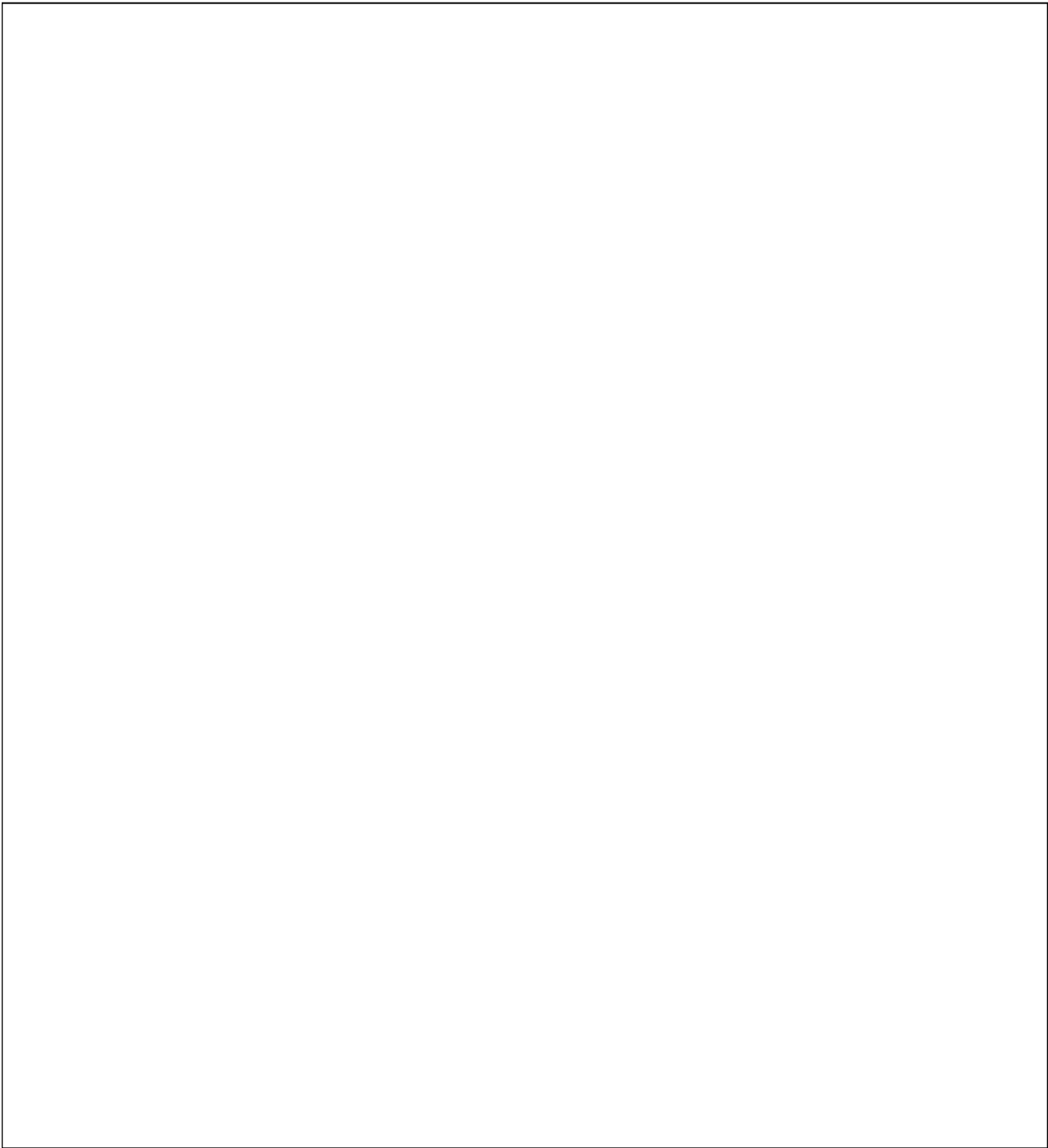
Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form must be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

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 IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Response Signature Page*.

1. For Physical Therapist- In accordance with Section 2.3 D, Prospective Contractor **must** have a minimum of three (3) years of experience providing services to individuals with intellectual disabilities and/or mental illness in a long-term care facility setting, defined as a residential setting that provides 24/7 ongoing medical care and support. Please state the number of years of experience and a brief description in the space provided below. If there are no contracts which meet this definition, please state "none."



Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____