

INFORMATION FOR EVALUATION

Attached is the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so the below information can be verified. Failure to submit the requested information may cause your response to be disqualified. **Do not complete and return this form with your response.** It is for information only.

Vendor must submit satisfactory documentation in response to the request below to be considered.

**REQUEST FOR QUALIFICATIONS (RFQ)
710-19-1027
THERAPEUTIC FOSTER CARE (TFC)
MINIMUM QUALIFICATION CHECK LIST**

| | | |
|------------------|-----------------------|--------------|
| Vendor: | Counseling Associates | |
| Reviewer: | | Date: |

| MINIMUM QUALIFICATIONS | SUBMITTED | | COMMENTS |
|--|-----------|----|--------------------|
| | YES | NO | |
| <p>A. Must meet the foster care requirements outlined in <i>Minimum Licensing Standards for Child Welfare Agencies</i>.</p> <p>For verification of requirement Vendor must submit one of the following:</p> <p>1) Vendor's Therapeutic Foster Care Placement Child Welfare Agency License obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), or</p> <p>2) A copy of the application for licensure.</p> <p>Vendor's license must be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.</p> | Y | | Submitted license. |
| <p>B. Must be licensed as a Child Welfare Agency as set out in the <i>Minimum Licensing Standards for Child Welfare Agencies</i>.</p> <p>For verification of requirement Vendor must submit one of the following:</p> <p>1. Vendor's Therapeutic Foster Placement Child Welfare Agency License obtained from the Arkansas Department of Human services (DHS), Division of Child Care and Early Childhood Education (DCCECE or</p> <p>2. A copy of the application for licensure.</p> <p>Vendor's license must be approved by DCCECE board by June 1, 2019 in order to be awarded a contract.</p> | Y | | Submitted license. |

| | | | |
|--|---|--|--|
| <p>C. Must be able to provide trauma informed mental health services for clients placed in the program.</p> <p>For verification purposes, vendor must submit a narrative outlining their ability to provide trauma informed mental health services and the ability to provide 24-hour, seven (7) days a week mobile crisis intervention.</p> | Y | | Submitted narrative for trauma-informed. |
| <p>D. Must have the ability to provide 24-hour, seven (7) days a week mobile crisis intervention in the home and community setting.</p> <p>For verification purposes, vendor must submit a narrative outlining their ability to provide trauma informed mental health services and the ability to provide 24-hour, seven (7) days a week mobile crisis intervention.</p> | Y | | Submitted narrative for mobile crisis. |

Passed X

Failed