

## Attachment G

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**

<b>Vendor:</b>		
<b>Reviewer:</b>		<b>Date:</b> <span style="width: 40%; height: 30px;"></span>

MINIMUM QUALIFICATIONS	SUBMITTED		COMMENTS
	YES	NO	
<p>A. Must meet the foster care requirements outlined in <u>Minimum Licensing Standards for Child Welfare Agencies</u>.</p> <p>For verification of requirement Vendor <b>must</b> 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), <b>or</b></p> <p>2) A copy of the application for licensure.</p> <p>Vendor's license <b>must</b> be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.</p>			
<p>B. Must be licensed as a Child Welfare Agency as set out in the <u>Minimum Licensing Standards for Child Welfare Agencies</u>.</p> <p>For verification of requirement Vendor <b>must</b> 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), <b>or</b></p> <p>2) A copy of the application for licensure.</p> <p>Vendor's license <b>must</b> be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.</p>			

MINIMUM QUALIFICATIONS	SUBMITTED		COMMENTS
	YES	NO	
<p>C. Must be able to provide trauma informed mental health services for clients placed in the program.</p> <p>For verification purposes, vendor <b>must</b> submit a narrative outlining their ability to provide trauma informed mental health services and the ability to provide twenty-four (24)-hour, seven (7) days a week mobile crisis intervention.</p>			
<p>D. Must have the ability to provide twenty-four (24)-hour, seven (7) days a week mobile crisis intervention in the home and community setting.</p> <p>For verification purposes, vendor <b>must</b> submit a narrative outlining their ability to provide trauma informed mental health services and the ability to provide twenty-four (24)-hour, seven (7) days a week mobile crisis intervention.</p>			

Passed \_\_\_\_\_

Failed \_\_\_\_\_