

Original

Technical Proposal

**SIGNATURE PAGE**

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Southern Counseling Services				
Address:	1970 Lyndale				
City:	Memphis	State:	TN	Zip Code:	38107
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 Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Bill Rubin	Title:	Manager
Phone:	901-277-2851	Alternate Phone:	
Email:	bill.rubinscs@comcast.net		

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: Bill Rubin Title: Manager  
Use Ink Only.

Printed/Typed Name: Bill Rubin Date: 1/19/2020

## 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**

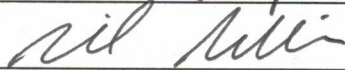
Vendor Name:	Southeastern Counseling Services	Date:	1/19/2020
Authorized Signature:		Title:	Manager
Print/Type Name:	Bill Rubin		



## 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:	Southern Zoological Service	Date:	1/19/2020
Authorized Signature:		Title:	Manager
Print/Type Name:	Bill Rubin		



## 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:	southern cooperating services	Date:	1/19/2020
Authorized Signature:	<i>Bill Rubin</i>	Title:	Manager
Print/Type Name:	Bill Rubin		

## 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

**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:	Southman Consulting Services	Date:	1/29/2020
Authorized Signature:	<i>Bill Rubin</i>	Title:	Manager
Print/Type Name:	Bill Rubin		

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:** 710-20-0012 Adoption Summaries and Adoption Summary Updates

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. 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.~~

Correct Bid Number in heading starting with page 2 thru 23.

Delete: Bid No. 719-17-1032 , Replace with: Bid No. 710-20-0012

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](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

  
\_\_\_\_\_  
Vendor Signature

1/18/2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

Contract Number \_\_\_\_\_  
Attachment 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

TAXPAYER ID NAME: Southern Counseling Services IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Rubin FIRST NAME: Bill  
M.I.:

ADDRESS: 1970 Lyndale

city: Memphis STATE: TN ZIP CODE: 38107 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:**

**FOR INDIVIDUALS \***

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>	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

**FOR AN ENTITY (BUSINESS) \***

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 Manager Date 1/18/2020

Vendor Contact Person Bill Rubin Title Manager Phone No. (901) 277-2851

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



**Jan 1, 2020**

### **EEO Policy**

It is the policy of Southern Counseling Services LLC to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran, recently separated or other covered veteran, or any other characteristic protected by federal, state, or local law. In addition, Southern Counseling LLC will provide reasonable accommodations for qualified individuals with disabilities.

Southern Counseling Services' goal is to achieve at least proportional representation of women and people of color across the company. Our programs are designed to comply with all applicable federal, state, and local laws, directives and regulations and cover all human resource actions including employment, compensation, benefits, training, education, tuition aid, transfers, promotions and social/recreational programs.

Southern Counseling Services' Managing Director has responsibility to monitor progress, reinforce policies and hold the organization accountable to meet objectives.

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

- *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

## **Technical Proposal Response**

Southern Counseling Services, LLC is proposing to continue to provide Summaries and Summary Updates referred by DHHS/DCFS in the State of Arkansas. These services will be for all eligible referrals made by DHHS/DCFS.

These Summaries will be performed in a timely manner and will meet all of the guidelines set forth in the performance indicators and in accordance with DCFS policy and regulations.

The experience and availability of the staff and the agency's built in reviews and measures to guide the performance of these summaries will guarantee that all program goals will be met with success.

This proposal will demonstrate that Southern Counseling Services has the organizational structure, staff, supervision, and day to day management procedures that meet all of the necessary requirements set forth in the performance based standards outlined in this RFP.



## Technical Approach to Scope of Services

### *... Scope of Work...*

#### **How the vendor will complete adoption summary:**

Adoption Summaries will include written health history and genetic social history of the child which excludes information that would identify birth parents or members of the birth parent families. The following General categories of information will be used to complete the health, genetic and social history;

Birth information, Physical Description, Developmental History, Problems in Development, Childhood Diseases, Medical History, Mental Health History, Personality, Behavioral History, Relationships with birth parents, siblings, peers and significant others, History of Discipline, History of School, Foster care experience, and Birth Parents.

Each of These General categories above will have specific information that will provide a clear history of the child. This information will be gathered by reviewing PACE UMS Reports, Visitation Reports, Birth Records, Court Reports of Recent placement history, Case plan of parents, and visitation of child and current foster parents.

See attached example of Sample Adoption Summary.

**Time frame Standard:** Summaries will be completed within 14 days of referral and within 7 days of the Summary Updates. Contractor will have staff contact him on any Summary and Summary Updates that are falling behind in meeting the required date to complete studies. Contractor will have staff notify DCFS worker and contractor when they are unable to reach foster family or obtain needed information.

**Quality Assurance Procedures:** Contractor will utilize the Performance Measures outlined in the Adoption RFP to assure that all guidelines for the adoption summaries and updates are being met. All documents submitted by the staff will be reviewed by the contractor and support staff. Records of all staff will be kept up to date. Summary Reports by the staff will be compared to other summary reports to ensure each are

adhering to the standards set for the summary reports. Feedback from DCFS staff will be sought on a regular basis to ensure all needed information is being provided.

### *....Meeting Additional Requirements*

**Mode of transportation:** All staff providing home studies currently have reliable cars that they own and are properly insured .

**Meeting on nights and weekends:** Southern Counseling Services has hired therapists who understand the expectation is to meet with the clients at times that are practical for the families. These times might need to be during after school hours, times planned around foster parents work hours, and visits on weekends. Licensed therapists that live close to these counties will provide the summary interviews which will ensure that they can meet at the time that is best for the clients. All staff hired has reliable cars for transportation to the client's home.

**Maintaining staffing Levels:** Southern Counseling currently has 11 LCSW and LMSW licensed social workers available to provide Summaries. The majority of the staff have worked with SCS for over ten years. Other staff can be added quickly if needed as the current staff has contacts with other licensed social workers in their area that can be recruited.

Staffing patterns have been based on the estimated number of referrals that will be made for Summaries and staff will be utilized who live close to the client's home. Southern Counseling Services has 11 staff available for Summaries and Summary Updates in the counties listed in this proposal.

With this staffing pattern Southern Counseling Services has been able to provide all of the clients with excellent coverage over the period of the current Adoption contract. Other staff will be added depending on the funding or scope this contract requires and will meet all standards currently proposed.

See Attached

...see 11 staff licenses

**... Reporting.**

**Requirements.** The contractor will notify DCFS of any changes in personnel impacting the contract services and provide documentation to DCFS of new personnel with their qualifications within 72 hours prior to delivery of services. .

**Court Testimony;** The contractor and staff all have experience appearing in court multiple times in order to provide their clinical evaluation on the parents and children that they have worked with.

**Experience:**

Southern Counseling Services is an LLC, owned and operated by a LCSW licensed in the state of Arkansas for independent practice. Southern Counseling has a history of successful experiences providing IFS and similar services for DHHS/DCFS in Arkansas. Southern Counseling Services LLC was formed in November of 1994 after a year of providing IFS through the status of an independent contractor. In July 1995, Southern Counseling Services in addition to IFS, began providing In-Home Counseling Services to Crittenden County, Arkansas. Southern Counseling continued to provide both these services in 1996. During the 1997-1998 contract years, Southern Counseling Services extended the In-Home Counseling and IFS to St. Francis County and added the Home Study Contract for Crittenden County. Southern Counseling continued to provide these services in 1999. In 2000 and 2001 Southern Counseling extended In-Home Counseling services to also include Cross, Lee, Monroe, and Phillips Counties; IFS for Poinsett and Cross County and Home Studies for all the above Counties. Southern Counseling added Adoptions in 2004 to cover counties in Area nine and ten. In 2008 Southern Counseling Services added these services to some of the counties in Area eight. In addition Southern Counseling Services has provided Intensive Family Services and Counseling Services in Areas 4,5,8,9,10 from 2012 through June 2019.

Southern Counseling Services is currently providing Relative placement Home Studies, and Adoption Home studies and Summaries in AREAS 3, 4, 5, 8,9,10.

The Role of the Respondent in providing the above services has been General Manager. The responsibilities of this position have been to oversee all of the Quality Assurance, Staffing needs, Evaluation of the staff's clinical skills through review of their documentation and face to face meetings, and the Budgeting and Accounting duties required by these projects. The contract period for the above contracts were on a twelve month basis for each of the contract years and staff months for each year was for 12 months.

See ...see letters of recommendation

...organizational chart

... ..Current License



Attached

SAMPLE

Completed by:  
SOUTHERN COUNSELING SERVICES  
1970 Lyndale Memphis, Tennessee 38107 Phone: 901-277-2851

**Adoption Summary**  
**Health, Social, Educational and Genetic History**

**A. Birth Information:**

**First Name of child Date of birth:**

**Race:** Caucasian                      **Sex:** Female                      **Time of birth:** 11:42 a.m.

**Birth weight:** 5 lbs, 3 ounces    **Birth length:** Unknown

**Head circumference:** Unknown

**Type of delivery:** Vaginal

**APGAR: 1 minute** Unknown    **5 minute** Unknown

**Prenatal, labor, and delivery information/complications:** 38 weeks

**Medical information after birth:** Unknown

**Other comments:** She was born at Jennings American Legion Hospital in Jennings, Louisiana.

**B. Physical Description:**

**Height:** Approximately 34 inches    **Weight:** 25 lbs.

**Hair color:** Blonde                      **Eye color:** Blue                      **Complexion:** Fair

**Birthmarks:** Left thigh

**C. Developmental History:**

**Child's age at developmental milestones:**

**Sat alone:** 6 months    **Crawled:** 10 months    **First Step:** 11 months

**Walked:** 12 months    **First Tooth:** 7 months    **First Word:** 6 months

**First Sentence:** Not yet    **Toilet Trained:** Not yet

**Problems in development:** No cognitive, speech or motor developmental delays have been identified. Her motor and language skills appear to be age-appropriate. Selena's foster parents report no concerns regarding her ability to age-appropriately interact in social settings with peers and adults. Selena attends church and other social settings. No issues were reported within any venue.

**Testing and/or treatment to address developmental problems:** No developmental issues are reported at this time. Selena was tested during the UAMS PACE evaluation on 10/31/2012.

**D. Health History:**

**Childhood diseases:** She has no known childhood diseases.

**Medical history/diagnosis:** Ear infections

**Allergies:** Seasonal; per foster mother, she constantly has a runny nose. (UAMS PACE evaluation reported a skin reaction to Wal-Mart generic diapers)

**Accidents, illnesses, or traumas requiring treatment or hospitalization:** She has no known history of accidents, illnesses or traumas requiring treatment or hospitalization other than having ear tubes in May 2013.

**Mental health history/diagnosis:** None

**Dental history:** Within Normal Limits; she has ten teeth.

**Visual history:** Within Normal Limits; no glasses

**Hearing history:** Within Normal Limits

**Status of immunizations:** Current

**Medication:** Generic version of Claritin (as needed) and Paryl D. Suspension (1 mL every six hours as needed)

**Special appliances:** None

**Health Providers:** Selena's primary care physician is Dr. Chris Morgan in Stuttgart, Arkansas.

**10/31/2012.** UAMS Pace Evaluation. Cognitive: Early nonverbal cognitive development assessed in the average to low average range. Behavior: Overall adaptive behavior assessed in the moderately low range. At Risk for: Neglect and developmental delays. Speech-Language: Receptive and expressive language: Mildly delayed early language developmental skills. Articulation: Deferred status due to Selenia's young age. Voice and fluency: Deferred status due to Selenia's young age. Oral-motor: Adequate for speech and feeding. Dental: Edentulous infant. Hearing: Results of OAE could not be obtained due to high artifact; observed to localize to sound; recent otitis media, per medical report. Vision: Within functional limits by observation.

### **E. Personality:**

**General description:** .... is a happy baby. Her foster parents said, "She is the happiest baby ever."

**Strengths:** She is easy-going.

**Challenges:** There have not been any challenges identified at this time.

**Expression of anger:** She will engage in age-appropriate tantrums which involves crying and lying on the ground. She can be redirected easily though.

**Expression of sadness/depression:** She will pout.

**Expression of love and affection:** She loves to give and receive hugs and kisses. She loves sitting on her foster parents' laps.

**Fears/Worries:** Her foster mother said that Selenia does not respond well to older females with shorter hair.

**Behavioral problems:** From the below list, no behavioral concerns were reported.

*(Lying, stealing, fire setting, running away, destruction, withdrawal, encopresis, enuresis, self-harm, suicide attempts, cursing, defiance, sexual acting out, alcohol/substance abuse, other.)*

**Interests, likes, dislikes, talents, special skills:** She likes to listen to books and watching cartoons. She dislikes sitting in her car seat.

**Religion:** She attends First Baptist Church in Stuttgart, Arkansas, on a regular basis with her foster family.

**Care of personal belongings:** She plays with toys well and is not rough.



**Sleeping habits:** Selena sleeps in a crib and shares a bedroom with two of her foster parents' biological daughters. She sleeps with a pacifier. She takes a one to two hour nap per day. She wakes one to two times per night but can easily be soothed back to sleep with the assistance of a pacifier.

**Grooming/hygiene habits:** She is dependent in her grooming and hygiene due to her age. She is cooperative in taking a bath but does not like to brush her teeth.

**Clothing:** Shoes (5), Pants (18-24 months) and Shirts (18-24 months)

**Eating habits:** She has a good appetite.

**Food:** No food restrictions or allergies exist. She is not on any type of special diet. Her foster mom reports that she is not a picky eater and will eat anything that is offered. Selena especially likes green beans, oranges and candy. She dislikes nothing. Her foster mother said that although she may not try something the initial time it is offered, it does not mean that she will not eat it in the future.

**Daily Schedule:** Get up: 6:30 a.m.  
Breakfast  
Play  
Snack: 10:00 a.m.  
Lunch: 11:30 a.m.  
Nap: 12:00 p.m. – 1:30 p.m.  
Play  
Snack: 2:00 p.m.  
Play  
Bath: Tuesdays, Thursdays, Saturdays and Sundays  
Dinner: 5:00 p.m.  
Play  
Bed time: 7:00 p.m. (Prayer)

**Smoking habits:** None

**Sexual knowledge/experience:** None

**Relationships:**

**Birth/legal parents:** Birth parent rights were terminated in

**Siblings:** She has one younger biological brother who was born. She has not had contact with him.

**Peers, younger and older children:** She interacts age-appropriately with her peers.

**Other significant persons:** Her foster parents are. She has resided with them since she was two months old. Her foster parents expressed their love for her and desire to adopt her. Her foster parents became tearful when discussing the thought of her not being in their family forever. They spoke very positive about her throughout the interview process. Other significant people are her foster parents' biological children.

**F. Discipline:**

**Advantages about parenting:** She is happy.

**Difficulties about parenting:** No difficulties were identified.

**Discipline practices:** She is only disciplined through verbal redirection due to her age.

**Response to discipline:** She will comply.

**G. School Experiences:**

At that time, **Selena** stays at home during the day with her foster mother.

**H. Foster Care Experiences:**

**Date entered foster care and reason(s):** **Selena** was placed in foster care on 10/10/2012 due to neglect and parental drug abuse.

**Description of any maltreatment:** See above details

**Dates previously in foster care:** None

**Placement history (length of placement, type of placement and reason for move):**  
None

**Current placement:** Her foster parents. She has resided with them since she was two months old.

**Income of child:** Medicaid

**I. Birth Parents:**

**Birth Mother**

**Race:** Caucasian      **Age:** early 20's      **Height:** Unknown

**Weight:** Unknown      **Hair color:** Unknown

**Eye color:** Unknown      **Complexion:** Unknown

**Medical health history (illnesses, diseases, disabilities, allergies, visual/hearing problems, etc.):** No information was available on the history of medical health.

**Alcohol/substance abuse history:** There is history of substance abuse for birth mother.

**Mental health history (include a diagnosis):** Bipolar disorder (per UAMS PACE evaluation)

**Cause of death and age at death (if applicable):** N/A

**Marital Status:** Married

**Education:** No information was available on the education of the birth mother.

**Employment history:** No information was available on the employment history of the birth mother.

**Criminal history:** There is criminal history for birth mother. Per foster parents, her history involves drugs and theft.

**Child's last contact with the birth parent (date, type of contact, reaction, etc):** Birth mother's parental rights were terminated in ... No information was readily available regarding birth mother's last date of contact.

**Medical and mental health history and social history of extended birth family:** No information was available on the medical and mental health history and social history of extended family.

### **Birth Father**

**Race:** Caucasian      **Age:** mid 20's      **Height:** Unknown

**Weight:** Unknown      **Hair color:** Unknown      **Eye color:** Unknown

**Complexion:** Unknown

**Medical health history (illnesses, diseases, disabilities, allergies, visual/hearing problems, etc.):** No information was available on the medical history of the birth father.

**Alcohol/substance abuse history:** There is history of substance abuse for birth father.

**Mental health history (include a diagnosis):** No information was available on the mental health history of the birth father.

**Cause of death and age at death (if applicable):** N/A

**Marital Status:** Married

**Education:** No information was available on the educational history of the birth father.

**Employment history:** No information was available on the employment history of the birth father.

**Criminal history:** There is criminal history for birth father. Per foster parents, his history involves drugs and theft.

**Child's last contact with the birth parent (date, type of contact, reaction, etc):** Birth father's parental rights were terminated in November 2013. No information was readily available regarding birth father's last date of contact.

**Medical and mental health history and social history of extended birth family:** No information was available on the medical and mental health history and social history of extended family.

**J. Preparation of Child for Adoption:** Parental rights have been terminated. The DHS DCFS Foster Care Worker and Adoption Specialist will make all arrangements and preparations for adoption.

**K. Recommendations:** During the visit, Selena was sweet, content and affectionate toward her foster parents. She appeared to be well-adjusted in her current placement. Kristen and Jennifer expressed their desire to adopt Selena. They appear to be committed to her well-being. It is recommended that she continue in this placement and adoption be pursued.

\_\_\_\_\_  
**Person Completing Adoption Summary**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Bill Rubin, LCSW  
The Contractor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adoption Social Worker Supervisor**

\_\_\_\_\_  
**Date**

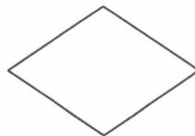
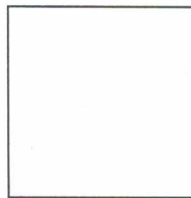


**Southern Counseling Services  
Flow Chart for  
Adoption Summary Service**

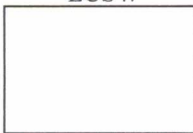
Clinical  
Supervisor, LCSW



Administrator



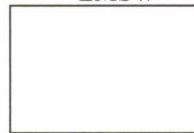
LCSW



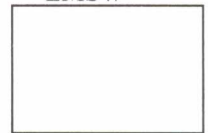
LCSW



LMSW



LMSW



**Thomas W. Stacy, PhD**  
4774 SW Julia St.  
Portland OR 97221

January 14, 2020

To Whom it may Concern:

I have known Bill Rubin for over thirty-five years and worked closely with him in a clinical psychiatric program for adolescents for nearly ten years.

I have frequently met with Mr. Rubin and discussed with him the different programs he is currently involved with.

Mr. Rubin demonstrates a strong understanding of policies that lead to good clinical supervision and understands how to implement organizational structure and effective programming. In addition he also displays a broad knowledge of clinical skills and has a long history of supervising and providing counseling services and home studies to clients.

Mr. Rubin is very committed to the population he services and demonstrates a high commitment to providing quality services that will enhance their lives.

He has outstanding clinical and management skills. His dedication and determination are exemplary. I have no reservations in recommending Bill for any clinical or administrative position. If you have any questions, please contact me at 410-964-0425 or 410-707-7274.

Sincerely,



Thomas W. Stacy, PhD  
Licensed Psychologist

Michael Sean Todd, LCSW  
7440 S. A1A, Unit A-224  
Jensen Beach FL 34957  
901- 409-8525  
mstodd1@mac.com

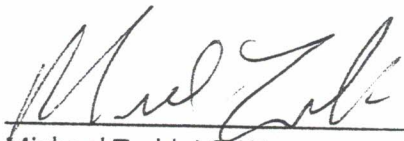
January 5, 2020

To Whom It May Concern:

I have known Mr. Bill Rubin for the past thirty years. He has excellent clinical and administrative skills. He is able to supervise staff well and to administer and coordinate the needs of an agency that provides psychological services, social services, and home studies. He has a long history of working well with diverse groups and is a good problem solver.

If you have any questions please feel free to contact me.

Sincerely,

  
Michael Todd, LCSW

**Herschel E. Schwartz, Ph.D.**

**Consultant**

**49 Verde Dr.**

**Asheville, NC 28806**

**hschwartz@aol.com**

**(901)378-9005**

January 7, 2020

To Whom It May Concern:

I have known Bill Rubin during my career of more than 30 years in local community mental health center work in the Memphis area. Bill and I have discussed our mutual areas of professional experience and interest. My background has been somewhat in clinical work but predominantly in grant writing, management, evaluation, research, and college teaching of social work. For the past ten or more years, I have been familiar with his work in providing a variety of counseling services and home studies for the State of Arkansas.

I am confident that he has the ability and interest to provide the requisite organizational and clinical direction that these types of services typically demand.

Mr. Rubin has many years of experience in providing the leadership and day to day management of programs that are designed to increase the skills and functioning level of clients with a variety of needs. He demonstrates the ability to manage staff, clients and administrative and budgetary concerns.

I believe him to be a level-headed and patient man of integrity with compassion for the consumers he serves.

Sincerely,

*Herschel Schwartz*

Herschel Schwartz, Ph.D.  
Consultant





**Arkansas  
Social Work License Card**

**License No.**

3091-C

**Expiration Date:**

7/31/2020

Amy Lizette Ashcraft, LCSW

113 Ashley Dr.

Searcy AR 72143

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

A handwritten signature in black ink, appearing to read "Bryce Jackson".

Chairman



Arkansas  
Social Work License Card

License No.

2573-C

Expiration Date:

1/31/2021

Kimberly L. Baggett, LCSW

1242 CR 2108

Hooks TX 75561

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

A handwritten signature in cursive script, appearing to read "Diana Hudson, LCSW".

Chairman

---

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

December 10, 2018

Dale Christian, LCSW  
202 Foxfire Drive  
Paragould, AR 72450-2610

Dale Christian, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **February 1, 2019 through January 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**January 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **February 1, 2019 through January 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No.

692-C

Dale Christian, LCSW

202 Foxfire Drive

Paragould AR 72450-2610

Expiration Date:

1/31/2021

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

A handwritten signature in black ink, appearing to read "Asa Hutchinson, LCSW".

Chairman



STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

December 10, 2018

Benjamin L. Cravens, LCSW  
39 Hillcrest Rd  
Hardy, AR 72542

Benjamin L. Cravens, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **January 1, 2019 through December 31, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, **(December 31, 2020)** you must obtain 48 hours of social work continuing education between the dates of **January 1, 2019 through December 31, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No.

2324-C

Expiration Date:

12/31/2020

Benjamin L. Cravens, LCSW

39 Hillcrest Rd

Hardy AR 72542

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

Chairman





**Arkansas  
Social Work License Card**

License No.

3930-M

Expiration Date:

3/31/2020

Martha E. Flores-Dupriest, LMSW

195 Jones Putman Rd.

Mcrae AR 72102

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

A handwritten signature in cursive script, appearing to read "D. J. Hudson, LMSW".

Chairman



STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

October 8, 2018

Van Michelle Hall, LCSW  
2700 Woodland Apt 407  
Texarkana, AR 71854

Van Michelle Hall, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **October 1, 2018 through September 30, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**September 30, 2020**) you must obtain 48 hours of social work continuing education between the dates of **October 1, 2018 through September 30, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
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If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No.

2512-C

Van Michelle Hall, LCSW  
2700 Woodland Apt 407  
Texarkana AR 71854

Expiration Date:

9/30/2020

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

Chairman

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

October 14, 2019

Katrina L. Hoofman, LCSW  
PO Box 8022  
Searcy, AR 72143

Katrina L. Hoofman, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **November 1, 2019 through October 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**October 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **November 1, 2019 through October 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No.

4365-C

Katrina L. Hoofman, LCSW

PO Box 8022

Searcy AR 72143

Expiration Date:

10/31/2021

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

Chairman





Arkansas  
Social Work License Card

License No.

6022-C

Marie Ruth Jenkins, LCSW  
601 Maple Street  
Crossett AR 71635

Expiration Date:

10/31/2020

This license is granted and in good standing with the Arkansas  
Board of Social Work Examiners.

*[Handwritten Signature]*

Chairman



STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071  
Fax: 501-372-6301  
Email: swlb@arkansas.gov  
Website: arkansas.gov/swlb

May 14, 2018

Monique L. Randle, LCSW  
9300 Treasure Hill Rd, Apt 307  
Little Rock, AR 72227-7222

Monique L. Randle, LCSW:

This is to notify you that your licensure as a Social Worker has been approved for the period of **May 1, 2018** through **April 30, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**April 30, 2020**) you must obtain 48 hours of social work continuing education between the dates of **May 1, 2018** through **April 30, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.



Arkansas  
Social Work License Card

License No.                      Expiration Date:  
5364-C                              4/30/2020

Monique L. Randle, LCSW  
9300 Treasure Hill Rd, Apt 307  
Little Rock AR 72227-7222

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

Chairman

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Please remove card carefully!  
Bend back and forth along crease  
before separating.



Arkansas  
Social Work License Card

License No.

2144-M

Expiration Date:

3/31/2020

Shelia Denise Sanders, LMSW/  
1608 French Street  
Jonesboro AR 72401

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

*Shelia Sanders*  
Chairman



**Subject:** Fwd: My license renewal  
**From:** Annie Haynes <anniemhaynes16@gmail.com>  
**Date:** 12/27/2019, 9:16 AM  
**To:** Bill Rubin <bill.rubinscs@comcast.net>

----- Forwarded message -----

From: **Annie Haynes** <anniemhaynes16@gmail.com>  
Date: Thu, Nov 8, 2018 at 8:18 PM  
Subject: My license renewal  
To: <t.lindsey@deltacounseling.org>

