



**Clark County Department of Job and Family Services  
By and through the authority of the  
Board of Clark County Commissioners**

**REQUEST FOR PROPOSALS**

**RFP: 17-SFY-19**

**FOR: Parent Aide and Homemaker Services**

**PROGRAM DATES: January 1, 2017 through December 31, 2018**

**Up to \$200,984.64**

**Offered By:**

**Clark County Department of Job and Family Services  
1345 Lagonda Avenue  
Springfield, Ohio 45503  
(937) 327-1700**

**PROPOSAL DUE DATE:**

**NOVEMBER 30, 2017 @ 3:00 PM**

**PROPSALS SUBMITTED TO:**

1345 Lagonda Avenue  
Springfield, Ohio 45503  
Building C, 4<sup>th</sup> Floor  
Attn: Contract Developer  
Clark\_Contract\_Development@jfs.ohio.gov

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## **1. Purpose, Project Information, and General Procedures**

### **1.1. Purpose**

The Board of Clark County Commissioners (the “Board”) on behalf of The Clark County Department of Job and Family Services (the “Department”) releases this Request for Proposals (“RFP”) for the purpose of obtaining a provider(s) of parent aide and homemaker services for customers of the Department’s Family & Children Services (“FCS”) Division. Individuals or organizations responding (“Offerors”) must adhere to all RFP requirements herein.

The objective of the parent aide and homemaker services program is to provide services in the home to (a) remedy or prevent child abuse and neglect, (b) prevent removal or promote reunification, and (c) provide assistance to adults so that they can continue to live independently. Parent aide and homemaker services are specialized because they provide services in the family environment. This enables problems to be addressed immediately and actively with assistance. By providing services in the home it stabilizes many situations that might otherwise prevent the child from being there safely or prevent the adult from remaining independent. This is the most familiar setting to the family and therefore encourages and supports the family during times of crisis. Parent aide services are seen as a teaching/helping model, whereas homemaker services are a provided service.

### **1.2. Agency Mission and Services**

The Department’s mission statement is: To promote safety, strengthen families, and empower people.

The Department is considered a quadruple-combined agency consisting of: Family & Children Services, Child Support Enforcement, OhioMeansJobs, and BenefitsPlus.

Our FCS division strives to protect our community’s most vulnerable citizens: children and senior citizens. FCS investigates reports of senior and child abuse, neglect, dependency, and exploitation, and in partnership with other local agencies, we find solutions to ensure children and the elderly are in safe, supportive living environments.

FCS is responsible for the investigation of reported allegations of child abuse and neglect and if deemed necessary, provides ongoing services to stabilize the family. Parent aide services can be used during the initial phase of case management by helping to prevent removal by addressing safety concerns. During the ongoing stages of the case, parent aide services are provided to assist with parenting skills, budgeting, housekeeping, and securing stable housing and employment. They can also be used throughout the case and near the termination stage of case management by assisting supervision of in-home visitation of children who have been removed from their parent’s care. This is a very important step in the reunification process as it gives the agency the most realistic view of a parent’s ability to provide care on a daily basis in their own home; not a superficial setting.

Adult Protective Services (“APS”) investigates reports made to county agencies about suspected abuse, neglect, and financial exploitation of individuals age 60 and over. Homemaker services are utilized to assist those that qualify for APS, by providing them with the extra supports they may need to maintain their independence in their own homes. Such services may include: errands, grocery shopping, light housekeeping, and assistance with basic daily living skills.

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In 2016 FCS served 143 children in their own home, 255 children were served in kinship care, and 109 children were served in a substitute care setting, for a total of 507 children served. At any point in time there are approximately 120 ongoing cases, including 170 adults that may be eligible to receive parent aide/homemaker services depending on the specific case needs.

**1.3. Anticipated Procurement Timetable**

DATE	EVENT/ACTIVITY
November 6, 2017	The Board releases RFP. Q&A period opens. - RFP becomes active. - Offerors may submit inquiries for RFP clarification.
November 14, 2017	Bidders' Conference at Clark County Department of Job and Family Services, Clark Room located in Building B at 1:00 p.m.
November 17, 2017	Q&A Period Closes 4 p.m. (for inquiries for RFP clarification). - No further inquiries for RFP clarification will be accepted.
November 22, 2017	The Department provides Offeror "Question & Answer" document.
November 30, 2017	<b>Deadline for Offerors to Submit Proposals to Department (3 p.m.).</b> - This is the proposal opening date, beginning of the Department process of proposal review.
December 8, 2017	Letter of intent to award contract(s) issued by the Department. - All applicants notified.
December 15, 2017	Contract(s) submitted to the Board for approval.
January 1, 2017	Service provision begins.

**IMPORTANT:** Board reserves the right to revise this, with reasonable notice given, schedule in the best interest of the Department and/or to comply with any applicable County, State, or Federal procurement procedures and regulations and after providing reasonable notice. Only The Board has the authority to bind the Department into a contract. The letter of intent to award is not binding. Since the letter of intent to award is not binding, any costs incurred by Offeror prior to the Board's award may not be recovered.

**1.4. Bidder's Conference**

A "Bidder's Conference" has been scheduled for **November 14, 2017 at 1:00 p.m.** in the **Clark Room in Building B** at the Clark County Department of Job & Family Services campus, 1345 Lagonda Avenue, Springfield, Ohio. The Department staff will respond to questions regarding the requirements of the RFP. Questions asked at the conference and the **final** responses will be included in the Q&A document.

While attendance is not mandatory, the Board strongly encourages Offerors to attend this conference. Please bring your copy of the RFP.

**1.5. Internet Question and Answer Period; RFP Clarification Opportunity**

Who may ask questions?	Offerors may ask clarifying questions regarding this RFP.
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Where and how do I ask questions?	Offerors may ask questions via email or U.S. Mail during the Q&A Period as outlined in Section 1.3, Anticipated Procurement Timetable.
To whom do I address the question?	Offerors must submit all questions in writing, via email or U.S. Mail to Clark_Contract_Development@jfs.ohio.gov or to the mailing address on the RFP cover sheet. If sending via U.S. Mail, it must be received prior to the closing time and date for the Question & Answer Period.
How do I correctly ask a question?	<p>To ensure timely receipt of all questions, “Parent aide and Homemaker Services RFP- Request for Clarification” must be written in the subject line of emailed questions and on the outside of the envelope of any mailed questions.</p> <p>Questions about this RFP must reference the relevant part of this RFP, the heading for the provision under question, and the page number of the RFP where the provision can be found.</p>
How will my answer be returned?	<p>Offeror must include the name of a representative to contact, the company/organization name, and business phone number. <b>Offerors will not receive personalized or individual email responses</b> to their properly submitted individual questions.</p> <p>The Board responses to all questions asked via email or U.S. Mail will be posted on the Internet website dedicated to this RFP or mailed (if properly requested by the Offeror), for reference by all potential proposers. Clarifying questions asked and the Board responses to such questions comprise the “Q&amp;A Document” for this RFP.</p> <p>Responses will include the relevant page number, heading, and provision in question. Proposals in response to this RFP are to take into account any information communicated by the Board in the Q&amp;A Document for the RFP.</p>

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Can I view previous RFPs for this Program?	Yes. Requests from Offerors for copies of previous RFPs, past proposals, score sheets or contracts for this or similar past projects, are <b>Public Records Requests (PRRs), and are not clarification questions regarding the present RFP.</b> PRRs submitted in accordance with the Department policy (available upon request or online by clicking <a href="#">here</a> ) will be honored. The posted time frames for the Board responses to email questions for RFP clarification do not apply to PRRs. Offerors who choose to rely on responses to public records requests when preparing their proposals do so at their own risk.
<b>IMPORTANT</b>	<b>There is an established time period for the Q&amp;A process (see Section 1.3). "Q&amp;A document" will only answer those questions submitted within the stated time frame for submission of Offerors questions, and which pertain to issues of RFP clarity, and which are not requests for public records. The Board is under no obligation to acknowledge incorrectly submitted questions.</b>

\*The Board reserves the right to disregard any email or mailed questions that are not properly titled.

**1.6. Communication Prohibitions**

From the issuance date of this RFP until the Board awards a contract is awarded there may be no communications concerning the RFP between any Offeror, or agents or employees of Offeror that expects to submit a proposal and any employee of Clark County, or any other individual regardless of their employment status, who is in any way involved in the development of the RFP or the selection of Offeror.

The only exceptions to this prohibition are as follows:

1. Communications conducted pursuant to Section 1.5, Q&A Period, and Section 1.4, Bidders' Conference;
2. For the purpose of conducting necessary business arising from a pre-existing or on-going business relationship with the Board;
3. As part of any proposer interview process initiated by the Board, which the Board deems necessary in order to make a final selection;
4. Offerors may request that the RFP and all posted RFP documents be sent via U.S. Mail;
5. Any Public Records Request (PRR) made through the Department;
6. Notification of any changes or announcements related to this RFP through the Department vendor notification list; and
7. A public meeting of Board at which the award of a contract(s), pursuant to this RFP has been placed on the Boards agenda for discussion.

**\*Important Note:** Amendments to the RFP or to any documents related to it will be accessible to Offerors through the original web page established for the RFP. All Offerors must refer to that web page regularly for amendments or other announcements. The Board may not specifically notify any Offeror of changes or announcements related to this RFP except as provided in Section 1.5. It is the affirmative responsibility of Offerors to be aware of and fully respond to all updated information posted on this web page or provided by U.S. Mail when previously requested by Offeror. Offerors without access to the web page established for the RFP may request that amendments to the RFP or documents related to it be sent to them by contacting a contract developer via email or U.S. Mail at

the following address, [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov) or Clark County Job & Family Services, Attn: Contract Development, 1345 Lagonda Avenue, Springfield, Ohio 45503.

The Board is not responsible for the accuracy of any information regarding this RFP that was obtained or gathered through a source not authorized for this RFP. **Any attempts at prohibited communications by Offerors shall result in the disqualification of those Offerors proposals and shall prohibit the Offeror from entering into any contractual relationship with the Board for services requested through this RFP for the duration of the RFP period. An Offeror may also be disqualified for failing to take reasonable steps to prevent its employees, agents, and business associates from making communications that would be prohibited if made directly by that Offerors authorized representatives.**

## 2. Scope of Work

The Board seeks to fund one or more Offerors to provide:

### 1. Parent aide Services to Children and Families

A parent aide services provider assists parents to fulfill their responsibilities when parental abilities are impaired, or at risk of being impaired. The provider works to strengthen or restore parental family functioning and otherwise assure that the child(ren) obtains the nurturing and care required to thrive. Parent aide services are delivered in accordance with the case plan developed by Department and a care plan developed by the provider and approved by Department.

Parent aide service providers model desired behaviors. They assist with the following: budgeting, meal planning and preparation, discipline techniques, basic child care, and housekeeping. They also monitor visitation, provide transportation, and model appropriate behavior both in the home and in community settings. While parent aide service providers must be empathetic and caring, they also must maintain professional boundaries and are not permitted to fraternize with the families they serve. The parent aide service providers must demonstrate respect for the family by: keeping scheduled appointments, communicating any change in the schedule with a minimum one-hour advanced notice, and receive confirmation from the family that the change is agreeable.

Along with the social worker and parent aide services supervisor, parent aide service providers participate as a member of the treatment team to plan, monitor, and assure the delivery of services for each family. Parent aide service providers are expected to attend monthly Department team meetings for the families, periodic meetings of the Family Stability Team, and may be called upon to testify in court. It is imperative that parent aide service providers demonstrate good documentation skills and have insight into family dynamics.

Parent aide service providers work with families on average two times per week and generally provide services in two-hour increments. The number of hours is based on the safety concerns and level of assistance the family requires. Parent aide services can range from 1-12 hours a week. A parent aide service provider remains involved with the family for at least two months, but often much longer. Services are provided between the hours of 6:00 a.m. and 9:00 p.m., seven days a week, excluding federal holidays.

### 2. Homemaker Services to Adults



Homemakers provide assistance to adults to help them continue to live independently. Services are delivered in accordance with a care plan developed by the provider upon receipt of a referral by the APS Unit and approved by the Department. The homemaker participates as part of the treatment team within APS to ensure that the goals are being met. The homemaker is there to provide a direct service to the client. Homemaker service means a service that provides routine tasks to help a consumer achieve and maintain a clean, safe, and healthy environment. Examples of components of a homemaker service are:

- a. Routine meal-related tasks: Planning a meal, preparing a meal, and planning a grocery purchase;
- b. Routine household tasks: Dusting furniture, sweeping, vacuuming, mopping floors, removing trash, washing the inside of windows that are reachable from the floor, kitchen care (washing dishes, appliances, and counters), bedroom and bathroom care (changing bed linens and emptying and cleaning bedside commodes), and laundry care (folding, ironing, and putting the laundry away); and,
- c. Routine transportation tasks: Performing an errand outside of the presence of the consumer (e.g., picking up a prescription), grocery shopping assistance, or transportation assistance.

## 2.1. Target Population

### 1. Families Being Served by Parent Aide Services

Parent aide services are provided to families with the following characteristics:

- a. Families at risk of a child being removed from the home due to maltreatment;
- b. Families in which the parents are unable to perform parenting functions because of physical or mental illness, disabilities, convalescence, substance abuse, or complications of pregnancy;
- c. Families in which the parents are worried or preoccupied with the care of a parent, another child, or other members of the family;
- d. Families in which the parents have a positive relationship with their children but do not know how to care for them due to lack of knowledge, emotional immaturity, or overwhelming responsibility for many children;
- e. Families in which one or more children are receiving specialized health or mental health treatment and this special care can be provided only if the parents have some relief or respite from regular household duties and care of other children in the family;
- f. Families in which a child's treatment for an emotional or physical condition can only be facilitated through observation of the child's intimate living experiences;
- g. Families for whom an alternative plan, such as out-of-home placement, is pending;
- h. Families in which the children have special needs that are overwhelming to the parents;
- i. Families whose children are being returned to the home and who require temporary support until the reintegration is complete; and/or
- j. Families in which a parent or child is either disabled or has a terminal illness.

### 2. Adults Being Served by Homemakers

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Homemaker services are offered to adults over the age of 60 who have an open APS case with the Department and have one or more of the following characteristics:

- a. Individuals with physical disabilities such as hearing or visual impairments, or other disabilities that may constrict mobility;
- b. Individuals who need assistance as they recuperate from surgery or an injury that may temporarily limit their ability to maintain their home;
- c. Individuals who have impairments related to the aging process such as physical weakness or memory loss;
- d. Individuals with chronic medical conditions such as diabetes, but do not meet level of care required to receive home health services;
- e. Individuals with a history of, or disabilities related to, alcoholism; and/or
- f. Individuals who require personal care and attention but not at the level provided in a nursing home.

## 2.2. Demonstration of Experience

The Board is seeking Offerors who possess the experience listed below.

1. The capacity to undertake the scope of work (see 2.0) based on demonstrated history of 3 or more years of successfully completing similar or related work with the targeted service populations.
2. The capacity to undertake the scope of work (see 2.0) based on organizational structure with adequate facilities, fiscal controls, and other resources.
3. Demonstrate a minimum of 3 years of experience working with families, with a preferred emphasis on providing in-home parent aide services and/or homemaker services to adults.

Offerors must demonstrate that the following requirements will be met:

### **Personnel Requirements**

The Offeror must ensure that:

1. Staff possesses the appropriate skills and qualifications to perform the job;
2. A drug-free workplace will be maintained.
3. BCII (Bureau of Criminal Identification and Investigations) and FBI (Federal Bureau of Investigation) background checks are completed on all workers who provide services to clients, including direct service workers and supervisory personnel, regardless of hire date demonstrating their ability to work with seniors/children in accordance with the OAC 173-9-01 through 173-9-10.
4. Information on every staff member (including volunteers and contract workers) who provides direct service to Department clients is maintained. This file shall include:
  - a. Resume or employment application that includes work history.
  - b. Written verification of license(s) and/or certification and valid drivers' license, if applicable.
  - c. Evidence of current, valid, State of Ohio licenses for those persons performing acts of service which require licensure.
  - d. Copies of yearly performance appraisals signed by the staff member.
  - e. Results of BCII/FBI background checks.
  - f. Results of annual drivers check required for vehicle operators.
  - g. Responsibility of parent aide worker to provide any updates regarding driving infractions.
  - h. Evidence of successful completion of mandatory training requirements.

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5. Documentation is signed and dated by the staff member, which indicates completion of an orientation prior to serving a Department client including:
  - a. Employee position description.
  - b. Agency personnel policies.
  - c. Reporting procedures and policies.
  - d. Agency table of organization.
  - e. Lines of communication.

The Offeror must also ensure that staff who transport clients in their personal vehicles:

1. Has access to a vehicle that is properly maintained and in safe running condition.
  - a. Car will be inspected quarterly and documented on some form of checklist, an example of such checklist can be found on Form 1 (see Section 8). Completed checklists would be made available should Department request verification of car safety inspections.
2. Has access to a vehicle that has working seatbelts for all parties.
  - a. Transport all children in car seats according to Ohio State Law:
  - b. Any child younger than four (4) years of age or forty (40) pounds must use a child safety seat.
  - c. Children under the age of eight (8) must use a booster seat unless they are a minimum of four (4) feet, nine (9) inches in height. All children from eight (8) to fifteen (15) years of age must use a safety belt or a child safety seat.
3. All must have a signed waiver from parent/custodian authorizing transport when the children transported without parent/custodian present (an example can be found as Form 2 in Section 8). It is the provider’s responsibility to ensure and track if authorizations are obtained and current. Signed waivers must be made available should Department request verification of authorizations.
4. This chart details past usage in order for bidders to be able to estimate personnel needed to fulfill the Departments’ need.

	Total Families	Families/Mo.	Total Units	Maximum Units/Mo.	Minimum Units/Mo.
<b>CY 2016</b>	60	16	3,729.42	418	78.25
<b>½ CY '17</b>	32	21	1,781.25	334	264.75

**2.3. Specification of Deliverables**

The Offeror(s) selected for this project will ensure that the following deliverables are met to the satisfaction of the Department:

1. Maintain a pool of trained staff to be available days, evenings and weekends throughout the duration of the contract, specifically 6 a.m.-9 p.m., 7 days a week.
2. Offeror has up to 3 business days to accept or decline a Department referral (Form 3, Section 8). Offeror will reply to the Department with name of parent aide provider or reason for decline of referral.

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3. Provide the number of hours of direct service with family as deemed necessary in the Department case plan in order for client to meet goals.
4. Supervised Visitation Reports will be completed on Form 4 (Section 8) with 95% accuracy and provided by the 10<sup>th</sup> of each month for services provided in the preceding month as defined in the reporting requirements (See Section 2.5).
5. Attend a minimum of 90% monthly team meetings when at least one week notice of the meeting is provided by the Department.
6. Notify the Department worker/supervisor of any safety concerns no more than one (1) hour following the critical incident via telephone and by submitting the Critical Incident Reporting Form to Department (Form 5, Section 8) within 24 hours.
7. All suspected abuse and/or neglect must be reported to the Department- Family and Children Services hotline by the end of shift or immediately if child is at serious risk of harm. No child is to be left until responders have arrived (e.g., law officers, EMS, or FCS staff).
8. Attend 100% of court hearings when at least one hour notice is given by Department of the request to testify.
9. Provide transportation to individuals and families in order to assist them to meet case plan goals.

#### 2.4. Expected Outcomes

1. By the end of 10<sup>th</sup> month of service for 90% of cases of the families served there will be improved knowledge of the family's dynamics sufficient such that Department can make appropriate permanency decisions as evidenced by case status and/or legal status filings by Department.
2. 80% of families served through parent aide or homemaker services will receive continuity through the life of their case by receiving services from the same parent aide provider.
3. 50% of parent aide provider service goals will be accomplished by end of service as evidenced by goal status on provider's Service Reviews/Department Case Reviews/Semi-Annual Reviews.
4. 50% of Homemaker service goals will be accomplished by end of service as evidenced by goal status on provider's Service Reviews
5. 60% of customers will be able to remain in their own home through supportive homemaker services.

#### 2.5. Reporting Requirements

Selected Offerors(s) will have reporting finalized in the contract. At a minimum, each Offeror will report status of work to Department quarterly. Details should be given as to the number of customers served, status of deliverables, status of specified outcome measures, and program effectiveness. The specific number of reports, the data elements to be included, and the frequency of reports is at the discretion of Department.

In addition to the above, all case notes will be submitted by the 10<sup>th</sup> of the following month. For example all customer contact notes for January will be submitted by February 10<sup>th</sup> in full. Service reviews are to be completed every 90 days and at time of closure and submitted with case notes. Critical incidents are reported verbally immediately to Department and the critical incident forms must be submitted within 24 hours.

**2.6. Contract Period and Funds Available**

The Board is seeking to award a contract(s) to be effective January 1, 2017, and to conclude no later than December 31, 2018.

This initiative will be funded utilizing:

- CFDA Title and Number: TANF 93.558
- Award Name: Temporary Assistance for Needy Families
- TANF Purpose: Provide assistance to needy families so that children can be cared for in their own homes.
- Name of Federal Agency: U.S. Department of Health and Human Services
- Program Authorizing Legislation: Social Security Act, Title IV, Part A, 42 U.S.C 601 et seq.
  
- CFDA Title and Number: ESSA 93.556
- Award Name: Promoting Safe and Stable Families
- Name of Federal Agency: U.S. Department of Health and Human Services
- Program Authorizing Legislation: Social Security Act, Title IV, Part B, Section Subpart 2
  
- CFDA Title and Number: Protect Ohio 93.658
- Award Name: Foster Care Title IV-E
- Name of Federal Agency: U.S. Department of Health and Human Services
- Program Authorizing Legislation: Social Security Act, Title IV-E, Section 470, et. seq,; as amended

*When necessary and appropriate the Children’s Services Levy will be used to fund this contract.*

In no instance may the Offeror’s or sub-contractors’ administrative costs exceed 15% of the total cost of their contract or sub-contract.

This RFP and all of the Departments contracts are contingent on the availability of funds. If, during the RFP process, funds are not available for the proposed services, the RFP process will be canceled. Offerors will be notified at the earliest possible time. The Board is not required to compensate any offerors for any expenses incurred as a result of the RFP process.

**3. Organization, Point Allocation and Scoring for Proposals**

In order for the Board to evaluate proposals fairly and completely, Offerors should follow the format given below and provide all of the information requested.

**3.1. Proposal Organization A (INTRODUCTION)**

Cover Page	This must include the RFP number, title, the complete vendor name and mailing address, and the amount of funding requested by vendor under this RFP.
Cover Letter	Proposals must include the telephone number, name, and title of the person the Department should contact regarding the proposal.  Must indicate the Offeror will comply with all requirements of the RFP.

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	<p>Offeror must provide a brief description of the organization including history; number of years the organization has been in business; type of services provided; legal status of vendor organization, i.e. corporation, partnership, sole proprietor; and Federal Tax ID number.</p> <p>Offeror must confirm that it will develop, maintain, and update an individual case file for each direct-service program participant. Case files cannot be destroyed without the written permission of the Department.</p> <p><b>An authorized representative capable of binding the Offeror must sign the Cover Letter.</b></p>
Conflict of Interest	<p>Offeror shall include a statement indicating whether or not the organization or any of the individuals performing work under the contract has a possible conflict of interest and, if so, the nature of that conflict.</p> <p>The Board reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program.</p> <p>The Board’s determination shall be final.</p>
Contract Performance	<p>If Offeror has had a contract terminated due to Offeror’s alleged or proven non-performance or poor performance during the past five years, all such incidents must be described, including the other party’s name, address and telephone number. If no such terminations have been experienced by proposer in the past five years, so indicate.</p>
Financial Statement	<p>Offeror must submit a copy of its most recent audited or compiled financial statements, <b>with the name, address, and telephone number of a contact in the company’s principal financing or banking organization.</b> The financial statements must have been completed by a Certified Public Accountant.</p>
Table of Contents	<p>Provide sufficient detail so reviewers can locate all the important elements of your document readily. Identify each section of your response as outlined in the proposal package.</p>
Executive Summary	<p>Provide a high level overview of your approach, the distinguishing characteristics of your proposal, and the importance of this project to your overall operation.</p>

**3.2. Proposal Organization B (PROJECT UNDERSTANDING)**

Provide the Following Information	<p>What do you understand to be the purpose and scope of this project related to the specific target population you propose to serve? (Please be specific to your proposed program and do not use language which duplicates Section 2 of the RFP).</p> <p>Describe how your program contributes to the accomplishment of any of the Department division's mission and work.</p>
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	Specify if your program will provide parent aide services to children and families, homemaker services to adults, or both. Explain the reasons for your selection.
Scope of Work, Solution, Project Narrative	<p>What is your proposed solution to the needs of this program?</p> <p>Describe your program to the fullest extent possible.</p> <p>Describe how your program will provide services in the home to meet the following objectives (a) remedy or prevent child abuse and neglect, (b) prevent removal or promote reunification, and/or (c) provide assistance to older adults so that they can continue to live independently.</p>
Deliverables	Describe how you will ensure that the 10 deliverables in Section 2.3 are met.
Outcomes	<p>Describe how you will achieve outcomes 2, 3, 4 and 5 listed in Section 2.4.</p> <p>How do you intend to measure your performance against the stated outcomes to be achieved?</p>

**3.3. Proposal Organization C (METHODOLOGY)**

Carrying out the Project	Describe the methodology you would use to carry out this project and the reason for selecting this methodology. Detail the tasks to be undertaken.
Project Schedule	Provide a chart showing project activities and deliverables, including timeframes for completion of each.
Evaluation Plan	<p>Describe how you will assess the progress of your project while it is underway. Include how you will monitor the status of project as it relates to Deliverables Section 2.3, Outcomes Section 2.4 and Reporting Requirements in Section 2.5.</p> <p>Describe how you will correct your programs course should the assessment of your progress yield less-than-favorable results.</p>

**3.4. Proposal Organization D (PROJECT MANAGEMENT)**

Management Approach	<p>Describe your management approach.</p> <p>Describe your project management organizational structure including reporting levels and lines of authority.</p>
Project Control	Describe your approach to project control including details of the methods used in controlling project activities.
Risk Management	Identify the pertinent issues as well as the potential risks and problems, which in your experience occur on projects of this type.
Risk Mitigation	Identify steps that can be taken to avoid or mitigate these problems. Describe steps to be taken should any problems occur. Incorporate activities in the project plan to reduce the occurrence, severity, and impact of events or situations that can compromise the attainment of any project objective.

3.5. Proposal Organization E (QUALIFICATIONS & EXPERIENCE) (Subcontractor Lang.)

Vendor Qualifications	Identify the qualifications that you bring to this project. Explain what differentiates your services from others.
Prior Experience	<p>Describe the adequacy of staff, equipment, research tools, administrative resources, quality and appropriateness of technical or support staff.</p> <p>Explain your capacity to undertake the scope of work based on demonstrated history of 3 or more years of successfully completing similar or related work with the targeted service population(s).</p> <p>Explain your capacity to undertake the scope of work based on an organizational structure with adequate facilities, fiscal controls, and other resources.</p> <p>Provide a position description for each of the key positions, the work each performs, and the name of the individual(s) filling each position.</p> <p>Section 2.2 requires proposers demonstrate a minimum of 3 years of experience working with families, with a preferred emphasis on providing in-home parent aide services and/or homemaker services to adults. Describe how you meet this requirement.</p> <p>The Department reserves the right to review past performance on contracts between Offeror and the Department/Board.</p>
Personnel*	<p>All proposed key project personnel must be identified in the proposal. <b>Resumes of all key project personnel are required.</b> Offerors may redact personal contact information which is included on resumes for administrative use (i.e., home addresses, home phone number, personal email address, etc.). Each person’s role is to be identified and documented in the following format:</p> <p style="text-align: center;">Name        Position with company        Role in the project        Experience with the specific tasks being proposed        Work history on similar projects        Legal Relationship with the Prime Contractor</p> <p>Provide an organizational chart including all the personnel assigned to accomplish the work described in your proposal. Designate the person responsible and accountable for the completion of each component and deliverable of the proposal.</p> <p>Section 2.2 lists personnel requirements for all programs. Describe how you will ensure that all proposed personnel will comply with the requirements listed.</p>



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Subcontractors	Subcontractors may be used to perform work under this contract. The substitution of one subcontractor for another may be made only at the discretion of Board project manager, and with prior written approval from the project manager. Providers will be responsible for the subcontractors meeting all terms and conditions of the specifications. <i>See below for more information on Subcontractors (Section 3.5.1).</i>
Customer References	Offerors must submit (3) references, names and phone numbers for similar projects it has completed. There is a limit of one (1) total reference from any Clark County government agency (including Board of County Commissioners and other appointing authorities [e.g. Courts, Sheriff, Prosecutor, etc.]). NOTE* The Department may NOT be used as a reference.

\*The Board reserves the right to approve or disapprove any change in the successful proposer’s project team members whose participation is specifically offered in the proposal. This is to assure that persons with vital experience and skill are not arbitrarily removed from the project by the prime contractor.

**3.5.1. Subcontractor Identification and Participation Information**

Offeror must clearly identify the subcontractor(s) that will be used under this contract and their tasks in their proposals. Proposals must include a letter from the Offerors proposed subcontractor(s), signed by a person authorized to legally bind the subcontractor, indicating the following:

1. The subcontractor’s legal status, federal tax ID number, and principle business address;
2. The name, phone number, and fax number of a person who is authorized to legally bind the subcontractor to contractual obligations;
3. A complete description of the work the subcontractor will do;
4. A commitment to do the work, if the provider is selected;
5. A statement that the subcontractor has read and understands the RFP, the nature of the work, and the requirements of the RFP.

**3.6. Proposal Organization F (PRICING)**

If there is a dispute regarding whether a certain item of cost is unallowable, the Board’s decision is final. Estimated proposal prices are not acceptable.

Submittals	Offerors must complete, sign, and submit Submittals A1- A3.
Payment Schedule	Offeror must include a proposed schedule of payments. The trigger for payment for each cost must be identified.
Narrative on Related Costs	Offeror must submit a detailed narrative, which demonstrates how costs are related and why they are necessary to the proposed program. The narrative should clearly articulate the desired unit rate and the methodology used in calculating the unit rate. The narrative must detail the amount of money being requested from Department.

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Narrative describing Non-Department funding streams	Offeror shall submit a detailed narrative describing all non-Department funding received from any source that funds any part of the proposed project. Offeror must include the percent of the total project cost of each funding source.
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**3.7. Proposal Point Allocations**

The PRT Score sheet that will be used can be found online ([Click Here](#)).

SECTION	POSSIBLE POINTS (100)
Project Understanding	25
Methodology	20
Project Management	25
Qualifications and Personnel	15
Pricing	15
<b>DEDUCTIONS</b>	<b>-20</b>

**3.8. Scoring of Proposals**

Offerors submitting a proposal will have their proposal evaluated based on the capacity and experience demonstrated. All proposals will be reviewed and scored by a neutral, conflict-free Proposal Review Team (PRT) comprised of the Department staff members and others selected at the discretion of the Department. Offerors should not assume that the review team members are familiar with any current or past work activities with Department.

In scoring the proposals, the PRT will score in two phases, once proposals enter into Phase I they are considered, for the purposes of this RFP, to be in the “review process.”

**A. Phase I. Review—Initial Qualifying Criteria:**

In order to be fully reviewed and scored, proposals submitted need to pass the following Phase I review:

1. Was the proposal received by the deadline indicated on the RFP Cover Sheet?
2. Did Offeror submit seven paper copies (one original and six copies) and one electronic copy of their proposal (unless the electronic submission was waived by Board)?
3. Does Offeror’s proposal provide all required certifications, signed by proposer’s authorized representative?

**B. Phase II. Review—Criteria for Scoring the Proposal:**

The PRT will then score qualifying proposals. The PRT will assess how well proposer meets the requirements as specified in Section 3.1 through 3.6 of this RFP. Using the RFP indicated evaluation criteria for Phase II scoring, the PRT will read, review, and discuss the proposals and reach consensus on the final score for each qualifying proposal.

**3.9. Review Process Caveats**

The Board reserves the right to reject any and all proposals, in whole or in part, received in response to this request. The Board may waive minor defects in the RFP that are not material when no prejudice will result to the rights of any Offeror or to the public. The Board may, at its sole discretion, waive

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minor errors or omissions in Offeror proposals/forms when those errors do not unreasonably obscure the meaning of the content.

The Board reserves the right to request clarifications from Offerors regarding any information in their proposals/forms, and may request such clarification as it deems necessary at any point in the proposal review process. Any such requests for proposal clarification when initiated by the Board, and Offerors verbal or written response to those requests, shall not be considered a violation of the communication prohibitions contained in Section 1.6 of this RFP. Such communications are expressly permitted when initiated by the Board, but will be initiated at the sole discretion of the Board.

Should the Board determine a need for interviewing proposers prior to making a final selection, notwithstanding the fact that no two proposals have received substantially similar scoring in accordance with Section 3.8, the Board may exercise its discretion to interview proposers, and results to interview questions shall be scored in a manner similar to the process described in Section 3.8, Scoring of Proposals, above.

Such scored results may be either added to those Offerors proposal scores, or will replace certain criteria scores, at the discretion of the Board. The standards for scoring the interviews and the method used for considering the results of the interviews shall be applied consistently for all proposers participating in the interview process for that RFP.

The Board reserves the right to negotiate with Offeror for adjustments to their proposals should the Board determine, for any reason, to adjust the scope of the project for which this RFP is released. Such communications are not violations of any communications prohibition, and are expressly permitted when initiated by the Board, but are at the sole discretion of the Board.

In the Board’s sole discretion, any Offeror deemed not responsible, or any Offeror(s) submitting a proposal deemed non-responsive to the terms of this RFP, shall not be awarded the contract.

**4. Proposal Submission**

Board requires proposal submissions in both paper and electronic format. The submission of the electronically formatted version may be waived, at the discretion of Board, when requested in writing by Offeror at least twenty-four (24) hours prior to the submission deadline. The proposal must be prepared and submitted in accordance with instructions found in this Section. The proposal submission must be comprised of:

Paper Copies of Proposal	1 Original Signed 6 Copies of Original Signed
Electronic Copy of Proposal (disregard if waived)	The electronic copy can be submitted via email, CD-ROM, or Flash Drive. The electronic copy can be PDF, Word, or other formats that are compatible with Microsoft Office. It is preferred that Offerors submit Budget Submittals A1-A3 in Microsoft Excel format, responses to Sections 3.2-3.6 in Microsoft Word format, and all other documents in PDF format.

- The electronic copy should contain all of the following:
  - o Answers to the questions stated in Section 3 (Proposal Organization 3.1 through 3.6).
  - o Submittals A1, A2, and A3.

- All items submitted with the Original Paper Copy of the proposal should be included.
- Proposals must be submitted no later than 3:00 p.m. on **November 30, 2017**. Faxed submissions will not be accepted. Board will not consider a proposal to be submitted until the time at which the proposal is actually received by Board in both the paper and electronic formats. There are no exceptions to this deadline, and proposals received after the deadline will be immediately rejected.
- Proposals may be submitted via hand delivery or U.S. Mail (preferably certified).
- Board is not responsible for proposals incorrectly addressed or for proposals delivered to any location other than the address specified on the cover sheet of this RFP.
- For hand delivery on the due date, proposers are to deliver the proposals to the address specified above. When hand delivering on the due date, proposers should allow sufficient time for traffic incidents as well as for possible security checks in the front lobby. Board is not responsible for any proposals delivered to any address other than the address provided above.

## 5. Additional Documents and Clauses

### 5.1. Changes to the RFP

Material changes to this RFP will be provided via the agency website. Offerors are responsible for obtaining any such changes without further notice by Board.

### 5.2. Proposal Costs

Costs incurred in the preparation of this proposal are to be borne solely by Offeror. The Board will not contribute in any way to the costs of the preparation of the proposal, associated documents, or any other items/documents related to this RFP. Any costs associated with interviews will also be borne by the Offeror and will not be the Board's responsibility.

### 5.3. Required Forms

The following documents are required to be submitted with the proposal:

<b>Contractor Assurances Form</b> (Link included in this RFP under Attachment A).
Notarized <b>Affidavit in Compliance with Section 3517.13 of the Ohio Revised Code</b> form (Link in this RFP under Attachment B).
Notarized <b>Personal Property Tax Statement</b> (Link included in this RFP under Attachment C.)
<b>Independent Contractor/Worker Acknowledgment Form</b> (Link included in this RFP under Attachment D).*

### 5.4. Limitations

**The award of a contract(s) is contingent upon the approval of Board. No contract shall be valid and legal until it has been approved and executed, in signature, by Board.**

This RFP does not commit the Board to award a contract or to pay any cost incurred in the preparation of a proposal. The Board reserves the right to accept or reject any or all proposals received, to negotiate services and cost with proposers, and to cancel in part or in its entirety this RFP.

The Board will review each proposal with respect to price, Offerors administrative and programmatic capabilities, and conformance to the RFP criteria. The Board may reject all responses if proposed

rates are unreasonable or if proposers do not meet the RFP acceptance criteria. All proposals submitted in response to the RFP will become the property of the Board.

Proposal selection does not guarantee that a contract for services will be awarded. The Board reserves the right to terminate the negotiation process in the event that negotiations fail with Offeror whose proposal is selected and/or issues arise during negotiations that prevent the Board from entering into a contract with that Offeror. If this happens, the Board, in its sole discretion, reserves the right to: (1) select another Offeror that responded to the RFP or (2) cancel and/or reissue the RFP.

Offerors selected will be required to agree to the terms of the Sample Contract included in this RFP as Section 7. These terms cannot be modified without agreement between both the Department and the selected Offeror, and authorized by the Board.

### 5.5. Compensation Structure

The Board agrees that reimbursement of all costs will be dependent upon the selected Offerors performance in the delivery of services specified in the approved budget, once the contract is awarded. Payment shall be made by the Clark County Auditor upon proper presentation of request, when approved by the Board and the funded Offeror. Payment shall be made on a unit cost, fee for service, reimbursement basis. The unit cost represents a true measure of the actual cost of providing the contracted number of units of service. Unit cost contractors may be asked to reconcile revenue against the total actual expenditures and reimburse the Department for over-budgeted expenses on a yearly basis. A unit of service is defined as one hour of direct service provided.

5.6. Selected Offeror(s) shall provide a monthly invoice to the Department, no later than 30 days past the service month. This invoice shall adhere to the guidelines communicated by the Department and shall include a description of services provided, the dates of service, verification of information contained on the invoice.

### Protests

Any Offeror may file a protest on any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

1. Protests shall be in writing and shall contain the following information:
  - a. The name, address, and telephone number of the protestor;
  - b. The program name of the RFP being protested;
  - c. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
  - d. A request for a ruling by Department;
  - e. A statement as to the form of relief requested from Department; and
  - f. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest;
2. A protest shall be considered timely if received within the following periods:

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- a. A protest based on alleged improprieties or events about which the protestor knew or could have reasonably discovered, prior to the closing date for receipt of proposals, shall be filed no later than the deadline for receipt of proposals.
  - b. If the protest relates to the PRT's or the Director's recommendation to award a contract or to reject any or all proposals, the protest shall be filed no later than 9 a.m. of the seventh (7<sup>th</sup>) calendar day after the issuance of the Letter of Intent to Award the contract or the Letter of Intent to Reject all proposals, whichever is applicable.
3. An untimely protest may be considered by the Department if it determines that the protest raises issues significant to the Department's procurement system. An untimely protest is one received by the Department after the time periods set forth in Item 2 of this section.
  4. All protests must be filed at the following location:  
Virginia K. Martycz, Ph.D., Director  
Clark County Job & Family Services  
1345 Lagonda Avenue  
Springfield, Ohio 45503
  5. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Board determines that a delay will severely disadvantage Board. Offeror who would have been awarded the contract shall be notified of the receipt of the protest.
  6. The Board shall issue written decision on all timely protests and shall notify any Offeror who filed an untimely protest as to whether or not the protest will be considered.

## 6. Attachments

### 6.1. Attachment A: Contractor Assurances Form

Form is located online. To view this form, [click here](#).

### 6.2. Attachment B: Campaign Contribution Declaration

Form is located online. To view this form, [click here](#).

### 6.3. Attachment C: Personal Property Tax Statement

Form is located online. To view this form, [click here](#).

### 6.4. Attachment D: Independent Contractor/Worker Acknowledgment

Form is located online. To view this form, [click here](#).

### 6.5. Attachment E: Submittals A1-A3 Instructions and Forms

Instructions for A1-A3 are located online, to view these instructions, [click here](#).

Forms for Budget Submittals A1-A3 are located online, to access these forms, [click here](#).

## 7. Sample Contract

Form is located online. *This form is a comprehensive form that includes all clauses and funding requirements. The sample contract will indicate the funding stream and requirements that specific clauses apply to. Not all clauses will apply to each awarded subgrant/contract.*

To access this form, [click here](#).

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**8. Forms**

**FORM 1**  
**VEHICLE SAFETY INSPECTION CHECKLIST**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Mileage: \_\_\_\_\_

State: \_\_\_\_\_ Plate #: \_\_\_\_\_ Registration Exp Date: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Policy #: \_\_\_\_\_

ITEM CHECKED DEFECTIVE/DISCONNECTED/MISSING/LEAKING/LOW                      SAFE    UNSF

	HEADLIGHTS		
	TURN SIGNALS		
	EMERGENCY FLASHERS		
	HORN		
	WIPERS		
	FRONT WINDSHIELDS		
	SEAT BELTS		
	BELT LIGHTS		
	BACK-UP LIGHTS		
	BRAKE LIGHTS		
	PARKING BRAKES		
	TIRES BALD/CRACK/UNEVEN/WEAR INFLATION    DF		



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	TIRES BALD/CRACK/UNEVEN/WEAR INFLATION	DR		
	TIRES BALD/CRACK/UNEVEN/WEAR INFLATION	PF		
	TIRES BALD/CRACK/UNEVEN/WEAR INFLATION	PR		
	FLUID LEVELS BRAKE/TRANSMISSION/WATER			

Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

I \_\_\_\_\_, UNDERSTAND THAT THE ABOVE DISCREPANCY MUST BE CORRECTED AND THE VEHICLE REINSPECTED BEFORE TRANSPORTING CLIENTS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM 2**

**Waiver and Permission to Transport Child/Charge**

**Insert Contract Name / Clark County Department of Job and Family Services**

**Child/Charge:** \_\_\_\_\_

**Time Period** \_\_\_\_\_

**Driver:** \_\_\_\_\_

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to any and all activities/appointments as necessary to comply with service goals/Clark County Department of Job and Family Services case plan goals. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Clark County Department of Job and Family Services, its Board of Commission, officers, employees, contracted employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FORM 3

**Family & Children Services of Clark County  
Parent Aide Referral**

Date: Worker: Phone:

Family Name: SACWIS ID:  
Address: Phone:

**Household Members:**

Female: D.O.B.:  
Male: D.O.B.:  
Child: D.O.B.: School:  
Child: D.O.B.: School:  
Child: D.O.B.: School:  
Child: D.O.B.: School:

Is anyone in the home employed?  Yes  No, if yes, who is employed?

Employer Name: Work Hours:

Insurance:  Medicare  Medicaid  None  Other (Name):

**Family Issues:** Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic Violence  | <input type="checkbox"/> Substance Abuse Issues             |
| <input type="checkbox"/> Physical Abuse Issues  | <input type="checkbox"/> Mental Health Issues               |
| <input type="checkbox"/> Sexual Abuse Issues  | <input type="checkbox"/> Caretaker has Developmental Delays |
| <input type="checkbox"/> Poor Home Management Skills                                  | <input type="checkbox"/> Lack of Parenting Skills           |
| <input type="checkbox"/> Financial/housing issues                                     | <input type="checkbox"/> Other:                             |
| <input type="checkbox"/> Home/family have issues with lice, roaches, mice, or bedbugs |   |

Please explain in detail all checked boxes, including current situation and reason for referral:

**Safety Issues for Staff:**

**Medical/Psychological Care:**

Physician:

Patients:

Dentist:

Patients:

Specialist:

Patients:

Psychiatrist:

Patient & appts:

Therapist:

Patient & appts:

**Medication:**  No  Yes, please list:

Patients Name:

Medication Type:

Reason for Medication:

Total numbers of days per week parent aide services are being requested?

Total numbers of hours per week parent aide services are being requested?

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Any additional Information:

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**FORM 4**

Visitation     In-Home PA Service

       Agency Custody           Relative Custody  
12/27/07

**SUPERVISED VISITATION**

Case Name: \_\_\_\_\_ Person Supervising Visit: \_\_\_\_\_

Social Worker/Case Manager Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Visit (event 131): \_\_\_\_\_ Time of Visit (from-to): \_\_\_\_\_

Person transporting child (please note if different parties are transporting each way): \_\_\_\_\_

Caregiver (name): \_\_\_\_\_  RidesPlus  Other (name): \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Visitation ended early (event 131, element 135):

- No (01)
- Yes, by parent (ex. Walked out/ transportation issue/ work schedule) (02)
- Yes, by Agency (ex. Inappropriate behavior by parent during visit) (03)
- N/A (when scheduled visit did not occur) (97)

Level of Monitoring (Event 133, element 145):

Duration of visit (Event 133; element 139):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Level 1 (in room entire visit) (01) | <input type="checkbox"/> < 1 Hour (01) ;                | <input type="checkbox"/> 1 Hour (02) ;  |
| <input type="checkbox"/> Level 2 (10 minute checks) (02)     | <input type="checkbox"/> > 1 Hour but < 2 Hours (03) ;  | <input type="checkbox"/> 2 Hours (04) ; |
| <input type="checkbox"/> Level 3 (30 minute checks) (03)     | <input type="checkbox"/> > 2 Hours but < 3 Hours (05) ; | <input type="checkbox"/> 3 Hours (06) ; |
| <input type="checkbox"/> Unsupervised (04)                   | <input type="checkbox"/> > 3 Hours (07)                 |   |
| <input type="checkbox"/> N/A (No Show) (97)                  | <input type="checkbox"/> Unsupervised (97)              |   |

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Location where visit is scheduled (Event 133; element 137):

- Children Services office (01)       CC Family Visitation Center (02)       Parent Home (03)  
 Relative Home (04)       Foster Home (05)       Hospital (06)  
 Kinship non-relative's home (07)       Other (08)

Was a structured activity planned at the parent/child visit (Event 133, element 147)?:

Note: Planned activity can be parent planned or agency planned

- No Activity Planned (01)       Activity Planned and Completed (02)       Activity Planned and  
not completed (03)  
 Activity Planned and partially completed (04)       N/A (97)

Comments:

Names of children at the visit (Event 133, element 143):

1.

2.

3.

4.

5.

6.



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Yes- minor sibs visiting (01); No- no sibs visiting (02); unsupervised visit (03); N/A- visit did not take place (97)

Case Name:

Date:

Child(ren)'s Appearance (mark all that apply):

Child # →	1	2	3	4	5	6
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriately clothed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Persons scheduled to visit (Visiting Party- VP) (Event 131):

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Name/Relationship to Child (element 131):	Attended Visit (element 133)
Mother (01)  Name:	<input type="checkbox"/> Yes (01) <input type="checkbox"/> No- Parent Cancelled (02) <input type="checkbox"/> No- Agency Cancelled (prior notice to client) (03) <input type="checkbox"/> No- Parent Need (ex. illness) (04) <input type="checkbox"/> No- Child Need (ex. Illness) (05) <input type="checkbox"/> No- Inappropriate Parental Behavior (visit not allowed to start, ex. Intoxication) (06) <input type="checkbox"/> No Show (07)
Father (02)  Name:	<input type="checkbox"/> Yes (01) <input type="checkbox"/> No- Parent Cancelled (02) <input type="checkbox"/> No- Agency Cancelled (prior notice to client) (03) <input type="checkbox"/> No- Parent Need (ex. illness) (04) <input type="checkbox"/> No- Child Need (ex. Illness) (05) <input type="checkbox"/> No- Inappropriate Parental Behavior (visit not allowed to start, ex. Intoxication) (06) <input type="checkbox"/> No Show (07)
Non-Parent Primary Caregiver (03)  Name:	<input type="checkbox"/> Yes (01) <input type="checkbox"/> No- Parent Cancelled (02) <input type="checkbox"/> No- Agency Cancelled (prior notice to client) (03) <input type="checkbox"/> No- Parent Need (ex. illness) (04) <input type="checkbox"/> No- Child Need (ex. Illness) (05) <input type="checkbox"/> No- Inappropriate Parental Behavior (visit not allowed to start, ex. Intoxication) (06) <input type="checkbox"/> No Show (07)
Other Relative (includes child's adult siblings but not minor siblings) (04)  Name:	<input type="checkbox"/> Yes (01) <input type="checkbox"/> No- Parent Cancelled (02) <input type="checkbox"/> No- Agency Cancelled (prior notice to client) (03) <input type="checkbox"/> No- Parent Need (ex. illness) (04) <input type="checkbox"/> No- Child Need (ex. Illness) (05) <input type="checkbox"/> No- Inappropriate Parental Behavior (visit not allowed to start, ex. Intoxication) (06) <input type="checkbox"/> No Show (07)

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Other Non-Relative (05)  Name: _____	<input type="checkbox"/> Yes (01) <input type="checkbox"/> No- Parent Cancelled (02) <input type="checkbox"/> No- Agency Cancelled (prior notice to client) (03) <input type="checkbox"/> No- Parent Need (ex. illness) (04) <input type="checkbox"/> No- Child Need (ex. Illness) (05) <input type="checkbox"/> No- Inappropriate Parental Behavior (visit not allowed to start, ex. Intoxication) (06) <input type="checkbox"/> No Show (07)
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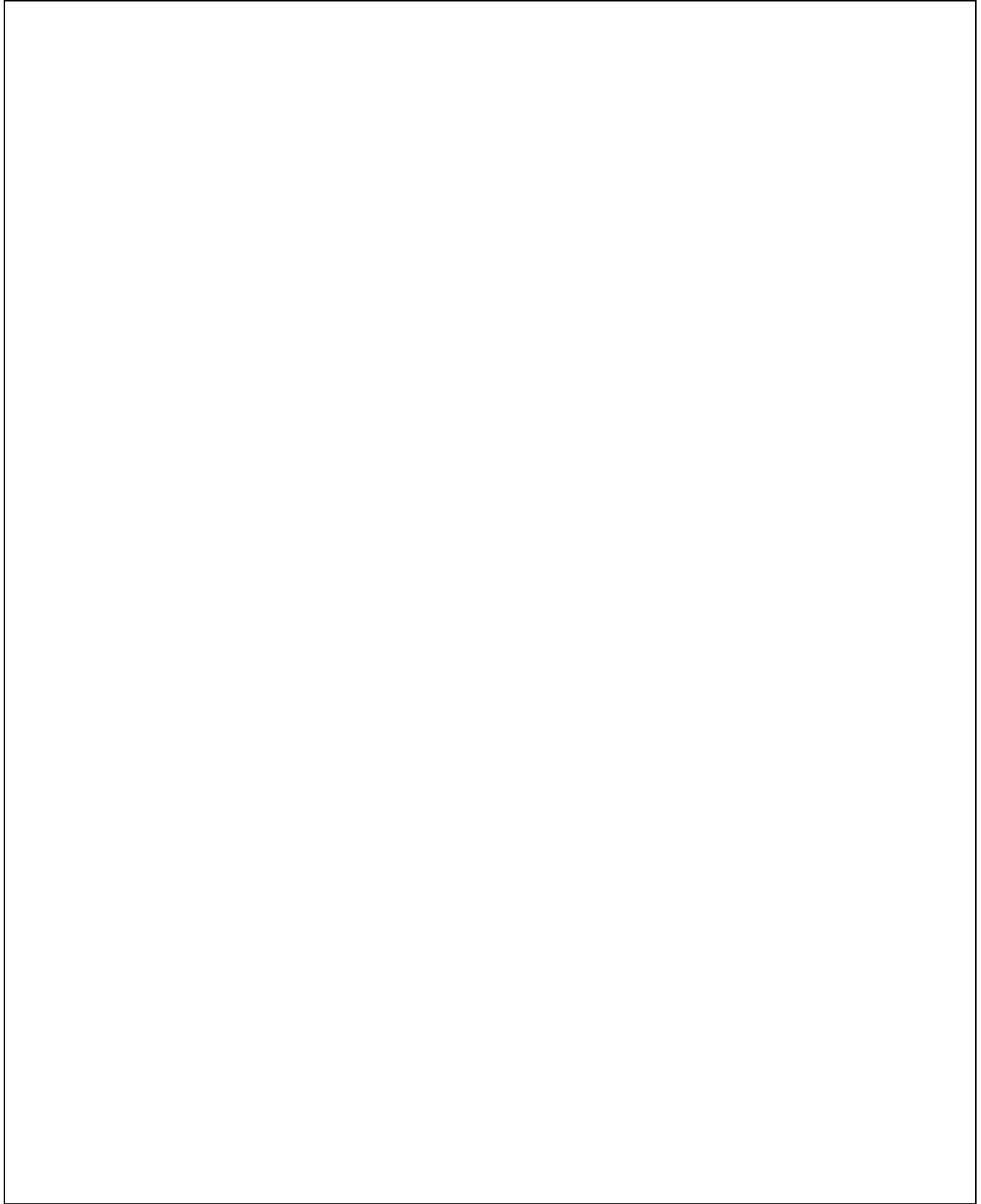
2

Case Name: \_\_\_\_\_

Date: \_\_\_\_\_

Any other comments or concerns? Explain or describe below:

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Have you monitored this family before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Monitor's Initials:	Add'l Monitor's Initials:					
<p>This report is based on observation notes that have been prepared by monitors as well as paraprofessional and professional staff. Observers are instructed to record what happens during parent-child contacts and are required to not include opinions and judgments.</p>						

**FORM 5**

**Critical Incident Reporting**

**Parent Aide**

**Critical Incident Report (CIR)**

Name of Customer Involved:	Provider Name:	
Incident occurred on: Date:                      Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Location of incident:	
Incidents: Please Note: All incident reports must be completed and forwarded to Clark County Family and Children Services within 24 hours.		
<input type="checkbox"/> Abuse (alleged/suspected) <input type="checkbox"/> Alcohol/Drug use <input type="checkbox"/> Assault/domestic violence <input type="checkbox"/> AWOL/child out of bounds <input type="checkbox"/> Behavior dangerous to self <input type="checkbox"/> Behavior dangerous to others <input type="checkbox"/> Communicable Diseases	<input type="checkbox"/> Failure to follow case plan rules set up for visitation <input type="checkbox"/> Health Hazard (lice/bedbugs) <input type="checkbox"/> Medical problem <input type="checkbox"/> Neglect (alleged/suspected) <input type="checkbox"/> Property Damage/destruction <input type="checkbox"/> Mental Health concern	<input type="checkbox"/> Suicidal threats/actions <input type="checkbox"/> Theft <input type="checkbox"/> Threat of serious harm <input type="checkbox"/> Weapon/threat of weapon <input type="checkbox"/> Vandalism <input type="checkbox"/> Other _____
Description of Incident: Describe in specific, accurate terms the events that you witnessed or were involved in. Please include Who, What, Where, When, How. Provide a behaviorally specific description of how the customer was at risk of harming self/others.		
_____ _____ _____ _____ _____ _____ _____ _____ _____		
Please describe action(s) taken to minimize situation and protect health and safety of customer(s). If police/medics were called please note.		
_____ _____		

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_____							
_____							
_____							
_____							
_____							
<p>Please describe nature and extent of Injuries</p> <p><input type="checkbox"/> N/A- no injuries</p> <p><input type="checkbox"/> Injury to child</p> <p>_____</p> <p><input type="checkbox"/> Injury to Adult</p> <p>_____</p> <p><input type="checkbox"/> Injury to Staff</p> <p>_____</p>	<p>Please Describe Families Response to Action Taken:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						
<p>Notification of Social Worker:</p> <p>_____</p> <p>Include the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Name</th><th style="width: 30%;">Date</th><th style="width: 40%;">Time</th></tr></thead><tbody><tr><td>Method</td><td></td><td></td></tr></tbody></table>		Name	Date	Time	Method		
Name	Date	Time					
Method							
<p>Signature of Staff making report</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: center;">Print</td><td style="width: 50%; text-align: center;">Signature</td></tr></table>		Print	Signature				
Print	Signature						
<p>Signature of Administrative Staff _____ Date</p> <p>_____</p>							

FORM 6

### Parent Aide 90 Day Review/Closure

Please review each goal that Parent aide is currently working on with the family based on referral and case plan goals established. Status of review can be Insufficient Progress (IP), Progressing (P), Completed (C).

**Company:**

**Parent Aide:**

**Date Services Initiated :**

Goal	Activities	Status	Completion Date
Example- Housing	Have turned in 5 applications for housing with parent	P	

If there are barriers to progression on case plan goals please list them:

Signature of Reviewer:

Date: