



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

REQUEST FOR PROPOSALS

RFP: 16-SFY-06

FOR: Home Based and Homemaker Services

PROGRAM DATES: January 1, 2016 through December 31, 2016

Offered By:

Clark County Department of Job and Family Services

1345 Lagonda Avenue

Springfield, Ohio 45503

(937) 327-1700

PROPOSAL DUE DATE:

NOVEMBER 5, 2015 at 3:00 PM

FUNDS AVAILABLE:

\$200,984.64

PROPSALS SUBMITTED TO:

1345 Lagonda Avenue

Springfield, Ohio 45503

Building C, 4th Floor

Attn: Ashley Clericus

Ashley.Clericus@jfs.ohio.gov

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1. Purpose, Project Information, and General Procedures

1.1. Purpose

The Board of Clark County Commissioners (“Board”) intends to select one or more well-crafted proposals for award. Individuals or organizations submitting proposals will be referred to as “Proposers” or “Potential proposers.” Awards are intended for the selected organizations or individuals submitting the best proposals (“Contractors”) as appropriate in the judgment of Board for The Department of Job and Family Services (“Department”).

Board releases this Request for Proposals (RFP) to for the purpose of obtaining a provider(s) of home based and homemaker services for customers of the Department’s Family & Children Services (“FCS”) Division.

The objective of the home based 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. Home based 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. Home based services are seen as a teaching/helping model, whereas homemaker services are a provided service.

1.2. Agency Mission and Services

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

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

Our Family & Children Services (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. Home based 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, home based 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.

In 2013, the average number of children being served in their own home or in kinship care was approximately 500. The average number of children being served through the foster care system was 105. At any point in time there are approximately 120 ongoing cases, including 170 adults that may be eligible to receive home based/homemaker services depending on the specific case needs.

1.3. Anticipated Procurement Timetable

DATE	EVENT/ACTIVITY
October 2, 2015	Board releases RFP. Q&A period opens. <ul style="list-style-type: none"> - RFP becomes active. - Providers may submit inquiries for RFP clarification.
October 9, 2015	Bidders' Conference at Clark County Department of Job and Family Services, Reid Room located in Building B at 10:00AM.
October 15, 2015	Q&A Period Closes 9 a.m. (for inquiries for RFP clarification). <ul style="list-style-type: none"> - No further inquiries for RFP clarification will be accepted.
October 19, 2015	Department provides Final Proposer Question & Answer document.
November 5, 2015	Deadline for Proposers to Submit Proposals to Department (3 p.m.). <ul style="list-style-type: none"> - This is the proposal opening date, beginning of Department process of proposal review.
December 1, 2015	Letter of intent to award contract(s) issued by Department. <ul style="list-style-type: none"> - All applicants notified.
December 18, 2015	Contract(s) submitted to Board for approval.
January 1, 2016	Service provision begins.

IMPORTANT: Board reserves the right to revise this schedule in the best interest of Department and/or to comply with Board procurement procedures and regulations and after providing reasonable notice. Only Board has the authority to bind 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 proposer prior to Board's award may not be recovered.

1.4. Bidder's Conference

A "Bidder's Conference" has been scheduled for **October 9, 2015** at **10:00AM** in the **Reid Room in Building B** at the Clark County Department of Job & Family Services campus, 1345 Lagonda Avenue,

Springfield, Ohio. 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, Board strongly encourages potential proposers 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?	Potential proposers may ask clarifying questions regarding this RFP.
Where and how do I ask questions?	You 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?	A potential proposer must submit all questions in writing, via email or U.S. Mail to Ashley.Clericus@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, "Home Based 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>The potential proposer must include the name of a representative to contact, the company/organization name, and business phone number. Potential proposers will not receive personalized or individual email responses to their properly submitted individual questions.</p> <p>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 potential proposer), for reference by all potential proposers. Clarifying questions asked and Board responses to such questions comprise the "CCDJFS Q&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 Board in the Final Q&A Document for the RFP.</p>

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

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

*If potential proposers ask questions about existing or past contracts using the Q&A process, Board will use its discretion in deciding whether to provide answers.

*Board may, at its option, disregard any questions which do not appropriately reference a RFP provision or location, or which do not include identification for the originator of the question. If Board determines that a question cannot be resolved by reference to any section of the RFP, Board may, at its discretion, make necessary additions or changes to the RFP by addendum or amendment. Board will not respond to any questions received after 9 a.m. on the date the Q&A period closes. (See Section 1.3 for closing date.)

* Should potential proposers experience technical difficulties accessing Department’s website where the RFP and its related documents are published, they may contact Ashley Clericus at Ashley.Clericus@jfs.ohio.gov or by phone at (937) 327-1867.

1.6. Communication Prohibitions

From the issuance date of this RFP until an actual contract is awarded there may be no communications concerning the RFP between any potential proposer 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 the contractor.

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 Board;
3. As part of any proposer interview process initiated by Board, which Board deems necessary in order to make a final selection;
4. Potential proposers may request that the RFP and all posted RFP documents be sent via U.S. Mail;
5. Any Public Records Request (PRR) made through Department;
6. Notification of any changes or announcements related to this RFP through 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 agenda for discussion.

***Important Note:** Amendments to the RFP or to any documents related to it will be accessible to interested potential proposers through the original web page established for the RFP. All interested potential proposers must refer to that web page regularly for amendments or other announcements. Board may not specifically notify any potential proposer of changes or announcements related to this RFP except as provided in Section 1.5. It is the affirmative responsibility of interested potential proposers 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 proposer. Potential proposers 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 Ashley Clericus via email or U.S. Mail at the following address, Ashley.Clericus@jfs.ohio.gov or Clark County Job & Family Services, Attn: Ashley Clericus, 1345 Lagonda Avenue, Springfield, Ohio 45503.

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 potential proposers shall result in the disqualification of those providers' proposals and shall prohibit the potential provider from entering into any contractual relationship with Board for services requested through this RFP for the duration of the RFP period. A proposer 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 provider's authorized representatives.**

2. Scope of Work

Board seeks to fund one or more contractors to provide:

1. Home Based Services to Children and Families

A home based 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. Home based services are delivered in accordance with the case plan developed by Department and a care plan developed by the provider and approved by Department.

Home based 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 home based 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 home based 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 home based services supervisor, home based service providers participate as a member of the treatment team to plan, monitor, and assure the delivery of services for each family. Home based 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 home based service providers demonstrate good documentation skills and have insight into family dynamics.

Home based service providers work with families at least once a 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. Home based services can range from 1-12 hours a week. A home based 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 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 Home based Services

Home based 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

Homemaker services are offered to adults over the age of 60 who have an open APS case with 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

Board is seeking Proposers 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.

Proposers must demonstrate that the following requirements will be met:

Personnel Requirements

The provider 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 home based worker to provide any updates regarding driving infractions.
- h. Evidence of successful completion of mandatory training requirements.
- 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 provider 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 Clients	Clients/Mo.	Total Units	Maximum Units/Mo.	Minimum Units/Mo.
CY '14	284	33	5160	450	70
½ CY '15	162	29	230.75	450	70

2.3. Specification of Deliverables

The contractor(s) selected for this project will ensure that the following deliverables are met to the satisfaction of 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. Provider has up to 3 business days to accept or decline a Department referral (Form 3, Section 8). Provider will reply to Department with name of home based provider or reason for decline of referral.
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 10th 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 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. Complete a service review every 90 days providing progress or lack of progress on identified goals (Form 6, Section 8). This form is to be submitted to Department with case notes by the 10th of each month for service reviews provided in the preceding month as defined in the reporting requirements.
10. 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 10th 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 home based or homemaker services will receive continuity through the life of their case by receiving services from the same home based provider.
3. 50% of home based 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

Funded contractor(s) will have reporting finalized in the contract. At a minimum, each contractor 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 10th of the following month. For example all customer contact notes for January will be submitted by February 10th 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

Board is seeking to award a contract(s) to be effective January 1, 2016, and to conclude no later than December 31, 2016.

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 contractor's or sub-contractors' administrative costs exceed 15% of the total cost of their contract or sub-contract. Ninety percent (90%) of the contract's annual value is to be set aside each year as the maximum payment for the contractor's direct program provision costs. Up to an additional ten percent (10%) of the contract's annual value will be payable only if stated, measureable outcomes are achieved annually.

This RFP and all agency 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. Proposers will be notified at the earliest possible time. Board is not required to compensate any proposers for any expenses incurred as a result of the RFP process.

3. Organization, Point Allocation and Scoring for Proposals

In order for Board to evaluate proposals fairly and completely, proposers 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	<p>Proposals must include the telephone number, name, and title of the person Department should contact regarding the proposal.</p> <p>Must indicate the proposer will comply with all requirements of the RFP.</p> <p>Proposer 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>The organization 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 Department.</p> <p>An authorized representative capable of binding the organization must sign the Cover Letter.</p>
Conflict of Interest	<p>Each proposer 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>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>Board's determination shall be final.</p>
Contract Performance	If a proposer has had a contract terminated due to proposer'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.
Financial Statement	Proposer must submit a copy of its most recent audited or compiled financial statements, with the name, address, and telephone number of a contact in the company's principal financing or banking organization. The financial statements must have been completed by a Certified Public Accountant.
Table of Contents	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.
Executive Summary	Provide a high level overview of your approach, the distinguishing characteristics of your proposal, and the importance of this project to your overall operation.

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> <p>Specify if your program will provide home based services to children and families, homemaker services to adults, or both. Explain the reasons for your selection.</p>
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.
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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>
Personnel*	<p>All proposed key project personnel must be identified in the proposal. Resumes of all key project personnel are required. Proposers 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>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>

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	Proposers 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* Department may NOT be used as a reference.

* 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

Proposers must clearly identify the subcontractor(s) that will be used under this agreement and their tasks in their proposals. Proposals must include a letter from the 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, Board's decision is final. Estimated proposal prices are not acceptable.

Submittals	Proposers must complete, sign, and submit Submittals A1- A3.
Payment Schedule	Proposers must include a proposed schedule of payments. The trigger for payment for each cost must be identified. Each outcome must be allocated a percentage indicated in the schedule of payments. Follow the example below for guidance. Payment Schedule: Outcome 1: 30% (Detail what was provided, and how it met requirements). Outcome 2: 35% (Detail what was provided, and how it met requirements). Outcome 3: 35% (Detail what was provided, and how it met requirements).
Narrative on Related Costs	Proposers 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.

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

The Proposal Review Team (PRT) Scoring Sheet that will be used to score the proposal can be found on the website dedicated to RFPs and related documents.

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

3.8. Scoring of Proposals

Proposers 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 Department staff members and others selected at the discretion of Department. Proposers 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 proposer 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 proposer’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

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

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

Board reserves the right to request clarifications from proposers 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 Board, and proposers' 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 Board, but will be initiated at the sole discretion of Board.

Should 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, 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 proposers' proposal scores, or will replace certain criteria scores, at the discretion of 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.

Board reserves the right to negotiate with proposers for adjustments to their proposals should 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 Board, but are at the sole discretion of Board.

In Board's sole discretion, any proposer deemed not responsible, or any proposer(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 proposer 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 proposers 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.
 - o 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 5, 2015**. 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. Proposers 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 proposer. 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 proposer and will not be Board's responsibility.

5.3. Required Forms

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

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

*Only if proposer is a sole-proprietor and/or is a corporation and/or organization with less than five (5) full-time employees.

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 Board to award a contract or to pay any cost incurred in the preparation of a proposal. 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.

Board will review each proposal with respect to price, proposer's administrative and programmatic capabilities, and conformance to the RFP criteria. 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 Board.

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

Proposer(s) 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 Department and the selected proposer, and authorized by Board.

5.5. Compensation Structure

Board agrees that reimbursement of all costs will be dependent upon the selected contractor(s)'s 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 Board and the funded contractor. 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 Department for over-budgeted expenses on a yearly basis. A unit of service is defined as one hour of direct service provided.

Selected contractor(s) shall provide a monthly invoice to Department, no later than 30 days past the service month. This invoice shall adhere to the guidelines communicated by Department and shall include a description of services provided, the dates of service, verification of information contained on the invoice, and a description and amount of any incentive earned. If the invoice is not received by Department within the 30 day deadline, the contractor agrees to be bound by a negotiated percentage removal rate. Department and contractor will negotiate these rates and come to an agreement upon a reasonable and determinable amount. The below mentioned percentage rates are merely suggested rates, the final rates will be agreed upon between upon by Department and the contractor.

- 31-45 days 10% of the total invoice amount
- 46-60 days 20% of the total invoice amount
- 61+ days 30% of the total invoice amount

Any credit applied toward an invoice in accordance with these terms shall count toward the remaining Contract balance. The final invoice must be submitted in accordance with the above terms except that the final invoice must be submitted no later than 60 days of the end of Contract period. In the event that Contractor fails to submit the final invoice within 60 days, a credit shall apply toward the final invoice in the amount of 100% of the final invoice. Contractor agrees that said credits represent liquidated damages and are not a penalty. Contractor acknowledges and agrees that these percentages are a genuine estimate of Board's damages for late submission of invoices and are reasonable in light of the harm that will be caused by late submission, the difficulty of proving the extent of monetary loss, and the inconvenience of otherwise obtaining an adequate remedy at law.

5.6. Protests

Any potential, or actual, proposer 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:
 - 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 (7th) 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 Department if it determines that the protest raises issues significant to Department's procurement system. An untimely protest is one received by 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, Interim Director
Clark County Job & Family Services
1345 Lagonda Avenue- Bld. C- 4th Floor
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 Board determines that a delay will severely disadvantage Board. Proposer who would have been awarded the contract shall be notified of the receipt of the protest.
6. Board shall issue written decision on all timely protests and shall notify any provider 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 for 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](#).

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		
	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): _____

Parent/Guardian Signature: _____ Date: _____

FORM 3

Family & Children Services of Clark County
Parent Aide Referral

Date:

Worker:

Phone:

Family

SACWIS

Name:

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

Work

Name:

Hours:

Insurance: ☐ Medicare ☐ Medicaid ☐ None ☐ Other (Name):

Family Issues: Check all that apply

☐

Domestic Violence

☐

Substance Abuse Issues

☐

Physical Abuse Issues

☐

Mental Health Issues

☐

Sexual Abuse Issues

☐

Caretaker has Developmental
Delays

☐

Poor Home Management Skills

☐

Lack of Parenting Skills

☐

Financial/housing issues

☐

Other:

☐

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?

Any additional Information:

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/ transpo. 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):

☐ Level 1 (in room entire visit) (01)

☐ < 1 Hour (01) ;

☐ 1 Hour (02) ;

☐ Level 2 (10 minute checks) (02)

☐ > 1 Hour but < 2 Hours (03) ;

☐ 2 Hours (04) ;

☐ Level 3 (30 minute checks) (03)

☐ > 2 Hours but < 3 Hours (05) ;

☐ 3 Hours (06) ;

☐ Unsupervised (04)

☐ > 3 Hours (07)

☐ N/A (No Show) (97)

☐ Unsupervised (97)

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.

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):

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)
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)
--	--	---------------------------------------

Case Name: _____

Date: _____

Any other comments or concerns? Explain or describe below:

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:					
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.						

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 _____
<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Please describe action(s) taken to minimize situation and protect health and safety of customer(s). If police/medics were called please note.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Please describe nature and extent of Injuries <input type="checkbox"/> N/A- no injuries <input type="checkbox"/> Injury to child _____ <input type="checkbox"/> Injury to Adult _____ <input type="checkbox"/> Injury to Staff _____	Please Describe Families Response to Action Taken: _____ _____ _____ _____			
Notification of Social Worker: _____				
Include the following:	Name	Date	Time	Method
Signature of Staff making report _____ <div> <div>Print</div> <div>Signature</div> </div>				
Signature of Administrative Staff _____ Date _____ _____				

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: