

BID RESPONSE PACKET
710-24-0014

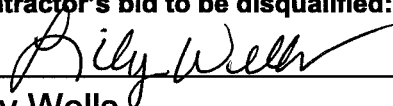
BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Delta Counseling Associates, Inc.				
Address:	790 Roberts Drive				
City:	Monticello	State:	AR	Zip Code:	71655
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
Provide contact information to be used for bid solicitation related matters.					
Contact Person:	Lily Wells	Title:	CEO		
Phone:	870-723-3430	Alternate Phone:	870-367-2461		
Email:	l.wells@deltacounseling.org				
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.					

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

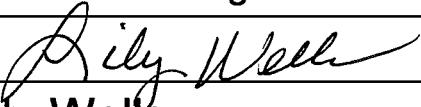
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: <u></u>	Title: <u>CEO</u>
Printed/Typed Name: <u>Lily Wells</u>	Date: <u>12/08/2023</u>

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Delta Counseling Associates, Inc.	Date:	12/08/2023
Signature:		Title:	CEO
Printed Name:	Lily Wells		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

COUNTIES/SERVICE TYPE

Instructions: Select each county in which services can be provided by the Prospective Contractor. Refer to Attachment I for State Map of Counties.

Arkansas	
Ashley	x
Baxter	
Benton	
Boone	
Bradley	x
Calhoun	
Carroll	
Chicot	x
Clark	
Clay	
Cleburne	
Cleveland	
Columbia	
Conway	
Craighead	
Crawford	
Crittenden	
Cross	
Dallas	
Desha	x
Drew	x
Faulkner	
Franklin	
Fulton	

Garland	
Grant	
Greene	
Hempstead	
Hot Spring	
Howard	
Independence	
Izard	
Jackson	
Jefferson	
Johnson	
Lafayette	
Lawrence	
Lee	
Lincoln	
Little River	
Logan	
Lonoke	
Madison	
Marion	
Miller	
Mississippi	
Monroe	
Montgomery	
Nevada	

Newton	
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	
Pope	
Prairie	
Pulaski	
Randolph	
Saline	
Scott	
Searcy	
Sebastian	
Sevier	
Sharp	
St. Francis	
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	
Yell	

All counties (Statewide)	
--------------------------	--

Instructions: Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	<input checked="checked" type="checkbox"/>
Family	<input checked="checked" type="checkbox"/>
Group	<input checked="checked" type="checkbox"/>
Medication Management	<input checked="checked" type="checkbox"/>

Performance and History Form

Instructions: DHS requests that Prospective Contractors disclose historical information intended to help DHS gain a full understanding of Prospective Contractor's history. This form **must** be accurately completed and signed by the same signatory who signed the Signature Page (Refer to page 2). Failure to disclose information may be grounds for disqualification of the Prospective Contractor's bid.

- Do not include additional information if not pertinent to the request.

DHS reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. For each listed client, Prospective Contractor **must** include the client entity's name, address, and phone number. Additionally, Prospective Contractors are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If DHS contacts the clients listed, DHS reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

If there are no contracts which meet the definition, Respondent **must** state "none."

1. Provide the total number of therapists/clinicians available and describe your capacity to provide services in each county selected.

We have outpatient clinics in five counties in Southeast Arkansas. Our clinics are located in Drew, Chicot, Desha, Ashley and Bradley counties. We have nine full time therapist with two additional full time therapist starting in Janary 2024. We also have contracts for two therapist coming in May 2024. The counties we have selected to serve are within our area for in person and/or telehealth services. We also have on staff a full time and a part time Psychiatrist for consultation and medication management.

2. Has the Prospective Contractor had therapist/clinicians on probation with the State Licensing Board?

☐ Yes ☒ No

If yes, include the number and reason(s) for the probation.

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, a below standard vendor performance report, or these equivalents in the State of Arkansas.

☐ Yes ☒ No

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the contractual obligations.

Authorized Signature: *Lily Wells* Title: CEO
Printed/Typed Name: Lily Wells Date: 12/08/2023

Contract Number _____
Attachment Number _____
Action Number _____
Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.
SUBCONTRACTOR: SUBCONTRACTOR NAME: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Delta Counseling Associates, Inc.

YOUR LAST NAME: Wells FIRST NAME Lily M.I.: J

ADDRESS: 790 Roberts Drive

CITY: Monticello STATE: AR ZIP CODE: 71655 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons: current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Lily Wells Title CEO Date 12/08/2023

Vendor Contact Person Lily Wells Title CEO Phone No. (870) 367-2461

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person

Contact Phone No.

Contract or Grant No.

Delta Counseling Associates, Inc. Personnel Policy & Procedures Manual	Section: Personnel Administration	Policy#: P-B0002
	Page:	1 of 1
	Effective Date:	December 1, 1996 [I:A-2]
	Revised Date:	September 1, 2000
Subject: Equal Employment Opportunity		

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Delta Counseling Associates, Inc. will be based on merit, qualifications, and abilities. Delta Counseling Associates, Inc. does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, marital status, veteran status, or any other characteristic protected by law. It is the obligation of every employee to comply with the principle of nondiscrimination both in practice and spirit.

Delta Counseling Associates, Inc. will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Director of Human Resources. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Joseph Wood

Director Edward Armstrong

CERTIFICATION FOR BOYCOTT AND ILLEGAL IMMIGRANT RESTRICTIONS

Pursuant to Arkansas law, a vendor must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

1. Israel Boycott Restriction: For contracts valued at \$1,000 or greater.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in a boycott of Israel. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing.

See Arkansas Code Annotated § 25-1-503.

2. Illegal Immigrant Restriction: For contracts exceeding \$25,000.

No state agency may enter into or renew a public contract for services with a contractor who employs or contracts with an illegal immigrant. A contractor shall certify that it does not employ, or contract with, illegal immigrants.

See Arkansas Code Annotated § 19-11-105.

3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:

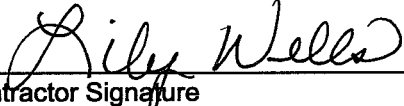
For contracts valued at, or exceeding, \$75,000.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry. If a company does boycott any of these industries, see Arkansas Code Annotated § 25-1-1102.

By signing this form, the contractor agrees and certifies that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

- ☒ Do not boycott Israel.
- ☒ Do not employ illegal immigrants.
- ☒ Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.

Contract Number & Description	
Name of Public Entity	
Name of Vendor/Contractor	Delta Counseling Associates, Inc.
AASIS Vendor Number	


Contractor Signature

12/08/2023

Date

Office of State Procurement

501 Woodlane Street, Suite 220 * Little Rock, AR 72201 * 501.324.9316

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: November 29, 2023
SUBJECT: 710-24-0014 Counseling Services

The following change(s) to the above referenced IFB have been made as designated below:

- ☐ Change of specification(s)
- ☐ Additional specification(s)
- ☐ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

-
- Section 2.3.F.2 – remove and replace with the following:
The Contractor shall submit to the county supervisor or designee a copy of the client's treatment plan and any updates to the treatment plan. Justification shall remain in the client's file.
 - Section 2.3.F.3 – remove and replace with the following:
Contractor must submit treatment plan updates to DCFS.
 - Section 2.3.D.6 – remove and replace with the following:
Licensed professionals providing services must have a minimum of one (1) year experience in individual, family, and/or group therapy or under the supervision of a licensed professional. Provider must have experience providing counseling in the community, natural environment, and office based.
 - Section 2.3.H.10 – remove the following:
Contractor must submit client monthly progress notes to the DCFS Supervisor documenting services, including the client's response and engagement in services. These progress notes shall summarize dates/times of service, progress in counseling, and continued care recommendations. Progress notes are due by the 10th of each month.

-
- Official Bid Price Sheet – remove and replace with 710-24-0014 Official Bid Price Sheet - Revised.
 - Section 3.1.D – add the following language:
A minimum of seventy percent (70%) of all billed time (exclusive of travel time) for counseling services must be direct service. Direct service is defined as face-to-face contact with the family.
 1. DHS may allow up to thirty percent (30%) for indirect costs and mileage. The current State of Arkansas mileage reimbursement rate is \$0.65 per mile. The mileage reimbursement rate may increase or decrease throughout the duration of the contract in accordance with the rate set by the Arkansas Department of Finance and Administration. The mileage reimbursement rate applied will be the current state rate on the date of travel.
 2. The Contractor must submit a list of indirect costs with invoices for DHS review and approval.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906

<u>Riley Wells</u>	<u>12-8-2023</u>
Vendor Signature	Date
<u>Delta Counseling Associates, Inc.</u>	
Company	

Details

For service of process contact the Secretary of State's office.

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name
DELTA COUNSELING ASSOCIATES

Fictitious Names
—

Filing #
100015437

Filing Type
Nonprofit Corporation

Filed Under Act
Dom Nonprofit Corp; 176 of 1963

Status
Good Standing

Principal Address
790 ROBERTS DRIVE MONTICELLO, AR 71655

Reg. Agent
LILY J. WELLS

Agent Address
790 ROBERTS DRIVE MONTICELLO, AR 71655

Date Filed
08/06/1970

Officers
BETTY FLEMING-HENDRICKS, Incorporator/Organizer
LILY WELLS, CEO
KOOKIE BARNES, Director
SHERRI WITCHER MS, Chairman
LENDORA EARLY, Director
VICKIE HENSLEY MS, Director
LARRY FISACKERLY, Director
ELYSE KNOBLOCH, CFO
SYNTHIA JOHNSON MS, Director
KATIE DANIEL MS, Director
CLAUDIA HARTNESS, Secretary

Foreign Name
—

Foreign Address
—

State of Origin
AR
Purchase a Certificate of Good Standing for this Entity.
Submit a Nonprofit Annual Report
Change this Corporation's Address

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Tratesha Bell

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27—
101 et seq.

License #

P2208010

Issue Date:

08/25/2022

Expiration Date:

05/25/2024

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

A r k a n s a s
SOCIAL WORK
LICENSING BOARDSEARCH

GO

[Home](#)

Name	Freeman, Sharon Michelle
Location	Crossett, AR
Level	LMSW
License Number	1849-M
Date Issued	12/6/2005
Expiration	12/31/2023

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

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Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that

Stephanie Harper

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27--
101 et seq.

License #

P2006021

Issue Date:

06/01/2022

Expiration Date:

05/31/2024

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license

Suzanne B. Casey

Suzanne B. Casey
BOARD CHAIR

x *Stephanie Harper*

20

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



Issue Date: May 11, 2022

Governor Asa Hutchison
José R. Romero, MD
Secretary of Health

Jada Nichole Herrington, LMSW
2509 HWY 425 N
Monticello, AR 71655

Ruthie Bain
Director

Phone: 501-372-5071
Fax: 501-372-6301

Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

Dear Jada;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Master Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all professional correspondence.

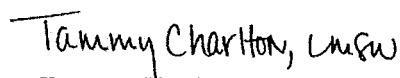
Your license, No. 11845-M, is subject to renewal May 31, 2024 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 30 hours of social work continuing education during the two-year licensure period (June 1, 2022 – May 31, 2024). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,


Tammy Charlton, LMSW
Chair of the Board

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

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



Arkansas
Social Work License Card

License No.

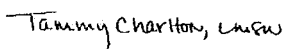
11845-M

Expiration Date:

5/31/2024

Jada Nichole Herrington, LMSW
2509 HWY 425 N
Monticello AR 71655

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


Chair

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

[Home](#)

Name	Kilpatrick, Lesa Dee
Location	Warren, AR
Level	LCSW
License Number	4614-C
Date Issued	2/23/2016
Expiration	2/29/2024

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

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No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Arkansas Psychology Board
101 E. Capitol Avenue, Suite 415
Little Rock

Toma R Lee
836 South Gabbert Street
Monticello, AR 71655

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

*Attests that***Toma R Lee**

Is licensed as a

Psychological Examiner - Independent - Active Status8/23/1991

Date Issued

6/30/2024

Expiration Date

91-21EI

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415
Little Rock, AR 72201-3824
(501) 682-6167



THIS CERTIFIES THAT

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A
Psychological Examiner - Independent
Active Status

License No. 91-21EIIssued 8/23/1991Expires 6/30/2024

Signature _____

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



March 30, 2023

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN
Interim Secretary of Health

Charles Allen Livingston, LMSW
582 Rebecca Circle
Monticello, AR 71655

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Charles Allen Livingston, LMSW;

This is to notify you that you have been approved as a Social Worker for the period of May 1, 2023 through April 30, 2025. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (April 30, 2025) you must obtain 30 hours of social work continuing education between the dates of May 1, 2023 through April 30, 2025. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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



Arkansas Department of Health
Social Work License Card

License No.

4749-M

Expiration Date:

4/30/2025

Charles Allen Livingston, LMSW
582 Rebecca Circle
Monticello AR 71655

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

Tammy Charlton, LMSW

Chair

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

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

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



Brookelynn Colleen Long

Location: Little Rock, AR

Level: LMSW

License Number: 11978-M

Date Issued: 7/26/2022

Expiration: 7/31/2024

Disciplinary Action: No

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Licensure Level Key:

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Jessica Savage

License Number

A2110002

License Status

Active

License Expiration Date

05/31/2025

License Type

LAC

Initial Date of Licensure

10/06/2021

Phone

(870) 367-2461

E-mail Address

j.white@deltacounseling.org

Primary Place of Practice

Employer

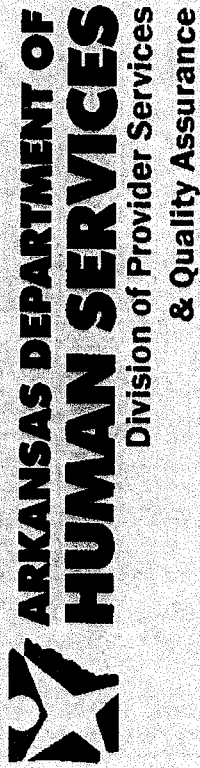
Delta Counseling

Street

790 Roberts Drive

City

MONTICELLO



Certificate Number: 32743

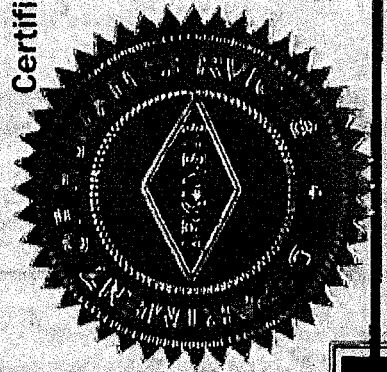
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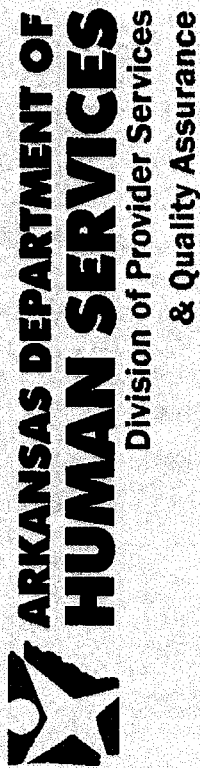
DELTA COUNSELING ASSOCIATES INC

1404 EAST CHURCH STREET WARREN ARKANSAS 71671

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 11/08/2022 to 10/22/2025 (unless sooner revoked).





Certificate Number: 32684

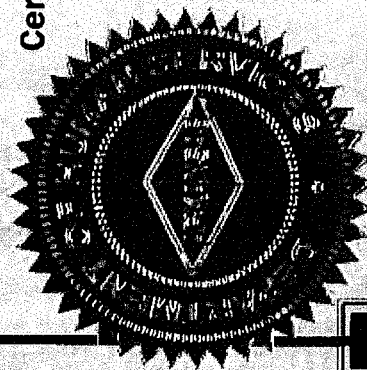
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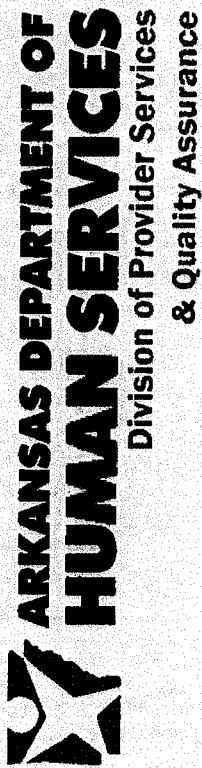
DELTA COUNSELING ASSOCIATES INC

1308 WEST 5TH AVENUE CROSSETT ARKANSAS 71635

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 11/01/2022 to 10/22/2025 (unless sooner revoked).





Certificate Number: 32542

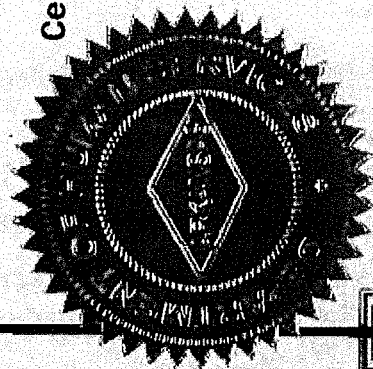
This Is to Certify That

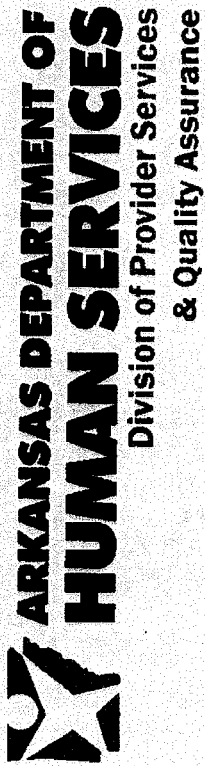
DELTA COUNSELING ASSOCIATES INC

741 HIGHWAY 65 SOUTH DUMAS ARKANSAS 71639

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 11/08/2022 to 10/22/2025 (unless sooner revoked).





Certificate Number: 32683

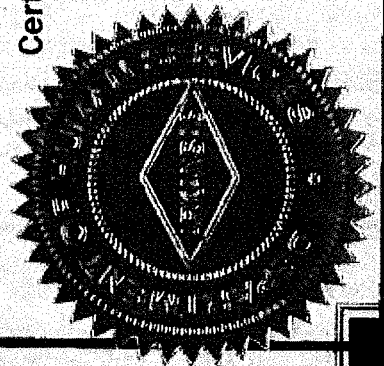
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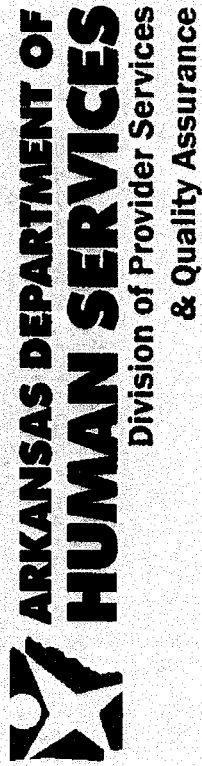
DELTA COUNSELING ASSOCIATES INC

1127 SECOND STREET LAKE VILLAGE ARKANSAS 71653

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 11/08/2022 to 10/22/2025 (unless sooner revoked).





Certificate Number: 32541

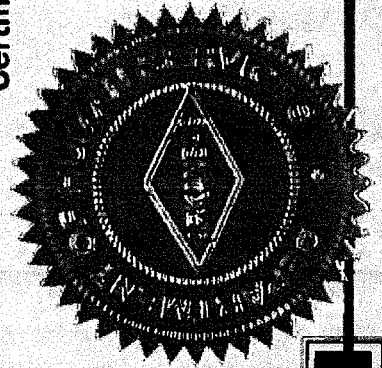
This Is to Certify That

DELTA COUNSELING ASSOCIATES INC

790 Roberts Drive Monticello AR 71655

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 11/01/2022 to 10/22/2025 (unless sooner revoked).





License Number: 34082

This Is to Certify That

DELTA COUNSELING ASSOCIATES INC

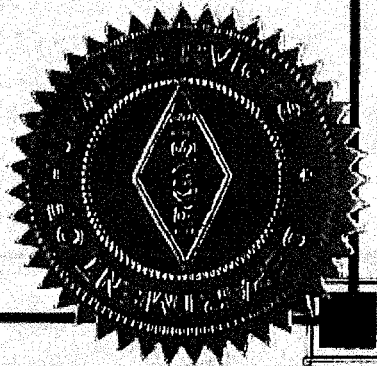
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

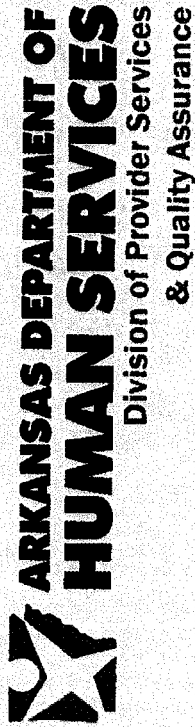
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 1404 EAST CHURCH STREET _____,

WARREN _____, County of _____ BRADLEY _____, Arkansas.

License Effective: 08/31/2022 | License Expires: 08/30/2025





License Number: 34077

This Is to Certify That

DELTA COUNSELING ASSOCIATES INC

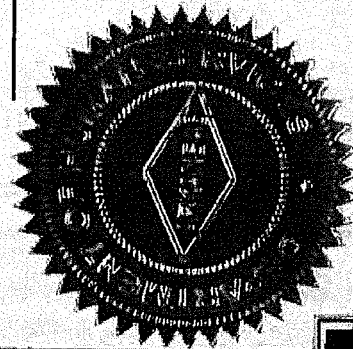
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

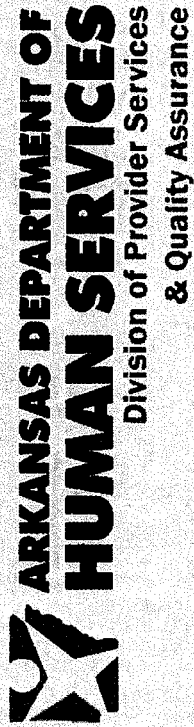
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs

on the premises located at _____ 1308 WEST 5TH AVENUE

CROSSETT _____, County of _____ ASHLEY _____, Arkansas.

License Effective: 09/01/2022 | License Expires: 08/31/2025





License Number: 34079

This Is to Certify That

DELTA COUNSELING ASSOCIATES INC

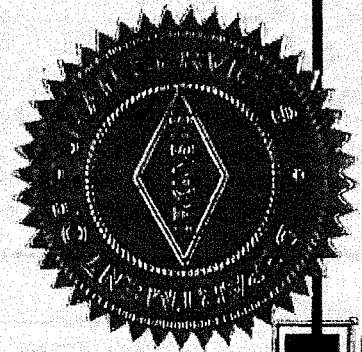
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

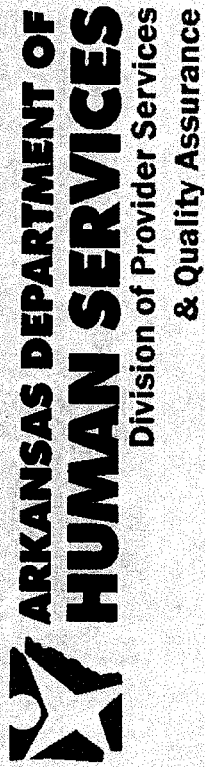
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 1127 SECOND STREET _____,

LAKE VILLAGE _____, County of _____ CHICOT _____, Arkansas.

License Effective: 08/31/2022 | License Expires: 08/30/2025





License Number: 34081

This Is to Certify That

DELTA COUNSELING ASSOCIATES INC

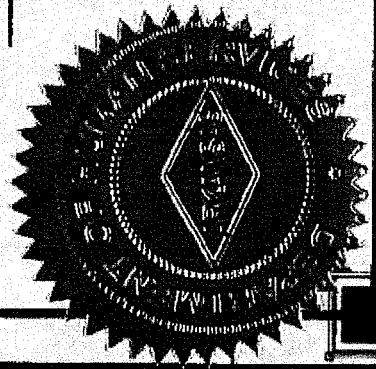
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

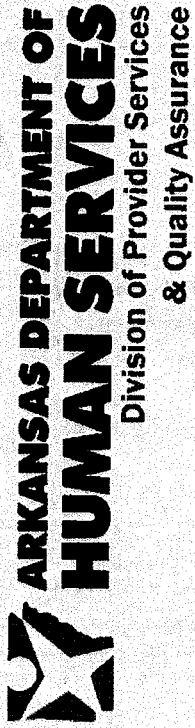
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 790 ROBERTS DRIVE _____,

MONTICELLO _____, County of _____ DREW _____, Arkansas.

License Effective: 09/01/2022 | License Expires: 08/31/2025





License Number: 34078

This Is to Certify That

DELTA COUNSELING ASSOCIATES INC

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 741 HIGHWAY 65 SOUTH _____,

DUMAS _____, County of _____ DESHA _____, Arkansas.

License Effective: 09/01/2022 | License Expires: 08/31/2025

