

Attachment I
Client History Form
Emergency Intermediate Care Services
710-25-009

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Emergency Intermediate Care Services

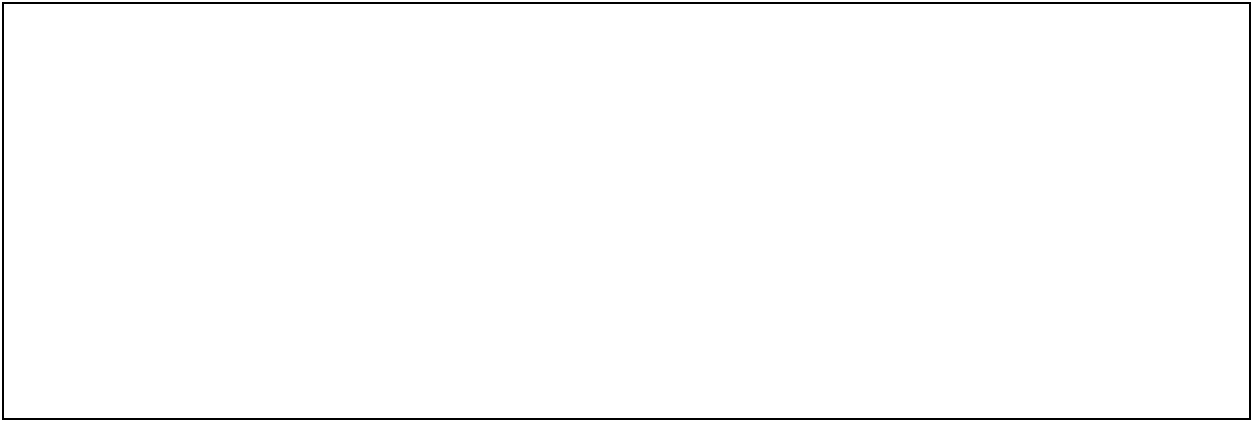
Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed fully and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The box below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Please list clients where you (the prime contractor only) served as the **prime contractor** for providing emergency intermediate care services including, but not limited to, twenty-four (24) hour nursing care, pharmacy services, physical therapy, occupational therapy, speech pathology, psychological services, special education services, and community integration activities to individuals up to twenty-one (21) years of age. For each client, please specify the organization/agency/division (not individual clients served). Please briefly describe the scope of the contract including all services provided, the duration of services, and the population served. If there are no contracts which meet this definition, please state "none."



Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____