

Attachment H
Client History Form
Occupational and Physical Therapy Services
AHDC
710-25-079

Attachment H

Occupational and Physical Therapy Services AHDC

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

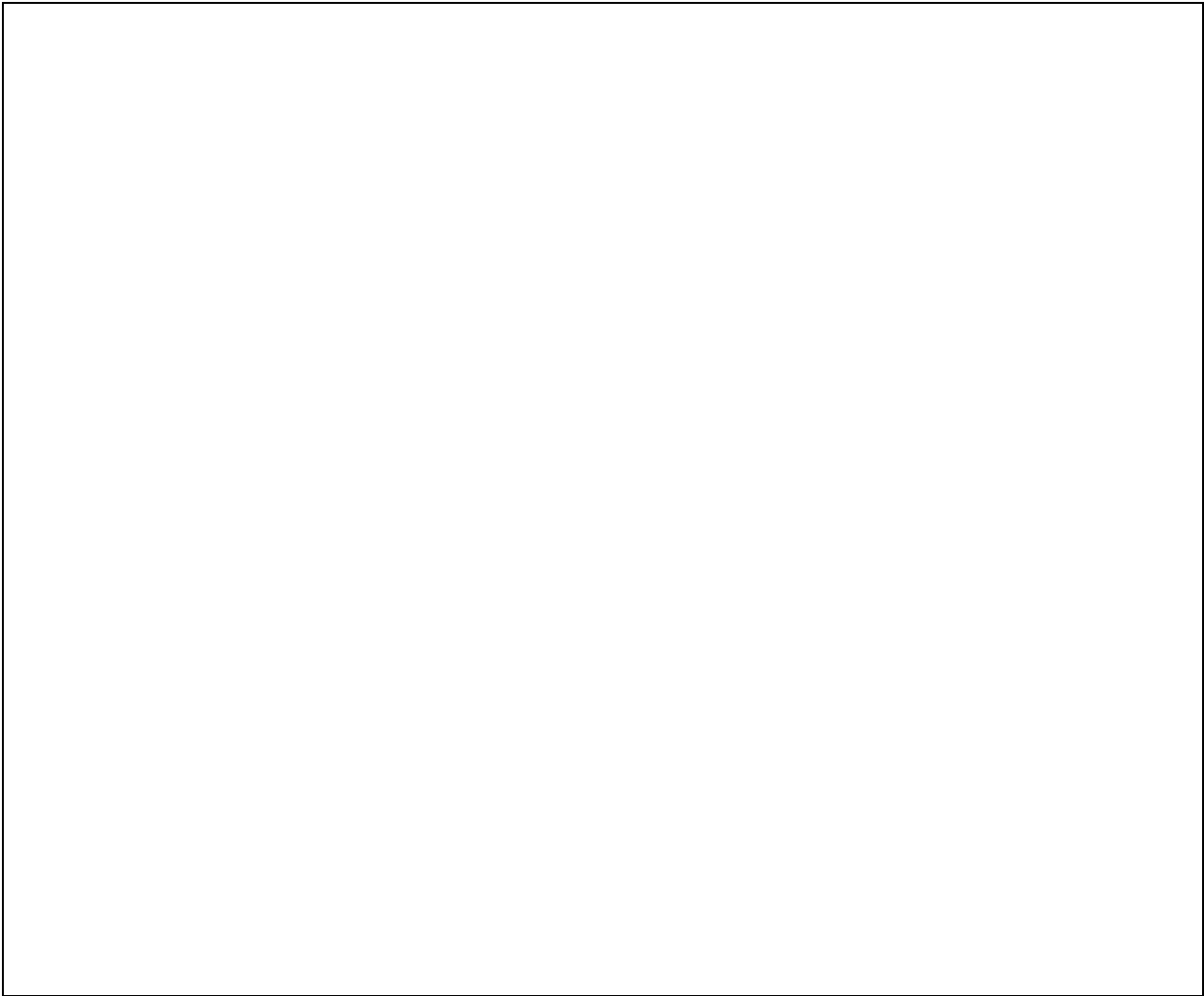
The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

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) 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 boxes 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. The **Physical Therapist must** have seven (7) years of experience providing PT services in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care. Please list clients where the proposed PT **served as the prime contractor** working with individuals with intellectual disabilities in an ICF/ long-term care setting. For each client, please specify the organization/agency/division, not the individual's name, for which services were provided. Please briefly describe the scope of the contract, the population served, type of facility, and duration of services provided. If there are no contracts which meet this definition, please state "none."

2. The **Occupational Therapist must** have seven (7) years of experience providing OT services in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care. Please list clients where the proposed OT **served as the prime contractor** working with individuals with intellectual disabilities in an ICF/long-term care setting. For each client, please specify the organization/agency/division, not the individual's name, for which services were provided. Please briefly describe the scope of the contract, the population served, type of facility, and duration of services provided. If there are no contracts which meet this definition, please state "none."



Authorized Signature: _____ **Title:** _____

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