

***BID RESPONSE PACKET***  
***710-22-0007***

# PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Delta Family Health and Fitness Center for Children, Inc.			
Address:	815 E. Saint Louis St.			
City:	Hamburg	State:	AR	Zip Code: 71646
Business Designation:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input 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 Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for RFP solicitation related matters.			
Contact Person:	Dean Hill II	Title:	Administrator
Phone:	870-853-4224	Alternate Phone:	870-818-5732
Email:	deandfc@yahoo.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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 RFP Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this RFP Solicitation, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and <b>shall not</b> employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and <b>shall not</b> boycott Israel during the term of a contract awarded as a result of this RFP.
<input type="checkbox"/> Prospective Contractor does not and <b>shall not</b> boycott Israel.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP Solicitation may cause the Prospective Contractor's proposal to be rejected.

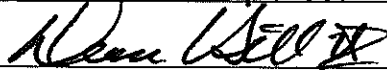
Authorized Signature: Dean Hill II *Use Ink Only.* Title: Administrator

Printed/Typed Name: Dean Hill II Date: 3-1-22

## **SECTION 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 this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Delta Family, Health and Fitness Center for Children, Inc.	Date:	3-1-22
Authorized Signature:		Title:	Administrator
Print/Type Name:	Dean Hill II		

## MINIMUM QUALIFICATIONS

*Please select one of the following:*

☐ Currently providing CRT and/or SRP services. Contract Number: \_\_\_\_\_

If the Respondent currently provides Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent may check the box above and provide contract number(s) in lieu of submitting each item detailed in 2.2 Minimum Qualifications A-G.

☒ Not currently providing CRT and/or SRP services. Submit the following information:

If the Respondent does not currently provide Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent shall:

- A. Contractors providing acute care **must** be licensed by the Arkansas Department of Health (ADH). For verification purposes, prospective contractor must submit copy of licensure.
- B. Contractors providing sub-acute care must be licensed by the Arkansas Department of Health (ADH) or by the Division of Child Care and Early Childhood Education (DCCECE). For verification purposes, prospective contractors must submit copy of licensure.
- C. Contractors providing sexual rehabilitation services **must** be licensed under Arkansas law for the independent practice of social work or counseling to provide all diagnosis, evaluation, and therapy. Personnel providing direct client service **shall** have a current Arkansas license and degree in one or more of the following: psychology, psychological examiner, licensed associate counselor under appropriate supervision, licensed professional counselor, licensed master social worker under appropriate supervision, licensed certified social worker, licensed psychologist, or psychiatrist. For verification purposes, prospective contractor **must** submit copy of licensure, with bid submission, for all personnel providing sexual rehabilitation services.
- D. All facilities must be certified by Joint Commission on Accreditation of Healthcare Organization (JCAHO), or Commission on Accreditation of Rehabilitation Facilities (CARF), now known as Rehabilitation Accreditation Commission, or the Council on Accreditation (COA). For verification purposes, Prospective Contractor **must** submit copy of certification.
- E. Contractors must be currently enrolled as a Medicaid Provider. For verification purposes, Prospective Contractor **must** submit current Medicaid Provider ID number: 165008125
- F. The Contractor **shall** be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit official documentation of their active registration from the Arkansas Secretary of State's Office.
- G. The Contractor **shall** maintain a copy of the current Arkansas license/certification of staff who are required by state laws, rules, or regulations to be licensed. These licenses **shall** remain current throughout the duration of the contract.

# THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



The Arkansas Department of Human Services  
Division of Child Care and Early Childhood Education



In cooperation with

Certifies that

**Delta Family Health and Fitness for Children, Inc.**  
OWNER

**Delta Family Health and Fitness for Children**

AGENCY

815 EAST SAINT LOUIS STREET

HAMBURG, AR 71646

Is hereby issued Residential license #: 172

FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING:

EMERGENCY RESIDENTIAL CHILD CARE FACILITY FOR CHILDREN AGES 11 TO 18  
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR 43 CHILDREN AGES 11 TO 18

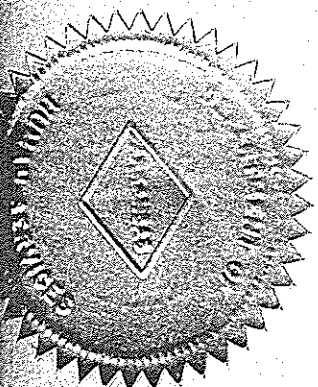
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 04/22/2008 AND WILL REMAIN IN EFFECT UNLESS  
THERE IS A STATUS CHANGE.

In Witness whereof

DATE: 8/23/2016



Chairman, Child Welfare Agency Review Board





**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


**DELTA FAMILY HEALTH AND FITNESS FOR CHILDREN, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 9, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 2nd day of March 2022.

  
John Thurston  
Secretary of State  
Online Certificate Authorization Code: 744c343219ca4e9  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

# Delta Family and Fitness Center for Children, Inc.

Hamburg, AR

has been Accredited by

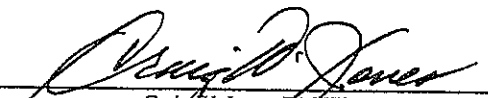


## The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the  
Behavioral Health Care Accreditation Program

May 24, 2019

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #447273  
Print/Reprint Date: 07/09/2019

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).





# ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

[www.armedicalboard.org](http://www.armedicalboard.org)

## Detailed License Verification

Queried on: Wednesday, October 06, 2021 at: 3:09 PM

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### General Information

Name: Shailesh Chhotalal Vora, M.D.  
Specialty: Neurology

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### Address Information

Mailing Address: 2508 Sam School Road  
City/State/Zip: South Lake, TX 76092  
Phone: (870) 918-7399  
Fax:

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### License Information

License Number: R-3612  
Original Issue Date: 4/18/1986  
Expiration Date: 8/31/2022  
License Status: Active  
License Category: Unlimited

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# License Search

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Arkansas State Board of Examiners in Counseling  
(501) 683-5800

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**LaChandra Williams**

Crossett

Crossett, Crossett, 71635, 71635

LICENSE #: A1807082 | TYPE: LAC | STATUS: ACTIVE

ADDITIONAL INFO

Date of Issue: 7/19/2018

Date of Expiration: 6/30/2022

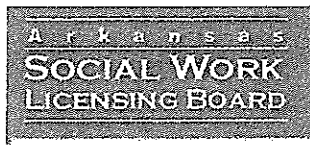
Standing: Good Standing

Email: lachandra.williams.08@gmail.com

Speciality:

Technology Assisted Specialization

The data in this website is maintained by McMan State Solutions and is endorsed by the Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Board maintains updates to this website on an ongoing basis. 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.



SEARCH

Go

[Home](#)

Name	Winters, Misty Lynna
Location	Montrose, AR
Level	LCSW
License Number	2458-C
Date Issued	1/27/2010
Expiration	1/31/2024

[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

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.

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Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**TERESA MILLER**

Thursday, February 03 2022 03:52:06 PM

*For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted*

*This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.*

*For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.*

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
MILLER, TERESA LYNN	LPN	LTP-001396	Inactive	07/30/2007	06/28/2018	N/A	NO

### Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
MILLER, TERESA LYNN	LPN	L047032	Active	12/06/2007	07/31/2022	Multistate	NO

### License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**MARY KING**

Thursday, November 11 2021 10:18:15 AM

*For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted*

*This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.*

*For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.*

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
KING, MARY LOU	LPN	L045760	Active	12/01/2006	06/30/2023	Multistate	NO

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**LAURA ELIZABETH GILLUM**

Monday, March 15 2021 08:08:51 AM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
GILLUM, LAURA ELIZABETH	LPN	L059601	Active	01/11/2018	03/31/2022	Multistate	N

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state, provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**MISTI HOLLAND**

Monday, November 22 2021 08:07:29 AM

For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HOLLAND, MISTI JEAN	LPN	TPSLPN449178067	Inactive	07/22/2004	11/30/2017	N/A	NO

### Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HOLLAND, MISTI JEAN	LPN	L043237	Active	10/22/2004	11/30/2023	Multistate	NO

### License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**EMILY JANELL GREENE**

Friday, May 21 2021 01:26:28 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
GREENE, EMILY JANELL	LPN	L032738	Expired	01/19/1995	05/31/1999	N/A	N

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
GREENE, EMILY JANELL	RN	R062918	Active	02/10/1999	05/31/2023	Multistate	N

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state, provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**REBECCA LYNN BROOKS**

Monday, March 15 2021 08:15:04 AM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
BROOKS, REBECCA LYNN	RN	R044761	Active	06/07/1994	02/28/2023	Multistate	N

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)





Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**KAITLYN SADLER**

Wednesday, July 21 2021 08:03:50 AM

For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

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### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
SADLER, KAITLYN ELIZABETH	RN	RTP-023685	Inactive	05/07/2019	06/05/2019	N/A	NO

**Primary Source Board of Nursing Messages & Notifications**

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
SADLER, KAITLYN ELIZABETH	RN	120203	Active	06/05/2019	04/30/2023	Multistate	NO

### License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**DIANA SIVILS**

Thursday, July 15 2021 03:34:11 PM

*For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted*

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### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
SIVILS, DIANA KAY	LPN	L030289	Active	12/04/1992	05/31/2022	Multistate	NO

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

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- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**DOROTHIE SMITH**

Monday, October 25 2021 03:30:13 PM

*For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted*

*This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.*

*For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.*

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
SMITH, DOROTHIE DENISE	RN	R070335	Active	10/10/2003	10/31/2023	Multistate	NO

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**HOLLIE MARSHAY SMITH**

Monday, March 15 2021 08:21:54 AM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within this verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
SMITH, HOLLIE MARSHAY	LPN	LTP-001629	Inactive	12/26/2007	01/22/2008	N/A	N

### Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
SMITH, HOLLIE MARSHAY	LPN	L047088	Expired	01/22/2008	05/31/2012	N/A	N

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	D
SMITH, HOLLIE MARSHAY	RN	R086232	Active	06/23/2010	05/31/2022	Multistate	N

### License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

**ANGELA WILLHITE**

Friday, October 22 2021 09:18:48 AM

For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
WILLHITE, ANGELA L	RN	TPSRN388912670	Inactive	06/17/2003	09/17/2003	N/A	NO

### Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
WILLHITE, ANGELA L	RN	R070271	Active	09/12/2003	10/31/2023	Multistate	NO

### License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

### Nurse Licensure Compact (NLC) information

- Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



Primary Source  
License Verification

## Verification Report

Primary Source Board of Nursing Report Summary for

### EDNA CARPENTER

Wednesday, December 29 2021 01:31:47 PM

*For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted*

*This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.*

*For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.*

#### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
CARPENTER, EDNA EARL	LPN	L028183	Active	12/11/1990	12/31/2023	Multistate	NO

#### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

#### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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: \_\_\_\_\_

☐ No ☒ Yes

TAXPAYER ID NAME: Delta Family Health and Fitness Center for Children IS THIS FOR: ☐ Services? ☒ Both? ☐  
YOUR LAST NAME: \_\_\_\_\_ FIRST NAME: INC. M.I.: \_\_\_\_\_

ADDRESS: 815 E. Saint Louis St.

CITY: Hamburg

STATE: AR

ZIP CODE: 71646

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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
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 Marshall W. Hill II Title Administrator Date 3-1-22

Vendor Contact Person Dean Hill II Title Administrator Phone No. 870-853-4224

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_



**OFFICIAL BID PRICE SHEET**

710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitative Services

*Bidder may only include pricing for each category of service that bidder can currently provide. In the event that Medicaid rates are applied, contractor must invoice the Arkansas Medicaid rates based on the date of service according to the current fee schedule.*

**Category 1: Acute Care - CRT**

*Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced through the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.*

<u>OPTION A</u>	
Per Diem Rate	\$ <input type="text"/>

<u>OPTION B</u>	
Medicaid Per Diem with W3 Specialty Default Rate	<input type="checkbox"/>

**Category 2: Sub-Acute/Psychiatric Residential Care - CRT**

*Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced through the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.*

<u>OPTION A</u>	
Per Diem Rate	\$ <input type="text"/>

<u>OPTION B</u>	
Medicaid Per Diem with W3 Specialty Residential RTU Rate	<input checked="" type="checkbox"/>

**Category 3: One-to-One Attendance - CRT**

*Please insert pricing for one-to-one therapy. Category 3 will not be considered in low price determination. Rate must not exceed the Arkansas Medicaid Rate for Outpatient Qualified Behavioral Health Professional.*

Hourly Rate	\$ <input type="text"/>
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**Category 4: Sexual Rehabilitation Services**

*Please insert a dollar amount for Option A or check the box for Option B. . Option A is a set daily rate at which services may be invoiced through the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.*

<u>OPTION A</u>	
Per Diem Rate	\$ <input type="text"/>

<u>OPTION B</u>	
Medicaid Rate	<input type="checkbox"/>