

BID RESPONSE PACKET
710-22-0017

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Psychological Care Center		
Address:	1301 Cumberland St.		
City:	Little Rock	State:	AR Zip Code: 72202
Business Designation:	<input 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 bid solicitation related matters.	
Contact Person:	Cara DeRoock Title: CFO/COO
Phone:	870-530-0934 Alternate Phone: 870-530-0934
Email:	psycarecenter@att.net

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.
<p>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.</p>

ILLEGAL IMMIGRANT CONFIRMATION
<p>By signing and submitting a response to this Bid Solicitation, 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.</p>

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>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.</p>
<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: Cara DeRoock Title: CFO/COO
 Printed/Typed Name: Cara DeRoock Date: 2/22/22

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:	Psychological Care Center	Date:	2/22/22
Signature:		Title:	CFO/COO
Printed Name:	Cara DeRoek		

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
Julie Waldo	2305 Arrowhead ^{end-mail} (TYPIST)	Jonesboro, AR 72401
Skeet Speers	61 Flag Rd. ^{PT. TIME} ^{Office coord}	Little Rock, Ar- 72205
Terri Naney	2809 Walnut ^{PT. TIME} ^{secretary}	Little Rock Ar. 72204
Debora Basto	1015 MAIN ST. ⁷²²⁰⁴ 72202	Little Rock Ar. 72202

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

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 Chuck DeWelle Title CEO/COO Date 2/2/22
Vendor Contact Person Lara DeRoek Title CEO/COO Phone No. 870-530-0934

Agency use only

Agency Number 0710 Agency Name Department of Human Services

Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

Contract Number _____
Attachment Number _____
Action 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: _____
☐ Yes ☒ NO

TAXPAYER ID NAME: Psychological Care Center IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐
YOUR LAST NAME: DeRoek FIRST NAME: Alana
ADDRESS: 1301 Cumberland St. M.I.: K
CITY: Little Rock STATE: AR ZIP CODE: 72202 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						Person's Name(s)	
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

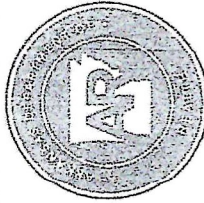
FOR AN ENTITY (BUSINESS) *

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						Person's Name(s)		
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

George M DeRoeck

Is licensed as a

Psychologist - Active Status

1/13/1984

Date Issued

6/30/2022

Expiration Date

84-07P

License Number



ARKANSANS PSYCHOLOGY BOARD

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

THIS CERTIFIES THAT

Cara K. DeRoeck

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A

Psychological Examiner - Independent

Active Status

License No. 92-22EI

Issued 6/26/1992

Expires 6/30/2022

Signature

C. K. DeRoeck

CARA KRIEHN DE ROECK
1301 Cumberland Street
Little Rock, AR 72202
870-530-0934

EDUCATION:

*24 college hours past Masters Degree, specializing in psycho-educational diagnosis

August 1989 - Masters of Rehabilitation Counseling (GP.A. 3.9, 54 semester hour program) from Arkansas State University

December 1987 - Bachelor of Science majoring in Psychology with a minor in Sociology (GP.A. 3.3) from Arkansas State University

LICENSURE:

***Psychological Examiner License #92-22E - Arkansas

EXPERIENCE:

May 1996 - Present: Private practice at The Psychological Care Center of Northeast Arkansas (expansion of position originally beginning in 1998). Duties include psychological and psycho-educational evaluations, EAP and insurance counseling, evaluation of Social Security Disability claimants, providing psychological evaluations and counseling per contract with the Division of Children and Family Services of the Department of Human Services for the State of Arkansas, provision of mental health and intellectual functioning assessments for individuals seeking nursing home placement, and testing for Medicaid Waiver status of individuals receiving services at ICFIMR facilities.

May 1998 - May 2004: Contractual Employee at Family Counseling Center in Kennett, Missouri. Duties included providing services and oversight as needed in any Family Counseling Center program at the request of the Executive Director.

October 1996 - March 1997: Contractual Employee at the Paragould, Arkansas Outreach Clinic of the George W. Jackson Mental Health Center. Duties included providing direct counseling and psychological services for community Mental Health Center.

May 1996 - October 1998: Director of Outpatient Services, Family Counseling Center in Kennett, Missouri. Duties included supervision of outpatient therapists and caseworkers, program development and implementation, working with regional community mental health centers in developing regional policy and procedures, and working to develop and enhance budget and staff patterns.

March 1996 - April 1996: Outpatient Therapist at Greenleaf Outreach Clinic in Batesville, Arkansas. Duties included providing outpatient counseling services for private for-profit hospital/clinic.

April 1992 - March 1996: Adult Psychiatric Unit Coordinator at Greenleaf Hospital in Jonesboro, Arkansas. Duties included overseeing daily operation of a 20-bed inpatient psychiatric unit, working with interdisciplinary team in order to meet program objectives, and providing counseling services to inpatient psychiatric population.

January 1990 - April 1992: Counselor/Psychological Assistant at Greenleaf Hospital in Jonesboro, Arkansas. Duties included providing counseling and psychological services to adults and adolescents in the psychiatric and substance abuse units.

December 1990 - July 1991: Interim Director of Psychological Services at Greenleaf Hospital in Jonesboro, Arkansas. Duties included providing administrative oversight of psychological services at a 60-bed hospital while continuing in position of Counselor/Psychological Assistant.

October 1989 - January 1990: Clinical Therapist at Family Counseling Center in Kennett, Missouri. Duties included providing outpatient

individual and family therapy with psychiatric and substance abuse-disordered clients for community mental health center.

August 1989 - October 1989: Volunteer work at Greenleaf Hospital in Jonesboro, Arkansas. Volunteer duties included administration and scoring of psychological tests, providing education/lecture groups on the adult unit, social assessments and patient interventions.

January 1988 - May 1989: Graduate Assistant in the Department of Counselor Education and Psychology at Arkansas State University in Jonesboro, Arkansas. Duties included working as a laboratory instructor for undergraduate experimental psychology students, test item banking, assisting in item generation for statistics tests and homework assignments, word processing, library research, and grading statistics assignments of off-campus graduate students.

HONORS:

Named to "Who's Who in Medicine and Healthcare" in 1998.

BOARDS/SPECIAL COMMITTEES:

* Appointed to the Special Projects of National Significance Advisory Committee to assist in development of services for individuals diagnosed with AIDS, psychiatric illnesses, and substance abuse. The Federally-sponsored program was launched in Missouri in 1997.

*Chairperson for the Missouri Crisis Access Response System for Southeast Missouri, 1997 - 1998.

*Chairperson for the Missouri Crisis Access Response System for the State of Missouri, 1998 - 1999.

George M. De Roeck, Psy.D.
Independent Practitioner Psychologist
1301 Cumberland Street
Little Rock, AR 72202
(870)530-0933
DOB: 09-13-54

CURRENT EMPLOYMENT:

1990 - Present President/CEO, Psychological Care Center
1301 Cumberland Street
Little Rock, AR 72202
(501) 376-2205; Fax: (501) 376-2209

PREVIOUS PROFESSIONAL EMPLOYMENT:

1987-1990 Director of Psychological Services-
Greenleaf Psychiatric Center
(Currently St. Bernard's Behavioral Health)
2801 East Johnson Street
Jonesboro, Arkansas 72401
800-800-0496

1986-1987 Director and Founder
Child & Youth Development Center
800 South Church Street
Jonesboro, Arkansas 72401
870-935-9911

1985-1986 Staff Psychologist
Arkansas State Hospital
G. W. Jackson Branch
Jonesboro, Arkansas 72401

1979-1981 Psychologist II
Central Arkansas Mental Health Services, Inc. (Now Professional
Counseling Center), North Little Rock, Arkansas (Master's Level)
Staff Licensed Psychological Examiner

1978-1979 Faculty Member-Research Associate/Psychological Examiner
Grant to provide program for MR/DD clients in Ozarks, AR-Rural TX program
University of Arkansas College of Education, Fayetteville, Arkansas

1977-1978 Foster Care Specialist
Arkansas Social Services, Jonesboro, Arkansas

CONTINUING EDUCATION HISTORY AVAILABLE UPON REQUEST.

RELATED EXPERIENCE:

Completed standardization of Stanford-Binet Intelligence Scales-Fourth Edition in Central Arkansas, 1984. Also Stanford-Binet V, 2001

Completed standardization of Wechsler Individual Achievement Test, 1994

Completed standardization of Early Screening Profiles for American Guidance Service in NE Arkansas, 1987

Completed standardization of Vineland Adaptive Behavior Scales II, 2004

PROFESSIONAL APPOINTMENTS, LICENSURE AND AFFILIATIONS

1985 - Arkansas Board of Examiners in Psychology (Member/Chair 1990-1996)
PRESENT Licensed Psychologist in Arkansas and Missouri

- American Psychological Association Member (Division 1, 37), 1978 - Present
- Arkansas Psychological Consortium, 2002 - Present
- National Register of Health Service Providers in Psychology, Past Member
- Allied Health Staff Member: St. Bernard's Regional Medical Center, Arkansas, St. Vincent Infirmary
- QualChoice: Mental Health and Credentialing Committee member, Little Rock, Arkansas, 1998 – Present
- Anxiety Disorder Association of America Member, 1998 - Present

CURRENT CONSULTING:

- Psychological Forensic Evaluator for State of Arkansas, October 13, 1989
- West Memphis Group Homes: Provide testing, behavior modification for developmentally disabled population
- Private Practitioner
- Member of various EAP's, PPO's, Medicare/Medicaid Provider
- Teach/Associate Professor at UALR Department of Psychology, part-time, 2009 - Present

References Available upon request

PART-TIME PROFESSIONAL EMPLOYMENT:

Summer 2005	<u>Part-Time Adjunct Professor of Psychology</u> Introduction to Psychology Mid-South Community College West Memphis, Arkansas 72301
1986-1990 2008- Present	<u>Part-Time Adjunct Assistant Professor</u> Arkansas State University, Jonesboro, Arkansas Drug & Alcohol Counseling; Educational Psychology, Graduate Level, Introduction Counseling
1986-1992	<u>Part-Time Adjunct Assistant Professor</u> University of Little Rock, Arkansas Drug & Alcohol Counseling; Educational Psychology, Graduate Level, Introduction Counseling

EDUCATIONAL HISTORY:

1981-1983	<u>Florida Institute of Technology, Melbourne, Florida</u> Completed 75 quarter hours of credit to obtain <u>Doctor of Psychology</u> <u>Degree in Counseling Psychology</u> . Achieved a 3.6 GPA. Dissertation program: Psychological Sequelae of Sudden Infant Death Syndrome in Children: A Multi-Variate Analysis of Variance Approach Completed 2000-hour Internship in <u>Clinical Psychology</u> at accredited JCAHO Psychiatric and Forensic Hospital, Eastern State Hospital, Vinita, Oklahoma. Rotations through Forensic Psychology (25%), Neuropsychology (13%), Biofeedback-Alcohol Treatment Unit and Geriatric Unit (12%), and In-Patient Units (50%). Degree August 1983
1976-1978	<u>University of Central Arkansas, Conway, Arkansas</u> Masters of Science Degree in Community Service Counseling/Psychology. Achieved a 3.4 GPA after 57 graduate semester hours. Degree awarded in May 1978
1974-1976	<u>Arkansas State University, Jonesboro, Arkansas</u> Bachelor of Science Degree in Psychology, Minor in Biology.
1972-1973	<u>Culver-Stockton College, Canton, Missouri</u>
1973(Interim)	<u>St. Xavier College, Chicago, Illinois</u>
1974 (Spring)	<u>Harper Jr. College, Palatine, Illinois</u>
1968-1972	<u>St. Benedict's High School, College Prep, Chicago, Illinois</u>



**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

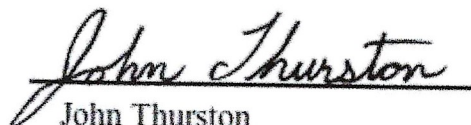
**PSYCHOLOGICAL CARE CENTER OF NORTHEAST ARKANSAS,
INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office February 22, 1995.

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 1st day of March 2022.


John Thurston

Secretary of State

Online Certificate-Authorization Code: b845ca52d5f4717

To verify the Authorization Code, visit sos.arkansas.gov