**APPLICANT INFORMATION**

Applicant Name: Click here to enter text.

Authorized Representative Name & Title: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Website: Click here to enter text.

Legal Status: [ ]  For-Profit Corp. [ ]  Nonprofit Corp. [ ]  Individual [ ]  Partnership

Partners and/or Subcontractors included in this Application: Click here to enter text.

How did you hear about this RFQ? *Please be specific.* Click or tap here to enter text.

**REFERENCES**

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

*Please do not use employees of the Allegheny County Department of Human Services as references.*

Click here to enter text.

**CERTIFICATION**

Please check the following before submitting your Application, as applicable:

[ ]  I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania’s Right-to-Know Law.

[ ]  By submitting this Application, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient’s decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFQ.

Choose one:

[ ]  My Application contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Application and providing contact information.

OR

[ ]  My Application does not contain information that is either a trade secret or confidential proprietary information.

**ATTACHMENTS**

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

* + - * Résumé/CV
			* Proof of Medical Malpractice Insurance
			* Proof of practicing license in good standing
			* Proof of Act 33/34 clearances
			* Three (3) deidentified Forensic Evaluation Reports for the case type(s) applied for
			* Group Practice Applicants must submit documents for all practitioners who seek qualification

**REQUIREMENTS**

Please respond to the following and submit only one Response Form, even when applying to more than one case area (Dependency, Delinquency and Custody).

All Applicants should complete the Applicant Experience section. Complete this section only once, even if you are applying to more than one case area. Complete only the case area sections for which you are applying. If you are not applying to be qualified for a case area, leave that section blank. Only Applicants who are applying as a Group Practice should complete the Group Practice section. Group Practice Applicants should respond to all questions as the practice as a whole, but may highlight the particular expertise held by one or more of the practitioners, as appropriate.

Each case area will be evaluated and scored separately. To achieve a total score for each case area, an Applicant’s score from the Applicant Experience section will be added to their score from a case section. The maximum score a Dependency Cases application can receive is 80 points; the maximum score a Delinquency Cases application can receive is 70 points; and the maximum score a Custody Cases application can receive is 75 points. The Group Practice section is scored on its own and the maximum score it can receive is 15 points.

**Applicant Experience (35 points possible)**

*All Applicants must complete this section. Your response to this section must not exceed 7 pages.*

1. Explain why you want to be a Forensic Evaluator for DHS and the Court.

Click or tap here to enter text.

2. Briefly list your licenses, Act 33/34 clearances and malpractice insurance in the space below. Provide your résumé/CV, proof of Act 33/34 clearances, medical malpractice insurance and proof of a practicing license in good standing as attachments (attachments are not included in the page count). For Applicants applying as a Group Practice, please include the requested attachments for all practitioners with whom you seek to qualify.

Click or tap here to enter text.

3. Describe your contracts and status with Community Care Behavioral Health Organization (CCBH). If you do not have existing valid contracts with CCBH, describe your eligibility to participate in the CCBH network by the time of your first referral.

Click or tap here to enter text.

4. Describe how you adhere to relevant ethical standards, principles and codes of conduct for the professional discipline. If any, describe ethical violations, civil and/or criminal actions taken against your license and the result of the litigation and/or licensing board decisions.

Click or tap here to enter text.

5. Describe your experience providing culturally-competent, linguistically-appropriate and gender-responsive services. Describe how you engage, assess, evaluate and make treatment recommendations for people of diverse backgrounds.

Click or tap here to enter text.

6. Describe any training and experience you have in a specialized subject area such as knowledge of LGBTQIA+ issues, domestic violence, sexual abuse and substance use.

Click or tap here to enter text.

7. Provide the geographical location for your evaluations, your accessibility to public transportation, your willingness to conduct evaluations outside your office and your hours of operation.

Click or tap here to enter text.

**Dependency Cases (45 points possible)**

*Complete this section only if you are applying to this case area. If you are not applying this case area, please leave this section blank. Your response to this section must not exceed 6 pages.*

1. Describe your educational degrees, licenses, certifications and/or specialized training related to Dependency Cases.

Click or tap here to enter text.

2. Describe how you remain current with national guidelines, standards, law and statutes related to Dependency Cases.

Click or tap here to enter text.

3. Describe your understanding of and experience in the types of psychological evaluations that may be employed to: 1) evaluate adults and children, as appropriate, in connection with issues related to Dependency Cases and 2) perform various other evaluative assessments, as required, related to Court-directed questions and issues.

Click or tap here to enter text.

4. Describe your approach to and process for Dependency Case Forensic Evaluations.

Click or tap here to enter text.

5. Provide the amount of time, hourly rate and any other costs, if applicable, required to perform the services for Dependency Cases. Describe how you will ensure you will schedule appointments and complete Reports within required time frames.

Click or tap here to enter text.

6. Describe your knowledge of and experience with the continuum of treatment options, types of services and community resources available to families (e.g., mental health and behavioral health services).

Click or tap here to enter text.

7. Attach three (3) de-identified Dependency Case Forensic Evaluation Reports.

**Delinquency Cases (35 points possible)**

*Complete this section only if you are applying to this case area. If you are not applying this case area, please leave this section blank. Your response to this section must not exceed 4 pages.*

1. Describe your educational degrees, licenses, certifications, specialized training and/or forensic experience related to Delinquency Cases.

Click or tap here to enter text.

2. Describe how you remain current with national guidelines, standards, law and statutes related to Delinquency Cases.

Click or tap here to enter text.

3. Describe your understanding of and experience in the types of psychological evaluations that may be employed to: 1) evaluate adults and children, as appropriate, in connection with issues related to Delinquency Cases and 2) perform various other evaluative assessments, as required, related to Court-directed questions and issues.

Click or tap here to enter text.

4. Provide the amount of time, hourly rate and any other costs, if applicable, required to perform the services for Delinquency Cases. Describe how you will ensure you will schedule appointments and complete Reports within required time frames.

Click or tap here to enter text.

5. Attach three (3) de-identified Delinquency Case Forensic Evaluation Reports.

**Custody Cases (40 points possible)**

*Complete this section only if you are applying to this case area. If you are not applying this case area, please leave this section blank. Your response to this section must not exceed 5 pages.*

1. Describe your educational degrees, licenses, certifications, specialized training and/or forensic experience related to Custody Cases.

Click or tap here to enter text.

2. Describe how you remain current with national guidelines, standards, law and statutes related to Custody Cases.

Click or tap here to enter text.

3. Describe your understanding of and experience in the types of psychological evaluations that may be employed to: 1) evaluate adults and children, as appropriate, in connection with issues related to Custody Cases and 2) perform various other evaluative assessments, as required, related to Court-directed questions and issues.

Click or tap here to enter text.

4. Provide the amount of time, hourly rate and any other costs, if applicable, required to perform the services for Custody Cases. Describe how you will ensure you will schedule appointments and complete Reports within required time frames.

Click or tap here to enter text.

5. Describe your policy for *pro bono* or sliding scale evaluations in custody matters where the parties are indigent.

Click or tap here to enter text.

6. Attach three (3) de-identified Custody Case Forensic Evaluation Reports.

**Group Practice (15 points possible)**

*Complete this section only if you are applying as a Group Practice. If you are not applying as a Group Practice, please leave this section blank. Your response to this section must not exceed 3 pages.*

1. Describe your organizational structure and supervision process. Explain how you would divide the work among practitioners.

Click or tap here to enter text.

2. Describe your centralized intake process, billing process, and process for scheduling appointments.

Click or tap here to enter text.

3. Provide the evening and weekend hours your Group Practice will offer to families for appointments.

Click or tap here to enter text.