ATTACHMENT 6
AGENCY CAPACITY & REFERENCES

RFP NO. ADHS11-00000347

REFERENCE

Contract Term / Dates of Work: Ongoing

Geographic Area(s) Served: Gila County

Target Population(s) Served: All residents

Please respond to the following questions:

1. Have you worked with this agency/program in the past? Give specifics as to dates, results (outcomes achieved, objectives met)

   The Gila County Immunization Program has provided immunizations for clients enrolled in the HIV Care and Services Program as needed. Influenza vaccines are provided annually for those clients who do not have AHCCCS. We have also provided clients with Tuberculosis testing as HIV increases the risks associated with TB. Hepatitis Vaccines have been provided to clients who have no insurance and whose physicians have requested the vaccines.

2. How do you plan to work together in the future?

   The Gila County Immunization Program will continue to provide any vaccines requested by physicians for individuals without insurance in the Gila County HIV Care and Services Program.

3. Describe the Contractor's expertise with and/or capacity for completing the terms of this Proposal.

   The Gila County HIV Program has been in existence for twenty years. I have worked directly with the HIV case managers for over the past 9 years. The current case manager has been providing services to the residents of Gila, Apache and Navajo Counties for the past 4 years. The Gila County Case Managers have always done their utmost to provide interventions and support to their clients with respect and integrity. I am please to say the current case manager has maintained this tradition.

This page should be completed by the named contact at the referring agency.

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Signature: Lorraine Dalrymple, R.N. Date: 1/14/11

ATTACHMENT 6
AGENCY CAPACITY & REFERENCES

RFP NO. ADHS11-00000347

REFERENCE

Contract Term / Dates of Work: Ongoing

Geographic Area(s) Served: Gila County Low Income

Target Population(s) Served: Low Income

Please respond to the following questions:

1. Have you worked with this agency/program in the past? Give specifics as to dates, results (outcomes achieved, objectives met)

   CAP has paid rent and utilities this past fiscal year – 2009/2010 – for a least one of the Gila County HIV Program clients. There may be more, but due to confidentiality we are unable to provide specifics.

2. How do you plan to work together in the future?

   Through a referral process as we are located in the same building.

3. Describe the Contractor's expertise with and/or capacity for completing the terms of this Proposal.

   They are extremely passionate about their clients and the referral process is made easy because of their expertise.

This page should be completed by the named contact at the referring agency.

Contact Name and Title: Malissa Buzan, Gila County Community Action & Housing Services Program Manager

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Signature: Malissa Buzan Date: January 12, 2011