

## DORIS M ROOT



### Objective

To obtain a position as a home health caregiver with Team Select to allow me to further my knowledge and growth where I can use my skills and hard working abilities to benefit my employer and a people oriented position to use my skills to serve others.

### Abilities

I have always been diligent and deeply committed to professionalism. I am a fast learner and able to except responsibility.

### Employment History

#### Habitation Tech II

9/2005 - 6/2010 *State Of Arizona* Globe, AZ

Transported Clients in vans, assisted clients in all home health care-showering,dressing, dispensing medication, taking clients to doctor appointments, making sure that client is taking the right medications; Assisting with their laundering, cleaning up the facility, shopping for food, managing their money accounts, logging in receipts of purchase, and speaking with client's families and friends.

#### Caregiver

4/2003 - 9/2005 *PEPP* Globe, AZ

Working in a group home with developmental disabilities . Helping with hygiene and daily activities,cooking,cleaning, dispensing medications.

#### Shift Leader

11/2002 - 9/2005 *Little Ceaser's Pizza* Globe, AZ

Crew Leader. Food prep, Assisting Employees.

#### Driver/Cook

10/2000 - 8/2001 *Pizza Hut* Globe, AZ

Prepare and cook food in a fast food restaurant with a limited menu. Duties of the cooks are limited to preparation of a few basic items and normally involve operating large-volume single-purpose cooking equipment.

**Guard**

7/1999 - 1/2000 *Pinkerton Security* Globe, AZ

Guard, patrol, or monitor premises to prevent theft, violence, or infractions of rules.

**Server**

1/1997 - 12/1997 *Jerry's Restaurant* Globe, AZ

Take orders and serve food and beverages to patrons at tables in dining establishment.

**Education History**

<i>Completion Date</i>	<i>Issuing Institution</i>	<i>Degree Received</i>	<i>Course of Study</i>
12/1/1994	EAC GILA PUEBLO CAMPUS	2 Years at College or a Technical or Vocational School	Health-Related Knowledge and Skills
3/1/2010	ATPC	Vocational School Certificate	Health-Related Knowledge and Skills

I'm certified in First Aide & CPR, I also hold a Arizona State Fingerprint Clearance Card

**Certifications**

<i>Certification Title</i>	<i>Issuing Organization</i>	<i>Completion Date</i>	<i>Expiration Date</i>
Heartsaver First Aid	American Heart Association	03/2010	03/2012

**Additional Information**

I hold a State of Arizona Fingerprint Clearance Card.

**Bridget Y. Warden**



**Objective:**

**I would like to obtain the position of a Community Service Worker for the G.E.S.T. Program**

**Summary of Qualifications:**

- I am enthusiastic and highly motivated with a desire to learn new skills to be an effective and productive employee.
- I am a caring and compassionate person who is very experienced in working with a diversity of people and cultures.
- I have great communication skills both written and verbal, and assist others in a professional courteous manner.
- I have the ability and skills to take on a variety of tasks with accuracy and minimal supervision.
- I have good work ethics and will work to the best of my ability, always striving to learn and better my skills and qualifications.
- I have excellent organizational skills and the ability to prioritize my work accordingly.
- I have good computer and phone skills and I can operate a copy and fax machine.
- Good decision making skills using sound judgement for effective problem solving.

**Summary of Experience:**

*I am currently working for **AccentCare** providing quality compassionate in-home care to elderly adults that need assistance with things such as their personal care, housekeeping, attended care, respite, running errands, laundry, and shopping for them if needed.*

*I have also worked for a considerable amount of time in the behavioral health field with **Horizon Human Services** from June 2000 - April 2008. In this field I have performed a variety of different jobs, serving a diversity of people in different programs and services. Programs such as ...*

- **The Day Treatment and Training Program** for developmentally disabled adults, developed to work with each individual person to teach them skills to integrate them into the community to participate in different fun activities of their choice.
- I worked as a **Prevention Specialist** working with teens to assist them in learning skills

- **I recently had my fingerprints done to have my fingerprint clearance card updated, and my TB skin test is also current.**

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**Certification Regarding:**

**Debarment, Suspension, Ineligibility and Voluntary Exclusion**

**Lower Tier Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549-Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

- (1) The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.
  
- (2) Where the prospective recipient of federal assistance funds is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Gila County dba, Gila Employment and Special Training

Name of Agency /Organization

Tommie C. Martin Chairman, Gila County Board of Supervisors

Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION REGARDING LOBBYING**

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

<b>APPLICANT'S ORGANIZATION</b>			
Gila County dba Gila Employment and Special Training			
<b>* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE</b>			
Prefix:			
* First Name: Tommie	Middle Name: C.	* Last Name: Martin	Suffix:
* Title: Chairman, Gila County Board of Supervisors			
<b>* SIGNATURE:</b>		<b>* DATE:</b>	



# State of Arizona Substitute W-9 & Vendor Authorization Form

**Purpose:** Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

**Instructions:** Complete form if  
1. You are a U.S. person (including a resident alien);  
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**  
3. You will receive payment from the State of Arizona.

**Return completed form to the state agency with whom you do business, for review and authorization.**

See instructions below or refer to the IRS instructions at [www.irs.gov](http://www.irs.gov) for details on completing this form.

**Type of Request (Must select at least ONE)**

New Request     New Location (Additional Mail Code)     Change (Select the type(s) of change from the following:

Tax ID     Legal Name     Entity Type     Minority Business Indicator  
 Main Address     Remittance Address     Contact Information

**Taxpayer Identification Number (TIN) (Provide ONE Only)**

Social Security Number (SSN) [ ] - [ ] - [ ] OR Federal Employer Identification Number (FEIN) 86 - 6000444

**Entity Name Must Provide Legal Name (\*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)**

Legal Name\* Gila County

**Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)**

Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)     State of Arizona employee (1E)    STATE HRIS EIN [ ]  
 Corporation NOT providing health care, medical or legal services (5A)     LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)  
 Corporation providing health care, medical or legal services (5M)     LLC, PLLC organized as corporation providing health care, medical or legal services (5M)  
 Partnership, LLP or Partnership organized as LLC or PLLC (5C)     A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
 An international organization or any of its agencies/instrumentalities (5U)     Other: Tax Reportable Entity (5P)    Description: County Government  
 The US or any of its political subdivisions or instrumentalities (2G)     Other: Tax Exempt Entity (5H)

**Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)**

Small Business (01)     Small, Woman Owned Business- Hispanic (31)     Minority Owned Business- African American (04)  
 Small Business- African American (23)     Small, Woman Owned Business- Native American (33)     Minority Owned Business- Asian (32)  
 Small Business- Asian (24)     Small, Woman Owned Business- Other Minority (11)     Minority Owned Business- Hispanic (74)  
 Small Business - Hispanic (25)     Woman Owned Business (03)     Minority Owned Business- Native American (15)  
 Small Business- Native American (27)     Woman Owned Business- African American (17)     Minority Owned Business- Other Minority (02)  
 Small Business- Other Minority (05)     Woman Owned Business- Asian (18)     Non-Profit, IRC §501(c) (88)  
 Small, Woman Owned Business (06)     Woman Owned Business- Hispanic (19)     Non-Small, Non-Minority or Non-Woman Owned Business (00)  
 Small, Woman Owned Business- African American (29)     Woman Owned Business- Native American (21)  
 Small, Woman Owned Business- Asian (30)     Woman Owned Business- Other Minority (08)     Individual, Non-Business (00)

**Main Address** Where tax information and general correspondence is to be mailed    **Remittance Address** Where payment is to be mailed     Same as Main

DBA/Branch/Location: Gila Employment and Special Training    DBA/Branch/Location: [ ]  
Address: 5515 South Apache Ave. Suite 200    Address: [ ]  
City: Globe    State: AZ-ARIZONA    Zip code: 85501    City: [ ]    State: [ ]    Zip code: [ ]

**Vendor Contact Information**

Name: David B. Caddell    Title: Program Manager  
Phone #: (928) 402-8664    Ext.: [ ]    Fax: (928) 425-9468    Email: dcaddell@co.gila.az.us

**Certification**     Exempt from backup withholding

Under Penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND  
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.  
**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature: [ ]    Title: Chairman, Gila County BOS    Date: [ ]

**STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION**    **VENDOR: DO NOT WRITE BELOW THIS LINE**

State HRIS EIN: [ ]    Print Name: [ ]    Signature: [ ]  
AGY: [ ]    Title: [ ]    Phone #: [ ]    Email: [ ]    Date: [ ]

**STATE OF ARIZONA GAO USE ONLY**    **VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

IRS TIN Matching     Corporation Commission    Vendor Number: [ ]    Processed by: [ ]    Date Processed: [ ]  
 HRIS     GAO-03     Other

## Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

### General instructions:

1. Form GAO-W-9 should be completed by computer (electronically).
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

### Specific instructions:

#### Type of Request

Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type, Minority Business Indicator, Main Address, Remittance Address or Contact Information.

#### Taxpayer Identification Number (TIN)

##### Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)

Required. Enter your 9 digit Social Security Number (SSN) OR Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

#### Entity Name

##### Legal Name

Required. Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- **Individuals:** Enter First Name, Middle Name, Last Name
- **Sole Proprietorships:** Enter First Name, Middle Name, Last Name
- **ALL Others:** Enter Legal Name of the Business.

#### Entity Type

Required. Check only ONE entity type for the TIN given. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

#### Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site:

<http://www.azcommerce.com/BusAsst/SmallBiz/SBS/K1/Home.htm>

**Main Address-Required and Remittance Address-Optional** Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

##### Doing Business As (DBA)\Branch\Location

Optional. For the remittance address, enter a DBA, branch name or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

## Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

**Main Address cont.-Required and Remittance Address-Optional** Check `Same as Main' if the Remit to Address is the same as the Main Address entered.

**Address**

Required. Enter under the `Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

**City**

Required. Enter your city.

**State**

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

**Zip code**

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

**Contact Information-Required**

**Name**

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

**Title**

Optional. If the form is completed on behalf of a business, please enter your title.

**Phone#**

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

**EXT**

Optional. Enter the contact's phone number extension, if applicable.

**email**

Optional. Enter the contact's email address. Must be in the format: email@address.com.

**Fax**

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

**Certification**

**Exempt from backup withholding**

Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

**Signature**

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

**Title**

Required. Enter the title of the person who signed/certified the form.

**Current Date**

Required. This field will default to the current date if form is completed electronically.

**Do not complete any remaining fields; they are reserved for use by the State of Arizona.**

**Additional Information**

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: [www.irs.gov](http://www.irs.gov).

JANICE K. BREWER  
Governor



SCOTT A. SMITH  
Director

**ARIZONA DEPARTMENT OF ADMINISTRATION**

**RISK MANAGEMENT DIVISION**

100 N 15<sup>TH</sup> AVE, SUITE 301  
PHOENIX, ARIZONA 85007  
(602) 542-2182

**SOLE PROPRIETOR WAIVER**

**NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, AND UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES. IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.**

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. §23-901 (et. seq.), and specifically, A.R.S. §23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits. I am a sole proprietor and I am doing business as (Name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, (Enter State Agency Here), for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, (Enter State Agency Here). I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor	_____		
Social Security Number	_____	Telephone Number	_____
Street Address / PO Box	_____		
City	State <u>AZ</u>	Zip Code	_____
Signature of Sole Proprietor:			Date _____

State Agency	_____	Agency #	_____
Signature of Agency	_____		
Contract Administrator:	_____	Date	_____
Contract Identification:	_____		

Both signatures must be signed and the completed form submitted to: State of Arizona, Department of Administration, Risk Management Division, Insurance Unit, 100 North 15 Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

\_\_\_\_\_  
Signature of Risk Management Authorized Signer

\_\_\_\_\_  
Date

Print Form

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

CHAPTER		POLICY NUMBER	
01 Department of Economic Security		DES 1-01-34 Index	
SUBJECT		ARTICLE	
34 Limited English Proficiency		01 Director	
		EFFECTIVE DATE	REV. NO.
		06-24-09	0

**DES 1-01-34**  
**Limited English Proficiency**

POLICY STATEMENT	DES 1-01-34.I
AUTHORITY	DES 1-01-34.II
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**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

CHAPTER		POLICY NUMBER		Page 1
01 Department of Economic Security		DES 1-01-34		
SUBJECT		ARTICLE		
34 Limited English Proficiency		01 Director		
		EFFECTIVE DATE	REV. NO.	
		06-24-09	0	

**DES 1-01-34**  
**Limited English Proficiency**

**I. POLICY STATEMENT**

The policy of the Department of Economic Security (the Department) is to provide quality and timely language assistance services to customers with limited English proficiency (LEP) to ensure meaningful access to programs, services, and activities. Each affected work unit of the Department shall:

1. Develop and adhere to specific written procedures;
2. Perform a needs and capacity assessment;
3. Arrange for oral language assistance, as appropriate;
4. Determine which of the Department documents meet the definition of a vital document;
5. Translate vital documents into languages other than English;
6. Provide notification to customers of the availability of language assistance services;
7. Evaluate current Department Web sites for LEP compliance;
8. Develop and implement standards to ensure LEP compliance on all future Web pages;
9. Train all staff who are likely to have contact with Department customers and the management staff who support them;
10. Develop and incorporate an accessible issue resolution process; and
11. Monitor customer access to language assistance.

**II. AUTHORITY**

**Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq.**  
**Arizona Constitution, Article 28**

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d *et seq.* states, "No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Regulations implementing Title VI provide in part at 45 C.F.R. Section 80.3 (b):

- "(1) A recipient [the Department is a 'recipient' under this law] under any program to which this part applies [generally any program that receives federal funds] may not, directly or through contractual or other arrangements, on ground of race, or color, or national origin:
- (i) Deny an individual any service, financial aid, or other benefit provided under the program;
  - (ii) Provide any service, financial aid, or other benefit to an individual which is different, or is provided in a different manner, from that provided to others in the program;

- (2) A recipient, in determining the types of services, financial aid, or other benefits, or facilities which will be provided under any such program or the class of individuals to whom, or the situations in which such services, financial aid or other benefits, or facilities will be provided ... *may not directly, or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination, because of their race, color or national origin, or have the effect of defeating or substantially impairing accomplishments of the objectives of the program with respect to individuals of a particular race, color, or national origin.*" (emphasis added)

### III. OVERVIEW

Title VI of the Civil Rights Act of 1964, as amended, requires that agencies take reasonable steps to ensure meaningful access to their programs and activities for persons with limited English proficiency. For the purposes of this Policy, individuals with limited English proficiency (LEP) are defined as individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

The Department's LEP Policy ensures that the Department, and all Department services regardless of funding source, comply with the requirements of Title VI of the Civil Rights Act of 1964 by setting out standards for its work units to follow. Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin by any entity receiving federal financial assistance. The Department prohibits administrative methods or procedures that have the effect of subjecting individuals to discrimination or defeating the objectives of these regulations.

In order to avoid discrimination on the grounds of national origin, all programs or activities administered by the Department shall take adequate steps to ensure that their procedures do not deny, or have the effect of denying, individuals with LEP equal access to benefits and services for which such persons qualify. This Policy defines Departmental responsibilities to ensure that individuals with LEP can communicate effectively.

### IV. SCOPE

This LEP Policy, in its entirety, applies to all Department entities and contractors who provide direct Department services to Department customers. The Department and all work units who provide services, information, or assistance to Department customers shall be responsible for development of procedures to ensure compliance with the Department LEP Policy. Areas that do not provide services, information, or assistance to Department customers are not responsible for developing procedures but, at a minimum shall designate an LEP contact to ensure compliance.

The DES Director's Office of Equal Opportunity (DOEO) and the DES Policy and Planning Administration's (PPA) Policy Unit are responsible for review and approval of work unit LEP procedures. This review will be limited to ensuring the work unit LEP procedure is consistent and in compliance with the Department LEP Policy.

### V. DEFINITIONS

Customer: Any applicant, claimant, or recipient of Department services, including LEP customers.

Executive Leader: The Director, Deputy Director, or Assistant Director or their designee with authority over a programmatic or administrative work unit.

Interpret: Providing a verbal translation between two or more persons in a language other than English. This may be done by on-site trained Department staff, contractors, or through commercially available resources, including but not limited to telephonic interpretation services.

Language Used Significantly: A language, other than English, that is used by five percent or 1,000 persons (whichever is smaller) who are eligible for a Department service or are likely to be directly affected by a Department program or activity in a specific geographic area.

Limited English Proficiency (LEP) Contact: The person within a work unit who is responsible for ensuring their program or administrative work unit is LEP compliant.

Limited English Proficient (LEP) Customer: Any prospective, potential, or actual recipient of benefits or services from the Department who cannot speak, read, write, or understand the English language at a level that permits effective interaction with the Department. This includes LEP parents or guardians of minor children who are customers or LEP customers.

Non-Vital Documents: Documents that are not critical to access Department benefits and services.

Translate: Providing a written document in a language other than English.

Vital Document: A document that conveys information that affects the ability of the customer to make decisions about his or her participation in the program. The decision of whether a document is vital may depend upon the importance of the program information, encounter, or service involved, and the consequence to the LEP person if the information is not provided accurately or in a timely manner.

Work Unit: A program or administrative area within the Department. Work unit includes all Department work units as well as its contractors that provide direct service to Department customers.

## VI. STANDARDS

1. All Department staff shall provide services to Department customers in a manner that ensures the customer has meaningful access to their programs and activities for all persons, including those persons who have limited English proficiency.
2. **Compliance and Enforcement:** It is the responsibility of each Executive Leader overseeing a Department work unit, program, or administrative area to ensure that activities within the Executive Leader's work unit are conducted consistent with both the Department LEP Policy and the specific work unit LEP procedure.
3. **Work unit Procedures:** Each work unit identified as warranting language assistance services shall develop specific written procedures related to language assistance services applicable to its program activities. These procedures must be consistent with the standards listed in the Department LEP policy. Written procedures shall address the following areas:
  - a. Provision of language services generally;
  - b. Identification and assessment of language needs;
  - c. Oral language assistance services;
  - d. Written translations;
  - e. Oral and written notification of the availability of language services;
  - f. Issue resolution rights;

- g. Staff training on language service provision; and
  - h. Monitoring access to language assistance.
4. **Needs and capacity assessment:** The Department shall employ a four-step process to determine the need and capacity for LEP services. Specifically, each work unit shall determine and indicate in writing if it has direct contact with Department customers. If work unit determines that it does, then:
- \* Determine the number or proportion of LEP customers served;
  - \* Determine the frequency of contact between LEP customers and the program;
  - \* Assess the nature and importance of the program; and
  - \* Assess available resources.
- a. *Each work unit shall identify the steps in their service delivery process and identify the anticipated number of customer interactions that occur at each of these steps.* These steps could include points of contact with Department staff where customers get information or staff take an action that affects a customer's ability to meaningfully participate in a Department program or activity. These points of contact include Department offices, telephone numbers regularly used by the public, outreach activities, informational and operational Web sites, and written notices. These contacts may be face-to-face, telephonic, written, or electronic.
  - b. *The Department shall identify the languages used by the populations it serves. Both the Department and each work unit shall use this information to determine the incidences in which the Department and work unit expect to interact with customers in various languages other than English.* The Department shall use the most recent census data to determine overall language trends in Arizona. Other demographic data sources include information from other state agencies, commercial marketing data, school systems, community organizations, national ethnic organizations, the Internet, and internally gathered Department data. These trends will be used to determine the LEP population's alternative language needs. The Department will update this information with the issuance of new census data.
  - c. *Each work unit shall annually assess the language assistance needs of its LEP customers and the capacity of its programs to meet these needs.* Work unit procedures shall include the methods used to conduct this assessment, including areas where it intends to use Departmentally-produced data, and the frequency with which it will complete the assessment.
  - d. *Each work unit shall implement a process for gathering and recording LEP customer language preferences:*
    - i. The work unit procedures shall include sufficient detail to identify how the work unit gathers language preference information, where it stores the information, and how it will make the information readily available for future contact with LEP customers and for statistics-gathering purposes;
    - ii. Each work unit procedure shall include the use of language preference posters in each local office. These posters are designed to provide an opportunity for LEP persons to self-declare their language preference during local office contacts. The Department shall prominently display posters in all its offices in which customer interaction is anticipated. These posters are developed, transmitted, and maintained as a Departmental function.

5. **Oral language assistance:**

- a. ***Each component, program, or administrative work unit of the Department shall arrange for oral language assistance to LEP customers in face-to-face and telephone contact:***

Work unit procedures shall identify the processes for providing oral language assistance and the method for obtaining these services. The oral language assistance portion of the work unit procedures for identifying individuals with LEP shall be consistent with those outlined in this policy. LEP services shall be provided free of charge upon the request of the customer. Work units may identify approaches specific to their work unit, but all procedures shall include the minimum Department standard of ensuring that the provision of bilingual/interpretive services is prompt and without undue delays. Necessary timeframes may vary based upon the nature and importance of the service. For example, timeframes for emergency services may be different from those timeframes for non-emergency services. In most circumstances, this requires language services to be available within reasonable timeframes during all operating hours by:

  - i. Establishing interpreter service contracts. The Department maintains contracts with multiple vendors to provide verbal interpretation. The Office of Procurement shall provide direction to all work units on how to access and use contracts for interpreter services. Work units shall, in their procedures, identify how they shall request and coordinate these services. In addition, services through commercially available telephonic interpretation services shall be available when needed;
  - ii. Implementing a means to compensate bilingual staff. Subject to the availability of funds, the Department has a bilingual stipend program in place that operates under DES 1-26-26, *Bilingual Stipend for Certified Employees*. This program compensates bilingual staff who meet required standards for performing verbal interpretation services. Work unit procedures shall identify the offices in which a need for bilingual staff has been established and which languages are needed;
  - iii. Orally translating vital documents into languages other than English for LEP customers.
- b. ***Location and Accessibility of LEP Services:*** Work units shall ensure that their procedures include provisions that respond to the language needs of the populations in each area in which the work unit provides services. Each work unit shall determine the most efficient and effective means to meet these needs. Accommodations such as translations of commonly requested documents, bilingual staff, and telephone interpreter services should be made available at locations that are readily accessible to the public, such as information desks, security checkpoints, and public information telephone lines.
- c. ***Use of Bilingual Staff:*** *The Department will make reasonable efforts to recruit and have bilingual staff employed in programs and activities where the number or percentage of LEP customers or potential LEP customers is statistically significant, or where the frequency of contact with such persons makes the employment of bilingual staff a more cost effective, efficient, and effective mode for communication:*
  - i. Each work unit shall make a decision to employ bilingual staff after a needs assessment, with due consideration given to the budgetary, personnel, and other constraints of the work unit;

- ii. Bilingual staff or contractors must be assessed for bilingual proficiency. Work units should ensure that individuals providing interpretative services possess a level of fluency and comprehension appropriate to the specific nature, type, and purpose of information at issue.
  - d. ***Unacceptable Practices:*** Work units should only use family members or friends to interpret for LEP customers if the LEP customer insists on using the friend or family member after Department-provided language services have been offered. Minor children should never be used to interpret, except in emergencies. If additional services are required, any information obtained utilizing a minor child as the interpreter shall be verified through an approved interpreter after the emergency situation has closed.
6. **Translation of written materials:** Each work unit must identify its vital documents. Vital documents include, but are not limited to, the following for any service, benefit, program, or administrative work unit provided by or contracted with the Department:
- Applications;
  - Recertification or renewal applications;
  - Documents that require a response;
  - Letters or other written documents that contain information regarding participation in a program;
  - Notices of eligibility criteria, authorization or denial, applicant or participant rights, benefit or service changes, hearings, and actions affecting parental custody or child support;
  - Consent and complaint forms;
  - Appeal rights and grievance procedures;
  - Written tests that do not assess English language competency but test competency for a particular license, job, or skill for which knowing English is not required; and
  - Notices advising LEP persons of free language assistance.
  - Any other document that the work unit deems vital due to the importance of the program, information, encounter, or service involved and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner.
- a. ***Each work unit shall translate its vital documents into languages used significantly by its LEP customers.*** The Department maintains two approved processes for having written material, including required posters and signs, translated to languages other than English: The Department Office of Graphics and Design or a state-approved translation contract. Using one of these two processes ensures the quality of the translation activity. Department documents for official public use may not be translated using any other method. Work unit procedures shall identify which method for translation will be used within the work unit. The work unit procedure shall also include a listing of the documents that meet the definition of a vital document.
  - b. ***Each work unit shall respond to written communications from LEP customers in a manner that is consistent with the Department policy.*** Work unit procedures shall address a process to ensure that LEP customer case records are noted as LEP when work unit staff receive information from a customer in a language other than English. Work unit staff shall interact with the individual in a manner consistent with the Department LEP policy unless the customer indicates otherwise.

- c. ***Each work unit should be sensitive to the literacy levels of the LEP public.*** There are situations in which the use of translated written material may not meet the needs of some Department LEP customers. Some languages are historically unwritten or some LEP customers may be illiterate in their native language. Work unit procedures must ensure that staff use the most effective means to communicate with LEP individuals. This may include either verbal or written communication.

7. **Institutional Considerations for Translation:**

- a. ***Each work unit shall ensure that the public is aware of available interpretation and translation assistance.*** Each work unit shall include on all documents that are not translated into a language other than English a statement in each significantly used language indicating that all persons have the right to free language assistance and how the assistance can be obtained. This notification shall be included on all documents that are routinely disseminated to the public, including electronic text. This language shall be placed near the front of the document in a format that brings attention to it.
- b. ***Each work unit shall ensure that its electronic sources for providing vital information are LEP compliant.*** The Department and each work unit shall ensure that its Web sites and other electronic sources for vital information or documents provide this information in significantly used languages other than English. Web sites shall prominently display access to non-English versions of this information on any page that may be used as the initial point of contact for LEP individuals. Web sites shall also identify methods to access language assistance free of charge.
- c. ***The Department shall produce and each work unit shall readily make available to its customers, an LEP Rights pamphlet in English and all other significantly used languages.*** The pamphlet shall explain that LEP services are available from the Department free of charge and shall explain procedures for accessing these services.
- d. ***Each work unit may translate non-vital documents into languages other than English, except to the extent prohibited by the Arizona Constitution, Article 28, English as the Official Language.***

8. **Training:** Training shall include a consistent message explaining why it is important for the Department to ensure that LEP customers are served in a manner consistent with the Department policy. Persons with specific knowledge of Title VI of the Civil Rights Act and the requirements contained therein shall develop this training. Training shall include, but not be limited to:

- a. ***General training*** for all staff on the importance of providing services for individuals with LEP;
- b. ***Work unit-specific training*** to ensure that work unit staff that deal with or are likely to have contact with Department customers are trained on the LEP policies and procedures. This includes, but is not limited to, specific training for staff who have LEP customer contact to work effectively with in-person and telephone interpreters;
- c. ***Technical assistance training*** for LEP contact staff;
- d. ***Management level training*** for supervisors and administrative staff assisting staff with direct customer contact.

9. **Providing notice to LEP Customers of the availability of language assistance services and outreach:** Work unit procedures shall identify how to inform LEP customers of the availability of free language assistance services. The work unit shall make the notification at the first point of contact. Notification includes signs in intake areas or other customer entry points, outreach documents such as brochures or booklets, LEP posters and pamphlets, and telephone menus in significantly used languages:
- a. The work unit shall provide the notification of free language assistance in the language of the LEP customer. LEP persons should also be advised that they may use an interpreter of their own choosing at their own expense;
  - b. Consistent with its commitment to partnership and outreach, the Department engages in comprehensive outreach to ensure awareness by LEP persons of its programs and activities. Outreach includes the use of ethnic media such as radio, television, newspapers, magazines, Web sites, faith-based organizations, community-based organizations at local levels that provide social services, healthcare, and classes. Work unit procedures shall acknowledge its commitment to support Department outreach efforts in relation to the programs it administers and the services it provides;
  - c. Work unit procedures shall include provisions to ensure that Web pages accessible to members of the general public include information on the availability of language assistance;
  - d. The Department shall maintain copies of written documents such as flyers or pamphlets intended to be used to notify persons of language assistance. Pamphlets shall be maintained in locations in which direct service to Department customers is provided and shall be readily available to customers without the need of Department staff intervention.
10. **Monitor access to language assistance:**
- a. *Each work unit shall institute procedures to monitor the accessibility and quality of language assistance activities for LEP customers.* Work unit procedures shall include specific time frames and methods to reassess language assistance activities to ensure that the services provided by the work unit address the actual needs of the LEP customers based on actual experiences of the work unit. Work unit procedures shall ensure that such monitoring is completed no less than every 12 months. Work unit procedures should include a process for obtaining community and customer feedback in this activity through surveys, questionnaires, or other means. Data collection and record keeping are key to an effective monitoring and compliance system. In order to determine the validity of any language assistance complaints, it may be necessary to analyze and review data that reflect how the work unit provides services to LEP customers. Data collection also allows the work unit to obtain an overview of how their services are provided. The work unit procedure shall include data collection and record keeping requirements to ensure that these assessments are fact-based and reflect actual current activity. The work unit shall assess the effectiveness of its LEP policies based on:
    - i. Current LEP populations in service areas or population or specific populations encountered;
    - ii. Frequency of encounters with LEP customers;
    - iii. Nature and importance of activities to LEP customers;
    - iv. Availability of resources, including technological advances, additional resources, and the costs imposed;

- v. Whether existing assistance is meeting the needs of the LEP customers;
- vi. Whether staff know and understand the LEP procedures; and
- vii. Whether identified sources for assistance are still available and viable.

Work units shall utilize the Departmental monitoring survey instrument. This tool identifies all mandatory points of review for each work unit. Work units shall forward this information and the completed survey to the DOEO and the Department's Office of Policy no less than annually for review. The DOEO will report the results to the Director.

- b. *Each work unit shall develop and maintain a data collection system that ensures the availability of data that includes the race and ethnicity of, customers served in its programs, the frequency of contact, and the primary language of those persons.* Work unit procedures shall require the collection of data on which the work unit has based language needs assessment; the number of LEP customers, by language group, who received language services; names and classifications of staff receiving training and dates of training. Work unit procedures shall include activities that are designed to ensure that the work unit:
  - i. Has up-to-date information on language needs in the communities it serves;
  - ii. Has an adequate number of oral translators to ensure timely compliance with LEP needs;
  - iii. Translates vital written documents into the languages needed by the communities being served;
  - iv. Has adequate supplies of translated materials;
  - v. Trains those staff required to be trained in LEP activities; and
  - vi. Keeps notification material up-to-date.

Work unit procedures shall also reflect those activities that it must perform in order to comply with overall Department monitoring practices.

- 11. **Provision of Technical Assistance:** *Each work unit shall identify an LEP contact for work unit staff. Work unit procedures shall include a process to ensure that LEP-related questions that arise are addressed in a timely and efficient manner.* The LEP contact shall be available to coordinate efforts towards compliance with the Department's LEP Policy and the work unit's LEP Procedures. Work unit procedures shall, at a minimum, include a process for direct service staff to elevate LEP questions to their LEP contact. The work unit procedure shall also include timeframes for the LEP contact to respond or to elevate the question to the Director's Office of Equal Opportunity (DOEO). The DOEO shall provide technical assistance to the LEP contact or solicit additional assistance from the Director's Office or the Office of the Attorney General.

## 12. Issue Resolution

- a. **Work unit Level Process:** Work units shall create a procedure outlining an LEP issue-resolution process that shall be used to resolve a concern or dispute arising from any action or inaction taken by Department staff in administering programs or providing services. The work unit process shall be the Level I Resolution Process.

- i. The Level I procedure shall require that Department customers are advised in writing of the appropriate procedure to raise an LEP-related concern. This notification also advises the customer of their right to file a complaint at any point in time with the federal agency responsible for the program for which they are applying;
- ii. Work units shall ensure that any forms needed to request review of LEP-related decisions are available at any location in which work unit customers may receive services;
- iii. The work unit shall conduct the Level I procedure in a language that is understandable by the person raising the concern. The work unit shall make appropriate use of interpreter services, contracted provider services, or other resources needed to facilitate the dispute resolution process.
- iv. The Level I process shall include the following:

The manager in charge at the site where an LEP related concern is filed or his or her designee will review the complaint with the assistance of the work unit LEP contact. Staff shall reduce oral complaints to writing and shall place them in the appropriate case record. At any point in the process, the manager is empowered to resolve the complaint using methods and practices outlined in the Department LEP Policy and the work unit LEP Procedures. It is the intention of the Department and the work unit that most LEP issues will be resolved at this level. The Level I resolution process shall be completed no later than three days following the day of receipt of the complaint unless the LEP customer requests a delay in the process. The manager shall ensure that all reasonable measures are pursued to immediately verbally notify the LEP customer of the outcome of the issue resolution. The Department shall provide a written confirmation of the decision within five business days.

- b. **Department Level Process:** The Department process is initiated whenever a LEP customer expresses in writing to the Department that the work unit attempt to resolve the issue at the Level I process has not met their need. This LEP issue escalation process ensures the rights of LEP customers to have concerns resolved in their preferred language. Inherent in this process is the availability of the Department Office of Equal Opportunity to assist either the Department or the LEP customer in resolving a concern. This process conforms to other issue resolution/grievance processes in regard to required timeframes, based upon the program(s) from which the LEP customer is seeking service.
  - i. **Level II:** If no resolution can be reached at Level I, the notification to the LEP customer shall include the right to pursue the grievance, the timeframes, and the process request verbally or in writing an Executive Leader (EL) review and decision. The EL may request assistance from the Director's Office of Equal Opportunity (DOEO) with the cooperation of the work unit LEP contact. Level II action shall occur within five working days of receipt of the request for review of the Level I decision from the LEP customer. The Executive Leader shall ensure that the LEP customer receives written notice of the outcome of the Level II review and advise the LEP customer of the method and time frame to obtain a Level III review.
  - ii. **Level III:** In the rare instances where no resolution can be accomplished at the Level II review, the LEP customer may request a final decision from DOEO. If the LEP customer is not satisfied with the DOEO-proposed resolution, the DOEO will again inform the LEP customer of their rights to file with the appropriate federal agency. This process will be completed within five working days of receipt of the request for review of the Level II decision from the LEP customer.

Arizona Department Of Economic Security  
Rehabilitation Services Administration

Extended Supported Employment  
**CLIENT SERVICE PLAN**

Contractor's Name:	Contract Number:
Client's Name:	Last 4 digits of SSN:
State overall purpose of the service: _____ _____	
Client's present or baseline level of skills; current concerns or service needs: _____ _____	
Client's accommodation needs necessary for successful completion of the agreed upon objectives: _____ _____	
Other areas relevant to the service provision and client's accomplishment of the service objectives: _____ _____	
Client's progress will be measured as follows: _____ _____ _____	



Arizona Department of Economic Security  
 Rehabilitation Services Administration  
 Extended Supported Employment

**MONTHLY PROGRESS REPORTS**

Reporting Period: From _____, _____ Through _____, _____ (month, day and year)			
Client's name:			Last 4 Digits of SSN:
Contractor's Name:			Contract Number:
Referring RSA Staff:			RSA Authorization Number:
<b>CLIENT'S EMPLOYMENT INFORMATION</b>			
Employer's Name:			
Employer's Address and Phone:			
Hourly Wage for this position	Client's Wage Per Hour	Work hours per week	Job Title:
<b>CLIENT'S PROGRESS UPDATE</b>			
Problems/issues that client is encountering (describe)			
Concerns ( e.g. report client absences)			
Recommendations, additional support provided (discuss)			



Arizona Department of Economic Security  
 Rehabilitation Services Administration  
 Extended Supported Employment

**MONTHLY PROGRESS REPORTS**

Reporting Period: From	Through	(month, day and year)
Client's name:	Last 4 Digits of SSN:	
Contractor's Name:	Contract Number:	
Referring RSA Staff:	RSA Authorization Number:	

**CLIENT'S ATTENDANCE LOG FOR** (enter month), (enter year)

Complete this table for each client:  
 1. Days and Hours client worked  
 2. Days and Hours the Contractor provided Job Coaching (JC)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Work Hours																
JC Hours																

  

Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Work Hours															
JC Hours															

Client's /Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contractor (or designee) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Exhibit C

Arizona Department of Economic Security  
Rehabilitation Services Administration  
Extended Supported Employment Services

**CLIENT SATISFACTION SURVEY**

Thank you for taking the time to complete this Survey developed by the Arizona Rehabilitation Services Administration (AZ RSA). AZ RSA is committed to providing quality services and values your opinion regarding the program you are attending.

CONTRACTOR'S NAME who provided extended supported employment services:

\_\_\_\_\_

YOUR NAME IS \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ \$/HOUR

Briefly describe the services you received from this Contractor that helped you maintain and/or improve your employment

\_\_\_\_\_

\_\_\_\_\_

HOW WOULD YOU RATE THE QUALITY OF SERVICES YOU RECEIVED FROM THIS CONTRACTOR?

- Excellent     Good     Poor

Comment: \_\_\_\_\_

THE CONTRACTOR'S STAFF DELIVERED SERVICE IN A TIMELY MANNER

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

COMPARED WITH MY FUNCTIONING BEFORE SERVICES,

- I am now less dependent upon others in performing my work activities  
 There has been no change in my ability to perform my work activities.  
 I am now more dependent upon others in performing my work activities

Comment: \_\_\_\_\_

OVERALL, I AM SATISFIED WITH THE QUALITY OF SERVICES PROVIDED BY THIS CONTRACTOR

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

OVERALL RATING OF THE CONTRACTOR'S SERVICE PROVISION IS:

- Excellent     Good     Poor

WRITE ANY SUGGESTIONS YOU MAY HAVE TO IMPROVE SERVICES THAT YOU RECEIVED

\_\_\_\_\_

\_\_\_\_\_

## CODE OF CONDUCT

The Contractor shall adhere to the following Code of Conduct:

1. The Contractor, its personnel, subcontractors and any other individuals on the Contractor's premises shall:
  - a. Represent himself/herself accurately to RSA clients and shall not mislead the clients regarding the Contractor's relationship with ADES/RSA, or mislead the clients regarding the Contractor's skills, capabilities or credentials.
  - b. Collaborate with RSA staff and other service providers (if applicable) in the best interest of the clients and, to the extent possible, avoid disagreements that might have adverse effects on the clients. When collaborating with other community agencies that serve the same client(s), abide by the decisions that were agreed upon by all of the involved parties and assist in implementing such decisions which are consistent with applicable laws, regulations, rules and policies.
  - c. Ensure at all times that client information is used only for the purpose of fulfilling contractual responsibility and is not released to any other individual, agency, or organization. Confidential information and reports obtained, purchased, and paid for under this contract shall never be shared without the expressed permission from the RSA client and the RSA staff assigned to the client's case.
  - d. Develop and maintain confidentiality policy statement and establish procedures that restrict access to confidential client records and information. This provision shall not be construed to limit the right of RSA staff or other authorized representative(s) to access client case records and information pertinent to the provision of the contracted service.
  - e. Ensure that RSA clients are safeguarded and supervised by the Contractors' personnel assigned to provide the contracted service at all times when on the Contractor's premises.
  - f. Always act in a professional manner, honor commitments, treat RSA clients with respect, dignity, and courtesy, and project a positive attitude.
  - g. NEVER:
    - i. Engage in any form of intimate and sexual activity with an RSA client.
    - ii. Enter into any business partnership with an RSA client.
    - iii. Employ authority or influence with RSA clients for the benefit of third parties, including the client's family or friends.
    - iv. Exploit the client's trust in the Contractor or its personnel for any purpose.
    - v. Accept any commission, rebates, or any other form of remuneration when serving RSA clients, except payment for service provided from RSA.

### CLIENT TRANSPORTATION REQUIREMENTS

- 1.1 The Contractor may provide transportation for the client, dependent(s) and/or care-givers for the purpose of the client's participation in service provision;
- 1.2 Transposition cost is the responsibility of the Contractor.
- 1.3 If the Contractor and/or its personnel provides its own vehicular transportation of clients, their dependents and/or care-givers, or uses a private provider or volunteer-driven vehicles to transport clients, their dependents and/or care-givers, in addition to the requirements specified in A.C.C. R9-20-212 and 213, and all applicable Federal, State and local laws, rules and regulations, the following shall apply:
  - 1. No client, dependent and/or care-giver shall be transported in portions of the vehicles not constructed for the purpose of transporting people, such as truck beds, campers, or any trailered attachment to a motor vehicle;
  - 2. Assist the client, dependent(s) and/or care-giver(s) to enter and exit the vehicle as is necessary;
  - 3. Ensure that all individuals are properly seated and seat belts are securely fastened by means of age- and weight-appropriate restraints when the vehicle is in operation;
  - 4. Child safety restraint seats shall be used in accordance with ARS § 28-907.
  - 5. Ensure that client, dependent(s) and/or care-giver(s) do not stand or sit on the floor while the vehicle is in motion; Vehicle doors shall remain locked at all times when the vehicle is in motion;
  - 6. Provide a safe vehicle loading and unloading area, away from moving traffic and hazardous obstructions;
  - 7. Provide adapted vehicles for clients and/or care-givers with special mobility;
  - 8. Escort all persons, under the age of 18 and without an adult in accompaniment, to their final destination and not leave them unattended.
  - 9. Report any traffic accident involving any client, dependent and/or care-giver being transported by the Contractor, its transport contractor or contractor personnel, volunteers, or interns utilizing personal vehicles; The accident shall be verbally reported the same day of the occurrence to the referring ADES staff. A legible, written report of the accident shall be submitted within three (3) business days.
- 1.4 All vehicles used for this service shall:
  - 1. Have valid registration and license plates.
  - 2. Have at least the minimum level of insurance required by the State of Arizona.
  - 3. Be constructed for the safe transportation of persons. All seats shall be securely fastened to the body of the vehicle.
- 1.5 Vehicles used to transport clients in wheelchairs shall be equipped with floor-mounted seat belts and wheelchair lock-downs for each wheelchair that it transports.
- 1.6 Ensure the following:
  - 1. Individuals providing transportation shall be a minimum of eighteen (18) years of age and possess a valid Operator's License or Chauffeur's License.
  - 2. Verification of the driving record for any individual who will be providing transportation services to assure no revocation or suspension of his or her license within the last three (3) to five (5) years.
  - 3. Provide an Identification Card to all persons providing transportation, whether paid or volunteer;
- 1.7 Contractor may utilize public transportation services for transporting the client alone, depending upon the age and developmental ability of the client to utilize this service on his/her own.
  - 1. Payment for the public transportation service is the responsibility of the Contractor. The referring ADES staff must be in agreement with the use of public transportation prior to this occurring.





Exhibit G

### CONTRACTOR INVOICE FORM

Date:

Month covered in this billing: From \_\_\_\_\_ Through \_\_\_\_\_

Contractor's name:	
Contractor's Phone Number:	Contractor's Fax Number:
Contract Number:	
Contractor's FEI or SSN Number:	
RSA client's name:	

RSA Authorization Number:

Service	Service Unit	Number of Service Units	Contract Rate \$	Total Billing Amount \$
<b>TOTAL BILLING AMOUNT FOR THIS CLIENT</b>				

Attach all required reports

*"This invoice is a true and accurate account of the services listed on this statement for the time period specified; this invoice constitutes the full and complete charge for the services described above; that no further invoices for payment of these services will be made; these services have been provided without discrimination based on age, race, color, creed, gender, religion or national origin and that this statement is subject to federal and state audit review." The invoice shall be signed and dated by the person authorized to submit invoices for the Contractor.*

Name, title, phone number and address of the Contractor has designated person who prepared this form:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

David Fletcher  
Director



Bree'na York  
Fiscal Services Manager

**GILA COUNTY COMMUNITY SERVICES DIVISION**  
"A Community Action Agency"  
*"Improving the Quality of Life for all Residents, one life at a time"*

**FAX TRANSMITTAL COVER SHEET**

**DATE:** 9 / 16 / 11

**TO {COMPANY NAME}:** DCYF Contracts Unit.

**FAX NUMBER:** 602-542-3330

**ATTN:** Central Registry Request.

**SENT BY:** David Caddell

**FOR WHOM:** \_\_\_\_\_

**SUBJECT/NOTES:** PSA Background Check

\_\_\_\_\_

\_\_\_\_\_

**TOTAL NUMBER OF PAGES SENT {INCLUDING COVER SHEET}:** 4

**IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL DENISE @ (928) 425-7631 X - 8796**

REPAC  
5515 South Apache Ave  
Suite 200  
Globe, AZ 85502  
(928) 425-7631  
(928) 425-9468 FAX

Community Action Program  
Economic Development  
5515 South Apache Ave, Ste 200  
Globe, AZ 85501  
(928) 425-7631  
(928) 425-9468 FAX

GEST/HOUSING  
5515 South Apache Ave  
Suite 200  
Globe, AZ 85501  
(928) 425-7631  
(928) 425-9468 FAX

WIB Department  
5515 South Apache Ave  
Suite 200  
Globe, AZ 85501  
(928) 425-7631  
(928) 425-9468 FAX



Equal Employment Opportunity Employer/Program. Auxiliary aids and services area available upon request to individuals with disabilities.

TTY: 7-1-1

800-304-4452 toll free



**REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information.

The information contained in the Central Registry for Background Check and any attached files shall be used as **one factor** to determine qualifications for persons applying for contracts with this state, including employees of the potential contractor, for positions that provide direct service to children or vulnerable adults. The information contained in the Central Registry for Background Check and any attached files is confidential and shall not be further disseminated or shared.

PLEASE FILL OUT THE INFORMATION BELOW:

Offeror or Contractor Name (Print): Gila County dba, Gila Employment and Special Training	<b>Extended Supported Employment</b>
Solicitation Number: ADES DIRECT CONTRACT	Contract Number: TBD
Phone Number: (928) 402-8664	
Mailing Address: 5515 South Apache Ave. Suite 200 Globe, AZ 85501	
Email Address: dcaddell@co.gila.az.us	
Name of Person Authorized to Submit Request (Print): David B. Caddell	
Signature of Requester: 	
Date of Request: 8/30/11	

**NOTE for OFFEROR/CONTRACTOR:**

Mail your completed central registry request to:  
 DCYF Contracts Unit  
 Attention: CENTRAL REGISTRY REQUEST  
 Arizona Department of Economic Security  
 1789 W. Jefferson, SITE CODE 940A  
 Phoenix, AZ 85007

or Fax to CENTRAL REGISTRY REQUEST 602-542-3330

or Email (encrypted) to [DCYFCentralRegistryCheck@azdes.gov](mailto:DCYFCentralRegistryCheck@azdes.gov)

FYI, results of this check will be either

1. EMAILED to email address above if all names are cleared; or
2. MAILED to the requester with information on employees who are found to have substantiated reports.

Internal Use Only;  
 For Solicitations: DES Designated Staff (Office of Procurement):

For Contracts: DES Designated Staff (Program): [RSAContractsUnit@azdes.gov](mailto:RSAContractsUnit@azdes.gov)

## REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK

Employee Information (Print)	Employee Information (Print)
<b>Name</b> David B. Caddell	<b>Name</b> Phillis Weaver
<b>Alias (previously used names)</b> None	<b>Alias (previously used names)</b> Phillis Jaramillo
<b>Date of Birth</b> 2/8/1963	<b>Date of Birth</b> 4/22/1955
<b>Social Security Number</b> 280-68-9499	<b>Social Security Number</b> 827-08-8366
<b>INTERNAL DES USE ONLY: Search results</b> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<b>INTERNAL DES USE ONLY: Search results</b> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

Employee Information (Print)	Employee Information (Print)
<b>Name</b> Leona Bowman	<b>Name</b> Doris Root
<b>Alias (previously used names)</b> Leona Huffman	<b>Alias (previously used names)</b> Doris Tafe
<b>Date of Birth</b> 6/10/1962	<b>Date of Birth</b> 5/7/1953
<b>Social Security Number</b> 526-49-8035	<b>Social Security Number</b> 373-64-0617
<b>INTERNAL DES USE ONLY: Search results</b> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<b>INTERNAL DES USE ONLY: Search results</b> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

**REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

Employee Information (Print)	Employee Information (Print)
<b>Name</b> Helene Lopez	<b>Name</b> Carol Tanner
<b>Alias (previously used names)</b> Helene Lagunas	<b>Alias (previously used names)</b> Carol Branson and Carol Overlander
<b>Date of Birth</b> 9/30/1963	<b>Date of Birth</b> 12/1/1960
<b>Social Security Number</b> 526-83-8342	<b>Social Security Number</b> 496-72-4299
<b>INTERNAL DES USE ONLY: Search results</b>	<b>INTERNAL DES USE ONLY: Search results</b>
Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No	Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No
Date of Search _____	Date of Search _____
Name of Person Completing Search _____	Name of Person Completing Search _____
Signature _____	Signature _____

Employee Information (Print)	Employee Information (Print)
<b>Name</b> Bridget Yvette Warden	<b>Name</b>
<b>Alias (previously used names)</b> Bridget Yvette Mc Gaughey	<b>Alias (previously used names)</b>
<b>Date of Birth</b> 6/1/1965	<b>Date of Birth</b>
<b>Social Security Number</b> 526-79-0417	<b>Social Security Number</b>
<b>INTERNAL DES USE ONLY: Search results</b>	<b>INTERNAL DES USE ONLY: Search results</b>
Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No	Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No
Date of Search _____	Date of Search _____
Name of Person Completing Search _____	Name of Person Completing Search _____
Signature _____	Signature _____

**REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

Employee Information (Print)	Employee Information (Print)
Name	Name
Alias (previously used names)	Alias (previously used names)
Date of Birth	Date of Birth
Social Security Number	Social Security Number
<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

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Alias (previously used names)	Alias (previously used names)
Date of Birth	Date of Birth
Social Security Number	Social Security Number
<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

**REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

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<b>Name</b>	<b>Name</b>
<b>Alias (previously used names)</b>	<b>Alias (previously used names)</b>
<b>Date of Birth</b>	<b>Date of Birth</b>
<b>Social Security Number</b>	<b>Social Security Number</b>
<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

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<b>Name</b>	<b>Name</b>
<b>Alias (previously used names)</b>	<b>Alias (previously used names)</b>
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<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

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Date of Birth	Date of Birth
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**REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

<b>Employee Information (Print)</b>	<b>Employee Information (Print)</b>
<b>Name</b>	<b>Name</b>
<b>Alias (previously used names)</b>	<b>Alias (previously used names)</b>
<b>Date of Birth</b>	<b>Date of Birth</b>
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<b>Alias (previously used names)</b>	<b>Alias (previously used names)</b>
<b>Date of Birth</b>	<b>Date of Birth</b>
<b>Social Security Number</b>	<b>Social Security Number</b>
<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____	<p align="center"><b>INTERNAL DES USE ONLY: Search results</b></p> Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search _____ Signature _____

## REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK

### DISQUALIFICATION ACTS

A person is disqualified from providing services to DES clients in a direct service position if he/she is identified as a subject of a substantiated report for any of the following.

#### ***Death of a Child Due to Abuse***

24 Child death due to alleged abuse or suspicious death

111 Death of a child due to physical abuse or suspicious death

#### ***Death of a Child Due to Neglect***

24 Child death due to alleged neglect or suspicious death

101 Death of a child due to neglect

#### ***Physical Abuse, High Risk***

25 Injuries requiring emergency medical treatment

27 Child age 24 months is shaken (shaken baby syndrome)

201 Physical abuse high risk

#### ***Physical Abuse, Moderate Risk***

45 Injuries may require medical treatment

202 Physical abuse moderate risk

#### ***Neglect, High Risk***

33 Untreated life threatening condition, Infant Doe, Non-organic FTT

37 Imminent harm to child under the age of six (6) due to lack of supervision by parent/caretaker

38 Neglect results in injury/illness requiring emergency medical treatment

39 Imminent harm to child due to health or safety hazards in living environment/exposure to the elements

40 Child diagnosed as suicidal by mental health professions, parent refused to allow treatment

43 Abandoned, no parent willing to provide immediate care for a child and child is with a caregiver unable or unwilling to provide care now

301 Neglect, high risk

#### ***Neglect, Moderate Risk***

50 Living environment presents health or safety hazards to a child under the age of six

51 Sexual conduct/physical injury between children due to inadequate supervision

55 Child diagnosed by mental health professional with behavior consistent with emotional abuse

56 Abandoned, no parent willing to care for a child, child with caretaker unable or unwilling to care for child less than one week

302 Neglect, moderate risk

#### ***Sexual Abuse, High Risk***

41 Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven days

42 Child reporting vaginal or anal penetration or oral sexual contact within past 72 hours and has not been examined

401 Sexual abuse, high risk

#### ***Sexual Abuse, Moderate Risk***

54 Sexual behavior within the past 8-14 days

403 Sexual abuse, moderate risk

#### ***Emotional Abuse, Moderate Risk***

502 Emotional abuse, moderate risk

**Caddell, Dave**

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**From:** Voight, Christina, A [CVoight@azdes.gov]  
**Sent:** Tuesday, September 06, 2011 9:17 AM  
**To:** Caddell, Dave  
**Cc:** \*RSA Contracts Unit  
**Subject:** Background Check

September 6, 2011

Gila County dba, Gila Employment and Special Training / Extended Supported Employment  
Attn: David Caddell  
Date of Request: 8-30-11

Dear David,

As required in the Arizona Department of Economic Security, Special Terms and Conditions, Contractors and Offerors are required to submit the "Request for Search of Central Registry for Background Check" form for each employee of the Contractor or Offeror who provides direct service to children or vulnerable adults.

After conducting a search in the Child Protective Services (CPS) Central Registry, it has been determined that there are no substantiated findings of disqualifying acts of child abuse and/or neglect with CPS.

Sincerely,

Division of Children, Youth and Families  
Financial and Business Operations Administration  
Contracts Unit

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NOTICE: This e-mail (and any attachments) may contain PRIVILEGED OR CONFIDENTIAL information and is intended only for the use of the specific individual(s) to whom it is addressed. It may contain information that is privileged and confidential under state and federal law. This information may be used or disclosed only in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this e-mail and its attachments. If you have received this e-mail in error, please immediately notify the person named above by reply e-mail, and then delete the original e-mail. Thank you.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/02/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> 1-800-955-8700 Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. 15 Enterprise, Ste 200 Aliso Viejo, CA 92656	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 602-244-2233 ext. 303 FAX (A/C, No): 602-244-2242 E-MAIL ADDRESS: rose_unruh@ajg.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Gila County Attn: Birdie DeNero 1400 E. Ash Street Globe, AZ 85501	<b>INSURER A:</b> Arizona Counties Insurance Pool	
	<b>INSURER B:</b> Arizona Counties Workers Comp Pool	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 22964742 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			ACIP070111	07/01/11	07/01/12	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Public Officials' E&O						PERSONAL & ADV INJURY	\$
	<input checked="" type="checkbox"/> Misc Medical Mal E&O			GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						E & O	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b>			ACIP070111	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea accident)	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				Comp Ded/Coll Ded: \$ 1,500/\$1,500	
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				EACH OCCURRENCE	
	DED		RETENTION \$				AGGREGATE	
							\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			CRLAZWC070111	07/01/11	07/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Supported Employment Services Contract

### CERTIFICATE HOLDER

State of Arizona  
 Dept. of Economic Security  
 Attn: RSA Contractus Unit Manager  
 Rehabilitation Services Admin  
 P.O. Box 6123, Site Code 930A  
 Phoenix, AZ 85005-6123

USA

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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