



ATTACHMENT 01

ADCS QUALIFIED CONTRACTOR FORM

State of Arizona
Department of Child Safety
Office of Procurement
3003 N. Central St, 20th Fl.
Phoenix, AZ 85012

Psychiatric and Psychological Services

Psychiatrists Licensed by the Board of Medical Examiners

Psychiatrists Licensed by Board of Osteopathic Examiners

Psychologists Licensed by the Board of Psychologist Examiners

1. CONTRACTOR IDENTIFICATION

Contractor Name:	David K. Weinstock, Ph.D, Forensic Counseling 3 Evaluations, PDC
Professional/Agency License (Type and Number)	Ph.D. AZ 3613

2. CONTRACTOR SERVICES

Check if providing services for ADCS and/or ADJC:

ADCS
 ADJC

2.1 Check all personnel and services that apply:

<input type="checkbox"/> Psychiatric Service(s)	<input checked="" type="checkbox"/> Psychological Service(s)
<input type="checkbox"/> Psychiatrist	<input checked="" type="checkbox"/> Psychologist
<input type="checkbox"/> Psychiatric Nurse Practitioner	<input type="checkbox"/> Neuro-Psychologist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Consultation
<input type="checkbox"/> Evaluation/Assessment	<input checked="" type="checkbox"/> Unit Consultation
<input type="checkbox"/> Medication Review	<input type="checkbox"/> Evaluation/Assessment
	<input checked="" type="checkbox"/> Individual/Family Counseling – Office Setting
	<input type="checkbox"/> Individual/Family Counseling – Home Setting
	<input type="checkbox"/> Group Counseling
	<input type="checkbox"/> Neuropsychological Evaluation
	<input type="checkbox"/> Psycho-sexual Evaluation

Age Groups and Gender to be Served

AGES in years:	0-2	3-5	6-10	12-15	16-17	18-20	21-25	26-40	41-60	60+
MALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FEMALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

Indicate specialties

<input checked="" type="checkbox"/> adoptability	<input type="checkbox"/> childhood anxiety attacks	<input checked="" type="checkbox"/> general mental health	<input type="checkbox"/> ritualistic abuse
<input checked="" type="checkbox"/> alcohol abuse	<input type="checkbox"/> co-occurring	<input type="checkbox"/> gender dysphoria	<input type="checkbox"/> psycho-educational
<input checked="" type="checkbox"/> adjustment disorders	<input checked="" type="checkbox"/> depressive disorders	<input type="checkbox"/> incest offenders	<input type="checkbox"/> psycho-sexual
<input checked="" type="checkbox"/> adoption	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> incest victims	<input type="checkbox"/> PTSD
<input checked="" type="checkbox"/> anger management	<input type="checkbox"/> disability	<input type="checkbox"/> intellectual/cognitive function	<input type="checkbox"/> schizophrenia
<input type="checkbox"/> anti-social personality	<input type="checkbox"/> disruptive behaviors	<input type="checkbox"/> intellectual disability	<input checked="" type="checkbox"/> seriously mentally ill
<input checked="" type="checkbox"/> anxiety/phobic disorders	<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> marital problems	<input type="checkbox"/> sexual abuse victims
<input type="checkbox"/> art therapy	<input checked="" type="checkbox"/> domestic violence	<input type="checkbox"/> mental capacity	<input type="checkbox"/> sexual dysfunction
<input type="checkbox"/> assaultive behavior	<input type="checkbox"/> educational	<input type="checkbox"/> organic mental disorders	<input type="checkbox"/> sleep disorders



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<input type="checkbox"/> bereavement / grief	<input type="checkbox"/> elimination disorders	<input type="checkbox"/> occupational problems	<input type="checkbox"/> somatoform disorders
<input type="checkbox"/> bipolar disorders	<input type="checkbox"/> family problems	<input type="checkbox"/> paranoia	<input type="checkbox"/> speech disorders
<input checked="" type="checkbox"/> bonding / attachment issues	<input type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> parenting skills awareness	<input checked="" type="checkbox"/> substance abuse
<input type="checkbox"/> borderline personality	<input type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> parent / child problems	<input type="checkbox"/> suicide
<input type="checkbox"/> chemical dependency	<input type="checkbox"/> factional disorder imposed on another (FDIA)	<input checked="" type="checkbox"/> personality disorders	<input type="checkbox"/> traumatic stress disorder
<input type="checkbox"/> conduct disorder	<input checked="" type="checkbox"/> family reunification	<input checked="" type="checkbox"/> post-traumatic stress	<input type="checkbox"/> other:
<input type="checkbox"/> drug induced organic disorder	<input type="checkbox"/> educational	<input type="checkbox"/> sexual offenders (including victim clarification / reunification)	
<input type="checkbox"/> eating disorders	<input type="checkbox"/> neuropsychological	<input type="checkbox"/> sexual paraphilia	

Specify any special populations with whom the Contractor would like to work:

3. SERVICE LOCATION – the following pertains to the location(s) where services will be delivered:

Services Provided in:	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Home Based					
<input checked="" type="checkbox"/> In Office Only: Specify Address: <i>8350 E. Raintree Dr. Ste 120 Scottsdale AZ 85260</i>							
<input type="checkbox"/> Other service locations: Specify Address:							
The following pertains to the Urban or Rural areas services will be delivered. If county is marked, provider will deliver services in that location.							
Area (County):	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
<input type="checkbox"/> Navajo	<input checked="" type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave (AZ Strip)	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

The following pertains to the hours of service provision. Indicate the days and the start and end time of services.

Days/Hours (In Office Only):	<input checked="" type="checkbox"/> Monday – Friday Hrs.: <i>9-5pm</i>	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (Correctional Facility Only):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (In Client's Home Only):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (In Other Service Locations):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____

The following pertains to the special language available in provision of services. Indicate in the box availability.

Spanish Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Non-English Language (Specify): _____
Sign Language: Provision of a proficient "Sign Language" interpreter to meet the needs of the deaf or hard of hearing impaired population. (see Exhibit O RSA Requirements for American Sign Language).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other provision of proficient language interpreter to meet the needs of language barrier population. (Specify): _____



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4. SUB-CONTRACTOR IDENTIFICATION

Using Subcontracts: Yes No

If yes, complete the following: Note: the Sub-contractor pages can be generated to list more professionals.

Subcontractor Name:	Celice Korsten, Psy. D.
Professional/Agency License (Type and Number)	Psy. D. AZ 4208

4.1 SUB-CONTRACTOR SERVICES

Check if providing services for ADCS and/or ADJC:

ADCS
 ADJC

4.2 Check the area of service(s) offered by the Sub-Contractor:

<input type="checkbox"/> Psychiatric Service	<input checked="" type="checkbox"/> Psychological Service
<input type="checkbox"/> Psychiatrist	<input checked="" type="checkbox"/> Psychologist
<input type="checkbox"/> Psychiatric Nurse Practitioner	<input type="checkbox"/> Neuro-Psychologist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Consultation
<input type="checkbox"/> Evaluation/Assessment	<input type="checkbox"/> Unit Consultation
<input type="checkbox"/> Medication Review	<input checked="" type="checkbox"/> Evaluation/Assessment
	<input checked="" type="checkbox"/> Individual/Family Counseling – Office Setting
	<input type="checkbox"/> Individual/Family Counseling – Home Setting
	<input type="checkbox"/> Group Counseling
	<input type="checkbox"/> Neuropsychological Evaluation
	<input checked="" type="checkbox"/> Psycho-sexual Evaluation

Age Groups and Gender to be Served by Sub-Contractor

AGES in years:	0-2	3-5	6-10	12-15	16-17	18-20	21-25	26-40	41-60	60+
MALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FEMALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Indicate specialties

<input type="checkbox"/> adoptability	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> incest offenders	<input type="checkbox"/> PTSD
<input type="checkbox"/> alcohol abuse	<input type="checkbox"/> disability	<input type="checkbox"/> incest victims	<input type="checkbox"/> schizophrenia
<input checked="" type="checkbox"/> adjustment disorders	<input checked="" type="checkbox"/> disruptive behaviors	<input type="checkbox"/> intellectual/cognitive function	<input type="checkbox"/> seriously mentally ill
<input type="checkbox"/> adoption	<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> intellectual disability	<input type="checkbox"/> sexual abuse victims
<input checked="" type="checkbox"/> anger management	<input checked="" type="checkbox"/> domestic violence	<input type="checkbox"/> marital problems	<input type="checkbox"/> sexual dysfunction
<input checked="" type="checkbox"/> anti-social personality	<input type="checkbox"/> drug induced organic disorder	<input type="checkbox"/> mental capacity	<input checked="" type="checkbox"/> sexual offenders (including victim clarification / reunification)
<input checked="" type="checkbox"/> anxiety/phobic disorders	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> neuropsychological	<input type="checkbox"/> PTSD
<input type="checkbox"/> art therapy	<input type="checkbox"/> eating disorders	<input type="checkbox"/> organic mental disorders	<input checked="" type="checkbox"/> sexual paraphilia
<input checked="" type="checkbox"/> assaultive behavior	<input type="checkbox"/> educational	<input checked="" type="checkbox"/> occupational problems	<input type="checkbox"/> sleep disorders



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<input type="checkbox"/> bereavement / grief	<input type="checkbox"/> elimination disorders	<input type="checkbox"/> paranoia	<input type="checkbox"/> somatoform disorders
<input type="checkbox"/> bipolar disorders	<input checked="" type="checkbox"/> family problems	<input type="checkbox"/> parenting skills awareness	<input type="checkbox"/> speech disorders
<input type="checkbox"/> bonding / attachment issues	<input checked="" type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> parent / child problems	<input checked="" type="checkbox"/> substance abuse
<input checked="" type="checkbox"/> borderline personality	<input checked="" type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> personality disorders	<input checked="" type="checkbox"/> suicide
<input type="checkbox"/> chemical dependency	<input type="checkbox"/> fictional disorder imposed on another (FDIA)	<input checked="" type="checkbox"/> post-traumatic stress	<input checked="" type="checkbox"/> traumatic stress disorder
<input type="checkbox"/> childhood anxiety attacks	<input checked="" type="checkbox"/> family reunification	<input type="checkbox"/> ritualistic abuse	<input type="checkbox"/> other:
<input checked="" type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> general mental health	<input type="checkbox"/> psycho-educational	
<input checked="" type="checkbox"/> depressive disorders	<input type="checkbox"/> gender dysphoria	<input checked="" type="checkbox"/> psycho-sexual	

Specify any special populations with whom the Contractor would like to work:

4.3 SERVICE LOCATION – the following pertains to the location(s) where services will be delivered:

Services Provided in:	<input checked="" type="checkbox"/> Correctional Facility	<input type="checkbox"/> Home Based
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In Office Only: Specify Address: *8350 E. Raintree Dr. Suite 3120 Scottsdale AZ 85260*

Other service locations: Specify Address:

The following pertains to the Urban or Rural areas services will be delivered. If county is marked, provider will deliver services in that location.

Area (County):	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
	<input type="checkbox"/> Navajo	<input checked="" type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave (AZ Strip)	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai

The following pertains to the hours of service provision. Indicate the days and the start and end time of services.

Days/Hours (In Office Only):	<input checked="" type="checkbox"/> Monday – Friday Hrs.: <i>8-5pm</i>	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (Correctional Facility Only):	<input checked="" type="checkbox"/> Monday – Friday Hrs.: <i>8-5pm</i>	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (In Client's Home Only):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (In Other Service Locations):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:

The following pertains to the special language available in provision of services. Indicate in the box availability.

Spanish Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Non-English Language (Specify):
Sign Language: Provision of a proficient "Sign Language" interpreter to meet the needs of the deaf or hard of hearing impaired population. (see Exhibit O RSA Requirements for American Sign Language)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other provision of proficient language interpreter to meet the needs of language barrier population. (Specify)



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4. SUB-CONTRACTOR IDENTIFICATION

Using Subcontracts: Yes No

If yes, complete the following: Note: the Sub-contractor pages can be generated to list more professionals.

Subcontractor Name:	Tasha Platt Haggard, Psy. D.
Professional/Agency License (Type and Number)	Psy. D. AZ 4249

4.1 SUB-CONTRACTOR SERVICES

Check if providing services for ADCS and/or ADJC:

ADCS
 ADJC

4.2 Check the area of service(s) offered by the Sub-Contractor:

<input type="checkbox"/> Psychiatric Service	<input checked="" type="checkbox"/> Psychological Service
<input type="checkbox"/> Psychiatrist	<input checked="" type="checkbox"/> Psychologist
<input type="checkbox"/> Psychiatric Nurse Practitioner	<input type="checkbox"/> Neuro-Psychologist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Consultation
<input type="checkbox"/> Evaluation/Assessment	<input checked="" type="checkbox"/> Unit Consultation
<input type="checkbox"/> Medication Review	<input checked="" type="checkbox"/> Evaluation/Assessment
	<input type="checkbox"/> Individual/Family Counseling – Office Setting
	<input type="checkbox"/> Individual/Family Counseling – Home Setting
	<input type="checkbox"/> Group Counseling
	<input type="checkbox"/> Neuropsychological Evaluation
	<input type="checkbox"/> Psycho-sexual Evaluation

Age Groups and Gender to be Served by Sub-Contractor

AGES in years:	0-2	3-5	6-10	12-15	16-17	18-20	21-25	26-40	41-60	60+
MALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FEMALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Indicate specialties

<input type="checkbox"/> adoptability	<input type="checkbox"/> developmental disorders	<input checked="" type="checkbox"/> incest offenders	<input type="checkbox"/> PSTD
<input type="checkbox"/> alcohol abuse	<input type="checkbox"/> disability	<input checked="" type="checkbox"/> incest victims	<input checked="" type="checkbox"/> schizophrenia
<input type="checkbox"/> adjustment disorders	<input type="checkbox"/> disruptive behaviors	<input type="checkbox"/> intellectual/cognitive function	<input checked="" type="checkbox"/> seriously mentally ill
<input type="checkbox"/> adoption	<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> intellectual disability	<input checked="" type="checkbox"/> sexual abuse victims
<input checked="" type="checkbox"/> anger management	<input checked="" type="checkbox"/> domestic violence	<input checked="" type="checkbox"/> marital problems	<input type="checkbox"/> sexual dysfunction
<input type="checkbox"/> anti-social personality	<input type="checkbox"/> drug induced organic disorder	<input type="checkbox"/> mental capacity	<input checked="" type="checkbox"/> sexual offenders (including victim clarification / reunification)
<input checked="" type="checkbox"/> anxiety/phobic disorders	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> neuropsychological	<input type="checkbox"/> PSTD
<input type="checkbox"/> art therapy	<input type="checkbox"/> eating disorders	<input type="checkbox"/> organic mental disorders	<input type="checkbox"/> sexual paraphilia
<input checked="" type="checkbox"/> assaultive behavior	<input type="checkbox"/> educational	<input type="checkbox"/> occupational problems	<input type="checkbox"/> sleep disorders



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<input checked="" type="checkbox"/> bereavement / grief	<input type="checkbox"/> elimination disorders	<input checked="" type="checkbox"/> paranoia	<input type="checkbox"/> somatoform disorders
<input type="checkbox"/> bipolar disorders	<input type="checkbox"/> family problems	<input type="checkbox"/> parenting skills awareness	<input type="checkbox"/> speech disorders
<input type="checkbox"/> bonding / attachment issues	<input type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> parent / child problems	<input checked="" type="checkbox"/> substance abuse
<input checked="" type="checkbox"/> borderline personality	<input type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> personality disorders	<input checked="" type="checkbox"/> suicide
<input type="checkbox"/> chemical dependency	<input type="checkbox"/> factional disorder imposed on another (FDIA)	<input checked="" type="checkbox"/> post-traumatic stress	<input checked="" type="checkbox"/> traumatic stress disorder
<input type="checkbox"/> childhood anxiety attacks	<input type="checkbox"/> family reunification	<input type="checkbox"/> ritualistic abuse	<input type="checkbox"/> other:
<input checked="" type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> general mental health	<input type="checkbox"/> psycho-educational	
<input checked="" type="checkbox"/> depressive disorders	<input type="checkbox"/> gender dysphoria	<input type="checkbox"/> psycho-sexual	

Specify any special populations with whom the Contractor would like to work:

4.3 SERVICE LOCATION – the following pertains to the location(s) where services will be delivered:

Services Provided in:	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Home Based					
<input checked="" type="checkbox"/> In Office Only: Specify Address: <i>8350 E. Raintree Dr. Ste 120 Scottsdale AZ 85260</i>							
<input type="checkbox"/> Other service locations: Specify Address:							
The following pertains to the Urban or Rural areas services will be delivered. If county is marked, provider will deliver services in that location.							
Area (County):	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
<input type="checkbox"/> Navajo	<input checked="" type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave (AZ Strip)	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

The following pertains to the hours of service provision. Indicate the days and the start and end time of services.

Days/Hours (In Office Only):	<input checked="" type="checkbox"/> Monday – Friday Hrs.: <i>8-5pm</i>	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (Correctional Facility Only):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (In Client's Home Only):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (In Other Service Locations):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____

The following pertains to the special language available in provision of services. Indicate in the box availability.

Spanish Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Non-English Language (Specify): _____
Sign Language: Provision of a proficient "Sign Language" interpreter to meet the needs of the deaf or hard of hearing impaired population. (see Exhibit O RSA Requirements for American Sign Language)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other provision of proficient language interpreter to meet the needs of language barrier population. (Specify)



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4. SUB-CONTRACTOR IDENTIFICATION

Using Subcontracts: Yes No

If yes, complete the following: Note: the Sub-contractor pages can be generated to list more professionals.

Subcontractor Name:	Ann Schroeckenstein, Psy. D.
Professional/Agency License (Type and Number)	Psy. D. AZ 4261

4.1 SUB-CONTRACTOR SERVICES

Check if providing services for ADCS and/or ADJC:

ADCS
 ADJC

4.2 Check the area of service(s) offered by the Sub-Contractor:

<input type="checkbox"/> Psychiatric Service	<input checked="" type="checkbox"/> Psychological Service
<input type="checkbox"/> Psychiatrist	<input checked="" type="checkbox"/> Psychologist
<input type="checkbox"/> Psychiatric Nurse Practitioner	<input type="checkbox"/> Neuro-Psychologist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Consultation	<input type="checkbox"/> Consultation
<input type="checkbox"/> Evaluation/Assessment	<input type="checkbox"/> Unit Consultation
<input type="checkbox"/> Medication Review	<input checked="" type="checkbox"/> Evaluation/Assessment
	<input checked="" type="checkbox"/> Individual/Family Counseling – Office Setting
	<input type="checkbox"/> Individual/Family Counseling – Home Setting
	<input type="checkbox"/> Group Counseling
	<input type="checkbox"/> Neuropsychological Evaluation
	<input type="checkbox"/> Psycho-sexual Evaluation

Age Groups and Gender to be Served by Sub-Contractor

AGES in years:	0-2	3-5	6-10	12-15	16-17	18-20	21-25	26-40	41-60	60+
MALE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
FEMALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Indicate specialties

<input type="checkbox"/> adoptability	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> incest offenders	<input type="checkbox"/> PTSD
<input checked="" type="checkbox"/> alcohol abuse	<input checked="" type="checkbox"/> disability	<input type="checkbox"/> incest victims	<input type="checkbox"/> schizophrenia
<input type="checkbox"/> adjustment disorders	<input type="checkbox"/> disruptive behaviors	<input type="checkbox"/> intellectual/cognitive function	<input type="checkbox"/> seriously mentally ill
<input type="checkbox"/> adoption	<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> intellectual disability	<input type="checkbox"/> sexual abuse victims
<input checked="" type="checkbox"/> anger management	<input checked="" type="checkbox"/> domestic violence	<input type="checkbox"/> marital problems	<input type="checkbox"/> sexual dysfunction
<input type="checkbox"/> anti-social personality	<input type="checkbox"/> drug induced organic disorder	<input type="checkbox"/> mental capacity	<input type="checkbox"/> sexual offenders (including victim clarification / reunification)
<input type="checkbox"/> anxiety/phobic disorders	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> neuropsychological	<input type="checkbox"/> PTSD
<input type="checkbox"/> art therapy	<input checked="" type="checkbox"/> eating disorders	<input type="checkbox"/> organic mental disorders	<input type="checkbox"/> sexual paraphilia
<input type="checkbox"/> assaultive behavior	<input checked="" type="checkbox"/> educational	<input checked="" type="checkbox"/> occupational problems	<input type="checkbox"/> sleep disorders



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<input checked="" type="checkbox"/> bereavement / grief	<input type="checkbox"/> elimination disorders	<input type="checkbox"/> paranoia	<input type="checkbox"/> somatoform disorders
<input type="checkbox"/> bipolar disorders	<input checked="" type="checkbox"/> family problems	<input type="checkbox"/> parenting skills awareness	<input type="checkbox"/> speech disorders
<input checked="" type="checkbox"/> bonding / attachment issues	<input type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> parent / child problems	<input checked="" type="checkbox"/> substance abuse
<input checked="" type="checkbox"/> borderline personality	<input type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> personality disorders	<input checked="" type="checkbox"/> suicide
<input type="checkbox"/> chemical dependency	<input type="checkbox"/> factional disorder imposed on another (FDIA)	<input checked="" type="checkbox"/> post-traumatic stress	<input checked="" type="checkbox"/> traumatic stress disorder
<input type="checkbox"/> childhood anxiety attacks	<input checked="" type="checkbox"/> family reunification	<input type="checkbox"/> ritualistic abuse	<input type="checkbox"/> other:
<input type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> general mental health	<input type="checkbox"/> psycho-educational	
<input checked="" type="checkbox"/> depressive disorders	<input type="checkbox"/> gender dysphoria	<input checked="" type="checkbox"/> psycho-sexual	

Specify any special populations with whom the Contractor would like to work:

4.3 SERVICE LOCATION – the following pertains to the location(s) where services will be delivered:

Services Provided in:	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Home Based
<input checked="" type="checkbox"/> In Office Only: Specify Address:	8350 E. Raintree Dr. Ste 120 Scottsdale AZ 85260	
<input type="checkbox"/> Other service locations: Specify Address:		

The following pertains to the Urban or Rural areas services will be delivered. If county is marked, provider will deliver services in that location.

Area (County):	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
<input type="checkbox"/> Navajo	<input checked="" type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave (AZ Strip)	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

The following pertains to the hours of service provision. Indicate the days and the start and end time of services.

Days/Hours (In Office Only):	<input checked="" type="checkbox"/> Monday – Friday Hrs.: 8-5 pm	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (Correctional Facility Only):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (In Client's Home Only):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (In Other Service Locations):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:

The following pertains to the special language available in provision of services. Indicate in the box availability.

Spanish Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Non-English Language (Specify):
Sign Language: Provision of a proficient "Sign Language" interpreter to meet the needs of the deaf or hard of hearing impaired population. (see Exhibit O RSA Requirements for American Sign Language)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other provision of proficient language interpreter to meet the needs of language barrier population. (Specify)



ATTACHMENT 01

ADCS QUALIFIED CONTRACTOR FORM

State of Arizona
Department of Child Safety
Office of Procurement
3003 N. Central St, 20th Fl.
Phoenix, AZ 85012

4. SUB-CONTRACTOR IDENTIFICATION

Using Subcontracts: Yes No

If yes, complete the following: Note: the Sub-contractor pages can be generated to list more professionals.

Subcontractor Name:	Sarah Petty, Psy. D., LASAC
Professional/Agency License (Type and Number)	Psy. D. AZ 4552

4.1 SUB-CONTRACTOR SERVICES

Check if providing services for ADCS and/or ADJC:

ADCS
 ADJC

4.2 Check the area of service(s) offered by the Sub-Contractor:

<input type="checkbox"/> Psychiatric Service	<input checked="" type="checkbox"/> Psychological Service
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Psychiatric Nurse Practitioner	<input type="checkbox"/> Neuro-Psychologist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Consultation	<input type="checkbox"/> Consultation
<input type="checkbox"/> Evaluation/Assessment	<input type="checkbox"/> Unit Consultation
<input type="checkbox"/> Medication Review	<input checked="" type="checkbox"/> Evaluation/Assessment
	<input type="checkbox"/> Individual/Family Counseling – Office Setting
	<input type="checkbox"/> Individual/Family Counseling – Home Setting
	<input type="checkbox"/> Group Counseling
	<input type="checkbox"/> Neuropsychological Evaluation
	<input checked="" type="checkbox"/> Psycho-sexual Evaluation

Age Groups and Gender to be Served by Sub-Contractor

AGES in years:	0-2	3-5	6-10	12-15	16-17	18-20	21-25	26-40	41-60	60+
MALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FEMALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Indicate specialties

<input type="checkbox"/> adoptability	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> incest offenders	<input type="checkbox"/> PSTD
<input checked="" type="checkbox"/> alcohol abuse	<input type="checkbox"/> disability	<input type="checkbox"/> incest victims	<input type="checkbox"/> schizophrenia
<input checked="" type="checkbox"/> adjustment disorders	<input checked="" type="checkbox"/> disruptive behaviors	<input checked="" type="checkbox"/> intellectual/cognitive function	<input checked="" type="checkbox"/> seriously mentally ill
<input type="checkbox"/> adoption	<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> intellectual disability	<input checked="" type="checkbox"/> sexual abuse victims
<input checked="" type="checkbox"/> anger management	<input checked="" type="checkbox"/> domestic violence	<input checked="" type="checkbox"/> marital problems	<input type="checkbox"/> sexual dysfunction
<input checked="" type="checkbox"/> anti-social personality	<input type="checkbox"/> drug induced organic disorder	<input checked="" type="checkbox"/> mental capacity	<input checked="" type="checkbox"/> sexual offenders (including victim clarification / reunification)
<input checked="" type="checkbox"/> anxiety/phobic disorders	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> neuropsychological	<input type="checkbox"/> PSTD
<input type="checkbox"/> art therapy	<input type="checkbox"/> eating disorders	<input type="checkbox"/> organic mental disorders	<input type="checkbox"/> sexual paraphilia
<input type="checkbox"/> assaultive behavior	<input type="checkbox"/> educational	<input type="checkbox"/> occupational problems	<input checked="" type="checkbox"/> sleep disorders



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<input type="checkbox"/> bereavement / grief	<input type="checkbox"/> elimination disorders	<input type="checkbox"/> paranoia	<input checked="" type="checkbox"/> somatoform disorders
<input type="checkbox"/> bipolar disorders	<input checked="" type="checkbox"/> family problems	<input checked="" type="checkbox"/> parenting skills awareness	<input type="checkbox"/> speech disorders
<input checked="" type="checkbox"/> bonding / attachment issues	<input type="checkbox"/> co-occurring	<input type="checkbox"/> parent / child problems	<input checked="" type="checkbox"/> substance abuse
<input checked="" type="checkbox"/> borderline personality	<input type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> personality disorders	<input type="checkbox"/> suicide
<input type="checkbox"/> chemical dependency	<input type="checkbox"/> factional disorder imposed on another (FDIA)	<input checked="" type="checkbox"/> post-traumatic stress	<input checked="" type="checkbox"/> traumatic stress disorder
<input type="checkbox"/> childhood anxiety attacks	<input checked="" type="checkbox"/> family reunification	<input type="checkbox"/> ritualistic abuse	<input type="checkbox"/> other:
<input type="checkbox"/> co-occurring	<input checked="" type="checkbox"/> general mental health	<input type="checkbox"/> psycho-educational	
<input type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> gender dysphoria	<input checked="" type="checkbox"/> psycho-sexual	

Specify any special populations with whom the Contractor would like to work:

4.3 SERVICE LOCATION – the following pertains to the location(s) where services will be delivered:

Services Provided in:	<input checked="" type="checkbox"/> Correctional Facility	<input type="checkbox"/> Home Based					
<input checked="" type="checkbox"/> In Office Only: Specify Address: 8350 E. Raintree Dr. Ste 120 Scottsdale AZ 85260							
<input type="checkbox"/> Other service locations: Specify Address:							
The following pertains to the Urban or Rural areas services will be delivered. If county is marked, provider will deliver services in that location.							
Area (County):	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
<input type="checkbox"/> Navajo	<input checked="" type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave (AZ Strip)	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

The following pertains to the hours of service provision. Indicate the days and the start and end time of services.

Days/Hours (In Office Only):	<input checked="" type="checkbox"/> Monday – Friday Hrs.: 8-5pm	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (Correctional Facility Only):	<input type="checkbox"/> Monday – Friday Hrs.: 8-5pm	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (In Client's Home Only):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:
Days/Hours (In Other Service Locations):	<input type="checkbox"/> Monday – Friday Hrs.:	<input type="checkbox"/> Evening Hrs.:	<input type="checkbox"/> Saturday Hrs.:

The following pertains to the special language available in provision of services. Indicate in the box availability.

Spanish Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Non-English Language (Specify):
Sign Language: Provision of a proficient "Sign Language" interpreter to meet the needs of the deaf or hard of hearing impaired population. (see Exhibit O RSA Requirements for American Sign Language)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other provision of proficient language interpreter to meet the needs of language barrier population. (Specify)



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4. SUB-CONTRACTOR IDENTIFICATION

Using Subcontracts: Yes No

If yes, complete the following: Note: the Sub-contractor pages can be generated to list more professionals.

Subcontractor Name:	Kaysha Richards, Psy. D.
Professional/Agency License (Type and Number)	Psy. D. AZ 4640

4.1 SUB-CONTRACTOR SERVICES

Check if providing services for ADCS and/or ADJC:

ADCS
 ADJC

4.2 Check the area of service(s) offered by the Sub-Contractor:

<input type="checkbox"/> Psychiatric Service	<input checked="" type="checkbox"/> Psychological Service
<input type="checkbox"/> Psychiatrist	<input checked="" type="checkbox"/> Psychologist
<input type="checkbox"/> Psychiatric Nurse Practitioner	<input type="checkbox"/> Neuro-Psychologist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Consultation	<input type="checkbox"/> Consultation
<input type="checkbox"/> Evaluation/Assessment	<input type="checkbox"/> Unit Consultation
<input type="checkbox"/> Medication Review	<input checked="" type="checkbox"/> Evaluation/Assessment
	<input type="checkbox"/> Individual/Family Counseling – Office Setting
	<input type="checkbox"/> Individual/Family Counseling – Home Setting
	<input type="checkbox"/> Group Counseling
	<input type="checkbox"/> Neuropsychological Evaluation
	<input type="checkbox"/> Psycho-sexual Evaluation

Age Groups and Gender to be Served by Sub-Contractor

AGES in years:	0-2	3-5	6-10	12-15	16-17	18-20	21-25	26-40	41-60	60+
MALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
FEMALE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Indicate specialties

<input type="checkbox"/> adoptability	<input checked="" type="checkbox"/> developmental disorders	<input type="checkbox"/> incest offenders	<input type="checkbox"/> PTSD
<input checked="" type="checkbox"/> alcohol abuse	<input checked="" type="checkbox"/> disability	<input type="checkbox"/> incest victims	<input type="checkbox"/> schizophrenia
<input type="checkbox"/> adjustment disorders	<input type="checkbox"/> disruptive behaviors	<input checked="" type="checkbox"/> intellectual/cognitive function	<input checked="" type="checkbox"/> seriously mentally ill
<input type="checkbox"/> adoption	<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> intellectual disability	<input type="checkbox"/> sexual abuse victims
<input type="checkbox"/> anger management	<input type="checkbox"/> domestic violence	<input type="checkbox"/> marital problems	<input type="checkbox"/> sexual dysfunction
<input checked="" type="checkbox"/> anti-social personality	<input type="checkbox"/> drug induced organic disorder	<input checked="" type="checkbox"/> mental capacity	<input type="checkbox"/> sexual offenders (including victim clarification / reunification)
<input type="checkbox"/> anxiety/phobic disorders	<input type="checkbox"/> developmental disorders	<input type="checkbox"/> neuropsychological	<input type="checkbox"/> PTSD
<input type="checkbox"/> art therapy	<input type="checkbox"/> eating disorders	<input type="checkbox"/> organic mental disorders	<input type="checkbox"/> sexual paraphilia
<input type="checkbox"/> assaultive behavior	<input type="checkbox"/> educational	<input type="checkbox"/> occupational problems	<input type="checkbox"/> sleep disorders



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<input type="checkbox"/> bereavement / grief	<input type="checkbox"/> elimination disorders	<input type="checkbox"/> paranoia	<input type="checkbox"/> somatoform disorders
<input type="checkbox"/> bipolar disorders	<input type="checkbox"/> family problems	<input type="checkbox"/> parenting skills awareness	<input type="checkbox"/> speech disorders
<input type="checkbox"/> bonding / attachment issues	<input type="checkbox"/> co-occurring	<input type="checkbox"/> parent / child problems	<input checked="" type="checkbox"/> substance abuse
<input checked="" type="checkbox"/> borderline personality	<input type="checkbox"/> depressive disorders	<input checked="" type="checkbox"/> personality disorders	<input type="checkbox"/> suicide
<input type="checkbox"/> chemical dependency	<input type="checkbox"/> fictional disorder imposed on another (FDIA)	<input checked="" type="checkbox"/> post-traumatic stress	<input type="checkbox"/> traumatic stress disorder
<input type="checkbox"/> childhood anxiety attacks	<input type="checkbox"/> family reunification	<input type="checkbox"/> ritualistic abuse	<input type="checkbox"/> other:
<input type="checkbox"/> co-occurring	<input type="checkbox"/> general mental health	<input checked="" type="checkbox"/> psycho-educational	
<input type="checkbox"/> depressive disorders	<input type="checkbox"/> gender dysphoria	<input type="checkbox"/> psycho-sexual	

Specify any special populations with whom the Contractor would like to work:

4.3 SERVICE LOCATION – the following pertains to the location(s) where services will be delivered:

Services Provided in:	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Home Based
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In Office Only: Specify Address: *8350 E. Baintree Dr. Ste 120 Scottsdale AZ 85260*

Other service locations: Specify Address:

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Area (County):	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
<input type="checkbox"/> Navajo	<input checked="" type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave (AZ Strip)	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

The following pertains to the hours of service provision. Indicate the days and the start and end time of services.

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Days/Hours (Correctional Facility Only):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (In Client's Home Only):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____
Days/Hours (In Other Service Locations):	<input type="checkbox"/> Monday – Friday Hrs.: _____	<input type="checkbox"/> Evening Hrs.: _____	<input type="checkbox"/> Saturday Hrs.: _____

The following pertains to the special language available in provision of services. Indicate in the box availability.

Spanish Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Non-English Language (Specify): _____
Sign Language: Provision of a proficient "Sign Language" interpreter to meet the needs of the deaf or hard of hearing impaired population. (see Exhibit O RSA Requirements for American Sign Language)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other provision of proficient language interpreter to meet the needs of language barrier population. (Specify)