

Arkansas  
State Claims Commission

OCT 29 2018

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Centers for Youth and Families, Claimant

vs.

State of Arkansas, Respondent

| Do Not Write in These Spaces |         |              |
|------------------------------|---------|--------------|
| Claim No.                    | _____   |              |
| Date Filed                   | (Month) | (Day) (Year) |
| Amount of Claim \$           | _____   |              |
| Fund                         | _____   |              |

COMPLAINT

Centers for Youth and Families, the above named Claimant, of 6501 West 10th St., Suite 101 Little Rock  
(Name) (Street or R.F.D. & No.) (City)

AR 72204 501-666-8686 County of Pulaski represented by \_\_\_\_\_  
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of \_\_\_\_\_, says:  
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: DCFSS Amount sought: 33,392.81

Month, day, year and place of incident or service: Dates between 7/1/2016-6/30/2017/ Centers for Youth and Fam

Explanation: Centers is seeking \$33,392.81 for Foster Care Services from 7/1/16-6/30/17 for the following clients: Merryah Abraham (7/1/16-6/30/2017) and Orion Henderson (3/23/2017-6/30/2017). Therapeutic Foster Care Contract 4600034243 is the contract that we have in place with DCFSS to cover these services. We failed to bill these services when they would have been due, but an agreement has been made with DCFSS to cover these services. The following amounts are due for each client: Merryah Abraham in the amount of \$26,211.56; Orion Henderson in the amount of \$7,181.25.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

No; when? \_\_\_\_\_; to whom? \_\_\_\_\_  
(Yes or No) (Month) (Day) (Year) (Department)

and that the following action was taken thereon: \_\_\_\_\_

and that \$ \_\_\_\_\_ was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: \_\_\_\_\_ and was acquired on \_\_\_\_\_, in the following manner:

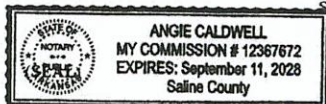
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true.

Jill Sanden  
(Print Claimant/Representative Name)

Jill Sanden  
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Little Rock AR  
(City) (State)

on this 25 day of October 2018  
(Date) (Month) (Year)



Angie Caldwell  
(Notary Public)

My Commission Expires: 9 11 2028  
(Month) (Day) (Year)



DEC 3 2018

RECEIVED  
CLAIMANT

BEFORE THE CLAIMS COMMISSION  
OF THE STATE OF ARKANSAS

CENTERS FOR YOUTH  
AND FAMILIES

v.

CLAIM NO.: 190528

ARKANSAS  
DEPARTMENT OF  
HUMAN SERVICES

RESPONDENT

RESPONDENT'S ANSWER

Comes now the Arkansas Department of Human Services, by and through its attorney, Trevor Townsend of the Office of Chief Counsel and for its Answer, states as follows:

1. Respondent admits liability in the amount of \$33,392.81 for the above-referenced claim. The total amount should be apportioned between the following accounts.

2. Account information is:

**Amount: \$30,304.87**  
Agency Number: 0710  
Cost Center: 417561  
Internal Order: HS5X00XX  
Fund: DCF2600  
Fund Center: 883  
General Ledger: 5100001000

3. Account information is:

**Amount: \$3,087.94**  
Agency Number: 0710  
Fund: PWE9100  
Cost Center: 417567  
Fund Center: 898

Internal Order: HA7X0019  
General Ledger: 5100001000

WHEREFORE, Respondent, DHS moves that this claim be paid, and for all other just and proper relief to which it may be entitled.

Respectfully submitted,

Arkansas Department of Human Services

By: 

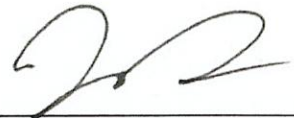
Trevor Townsend, No. 2014192  
Office of Chief Counsel  
P.O. Box 1437 – Slot S260  
Little Rock, AR 72203-1437  
Phone: (501) 320-6243  
Fax: (501) 682-6720  
Email: Trevor.Townsend@dhs.arkansas.gov

#### **Certificate of Service**

I, undersigned, do hereby certify that on December 3, 2018, a true and correct copy of the foregoing document was served on the named individuals by way of:

#### **U.S. Mail**

Centers for Youth and Families  
6501 West 10th St., Suite 101  
Little Rock, AR 72204  
*Claimant, Pro Se*



Trevor Townsend, 2014192

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**CENTERS FOR YOUTH  
AND FAMILIES**

**CLAIMANT**

**V.**

**CLAIM NO. 190528**

**ARKANSAS DEPARTMENT  
OF HUMAN SERVICES**

**RESPONDENT**

**ORDER**

This claim was filed by Centers for Youth and Families against Arkansas Department of Human Services (the “Respondent”) for services rendered in the amount of \$33,392.81.

Respondent filed an answer on December 3, 2018, admitting liability in the amount of \$33,392.81.

The Claims Commission unanimously allows this claim in the amount of \$33,392.81, as recommended by Respondent, and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

*Henry C. Kinslow*

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ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth  
Henry Kinslow, Co-Chair  
Bill Lancaster  
Sylvester Smith  
Mica Strother, Co-Chair

DATE: January 11, 2019

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(b). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).