COMPLAINT

CITIZENS FOR YOUTH AND FAMILIES, the above named Claimant, of 4501 West 10th St., Suite 161, Little Rock, AR 72204, represented by (Legal Counsel, if any, for Claimant)

of, (Street) (City) (State) (Zip Code) (Daytime Phone No.)

Amount sought: $33,392.81

Date Filed: (Month) (Day) (Year)

Month, day, year and place of incident or service: Dates between 11/1/2016-6/30/2017, Citizens for Youth and Famis.

Explanation: Citizens is seeking $33,392.81 for Foster Care Services from 11/1/16-6/30/2017 for the following clients: Merriah Abraham (11/1/16-6/30/2017) and Orion Henderson (3/23/2017-6/30/2017). Therapeutic Foster Care Contract 462003014293 is the contract that we have in place with DCFS to cover these services. We failed to bill these services when they would have been due, but an agreement has been made with DCFS to cover these services. The following amounts are due for each client: Merriah Abraham in the amount of $7,131.95.

As part 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 (Yes or No) when? (Month) (Day) (Year) (Department) and that the following action was taken thereof:

and that $ (Name) (Street) (City) (State) (Zip Code) and that the action thereof as follows: was paid thereof: (2) Has any third person or corporation an interest in this claim? No (Yes or No) if so, state name and address

and that the action thereof as follows: and was acquired or _______________ was 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 hereby believes that they are true.

Jill Sanden

(Print Claimant/Representative Name)

SIGNED TO and subscribed before me at _______________ on this _______________ day of October 2016, (City) (State) (Date) and sworn to me that the above and foregoing is true and correct.

Angie Caldwell

(Signature of Claimant/Representative)

Notary Public

My Commission Expires: 9/11/2028
<table>
<thead>
<tr>
<th>Vendor Name:</th>
<th>Centers for Youth and Families</th>
<th>Date:</th>
<th>10/26/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>P.O. Box 251970</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Little Rock, AR 72225</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GOODS, SERVICES AND/OR ASSISTANCE PROVIDED:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Of goods and or service (include date of Service)</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merryah Abraham – TFC Contract Services for 7/1/16-6/30/17 for 365 days</td>
<td>$26,211.56</td>
<td></td>
</tr>
<tr>
<td>Orion Henderson – TFC Contract Services for 3/23/17-6/3/17 for 100 days</td>
<td>$7,181.25</td>
<td></td>
</tr>
</tbody>
</table>

**Total Payment**

$33,392.81

**Signature Client/Provider/Vendor:** Jill Sanders  
**Official Title:** Controller/Director of Administrative Services  
**Date:** 10-26-18
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
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

V.

CLAIM NO. 190528

ARKANSAS DEPARTMENT
OF HUMAN SERVICES

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.

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).