

State of Nebraska Department of Correctional Services on  
behalf of Nebraska Board of Parole  
**REQUEST FOR QUALIFICATION FOR CONTRACTUAL  
SERVICES**

<b>SOLICITATION NUMBER</b>	<b>RELEASE DATE</b>
RFQ 111765 Z6	March 07, 2022
<b>OPENING DATE AND TIME</b>	<b>PROCUREMENT CONTACT</b>
March 28, 2022, 2:00 p.m. Central Time	Julie Schiltz

**PLEASE READ CAREFULLY!**  
**SCOPE OF SERVICE**

The State of Nebraska (State), Department of Correctional Services (DCS) on behalf of the Nebraska Board of Parole (NBOP), is issuing this Request for Qualification (RFQ) Number 111765 Z6 for the purpose of selecting a qualified Contractor to provide Transitional Living Housing, including Mental Health Programming, for Parole clients. A more detailed description can be found in Section V. The resulting contract may not be an exclusive contract as the State reserves the right to contract for the same or similar services from other sources now or in the future.

A resulting Provider Term Agreement will be two (2) years commencing upon execution of the contract. A Provider Term Agreement includes the option to renew for two (2) additional two (2) year periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR QUALIFICATION CAN BE FOUND ON THE INTERNET AT:  
<http://das.nebraska.gov/materiel/purchasing.html>.

**IMPORTANT NOTICE:** Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the solicitation, and the successful contractor's proposal or response will be posted to a public website managed by DAS, which can be found at <http://statecontracts.nebraska.gov>.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all proposals or responses received regarding this solicitation will be posted to the State Purchasing Bureau public website.

**These postings will include the entire proposal or response. Contractor must request that proprietary information be excluded from the posting. The contractor must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate container or envelope marked conspicuously using an indelible method with the words "PROPRIETARY INFORMATION". The contractor must submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) THE SUPPLIER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA. The State will then determine, in its discretion, if the interests served by nondisclosure outweighs any public purpose served by disclosure. (See Neb. Rev. Stat. § 84-712.05(3)) The Contractor will be notified of the agency's decision. Absent a State determination that information is proprietary, the State will consider all information a public record subject to release regardless of any assertion that the information is proprietary.**

If the agency determines it is required to release proprietary information, the contractor will be informed. It will be the contractor's responsibility to defend the contractor's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this solicitation for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this solicitation, specifically waives any copyright or other protection the contract, proposal, or response to the solicitation may have; and, acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a proposal or response to this solicitation, and award of a contract. Failure to agree to the reservation and waiver will result in the proposal or response to the solicitation being found non-responsive and rejected.

Any entity awarded a contract or submitting a proposal or response to the solicitation agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or the proposals and responses to the solicitation, awards, and other documents.

**TABLE OF CONTENTS**

**TABLE OF CONTENTS** ..... ii

**GLOSSARY OF TERMS** ..... 1

**ACRONYM LIST** ..... 5

**I. PROCUREMENT PROCEDURE** ..... 6

    A. GENERAL INFORMATION ..... 6

    B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS ..... 6

    C. SCHEDULE OF EVENTS ..... 7

    D. WRITTEN QUESTIONS AND ANSWERS ..... 8

    E. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Statutory) ..... 8

    F. ETHICS IN PUBLIC CONTRACTING ..... 8

    G. DEVIATIONS FROM THE REQUEST FOR QUALIFICATION ..... 8

    H. SUBMISSION OF PROPOSALS ..... 9

    I. PROPOSAL PREPARATION COSTS ..... 9

    J. FAILURE TO COMPLY WITH REQUEST FOR QUALIFICATION ..... 10

    K. PROPOSAL CORRECTIONS ..... 10

    L. LATE PROPOSALS ..... 10

    M. PROPOSAL OPENING ..... 10

    N. MANDATORY RFQ REQUIREMENTS ..... 10

    O. RFQ EVALUATION COMMITTEE ..... 11

    P. EVALUATION OF RFQ PROPOSALS ..... 11

    Q. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS ..... 12

    R. BEST AND FINAL OFFER ..... 12

    S. REFERENCE AND CREDIT CHECKS ..... 12

    T. AWARD ..... 12

    U. ALTERNATE/EQUIVALENT PROPOSALS ..... 13

    V. LUMP SUM OR "ALL OR NONE" PROPOSALS ..... 13

    W. EMAIL SUBMISSIONS ..... 13

    X. REJECTION OF PROPOSALS ..... 13

    Y. RESIDENT BIDDER ..... 13

**II. TERMS AND CONDITIONS** ..... 14

    A. GENERAL ..... 14

    B. NOTIFICATION ..... 15

    C. NOTICE (POC) ..... 15

    D. GOVERNING LAW (Statutory) ..... 15

    E. BEGINNING OF WORK ..... 15

    F. AMENDMENT ..... 15

    G. CHANGE ORDERS OR SUBSTITUTIONS ..... 16

    H. VENDOR PERFORMANCE REPORT(S) ..... 16

    I. NOTICE OF POTENTIAL CONTRACTOR BREACH ..... 16

    J. BREACH ..... 17

    K. NON-WAIVER OF BREACH ..... 17

    L. SEVERABILITY ..... 17

    M. INDEMNIFICATION ..... 18

    N. ATTORNEY'S FEES ..... 19

    O. ASSIGNMENT, SALE, OR MERGER ..... 19

    P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE ..... 19

    Q. FORCE MAJEURE ..... 20

    R. CONFIDENTIALITY ..... 20

    S. EARLY TERMINATION ..... 20

    T. CONTRACT CLOSEOUT ..... 21

**III. CONTRACTOR DUTIES** ..... 22

- A. INDEPENDENT CONTRACTOR / OBLIGATIONS ..... 22
- B. EMPLOYEE WORK ELIGIBILITY STATUS..... 23
- C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)..... 23
- D. COOPERATION WITH OTHER CONTRACTORS..... 23
- E. DISCOUNTS..... 23
- F. PRICES..... 24
- G. COST CLARIFICATION ..... 24
- H. PERMITS, REGULATIONS, LAWS..... 24
- I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES..... 24
- J. INSURANCE REQUIREMENTS ..... 25
- K. NOTICE OF POTENTIAL CONTRACTOR BREACH ..... 27
- L. ANTITRUST..... 27
- M. CONFLICT OF INTEREST ..... 27
- N. STATE PROPERTY ..... 28
- O. SITE RULES AND REGULATIONS ..... 28
- P. ADVERTISING..... 28
- Q. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory) ..... 28
- R. DISASTER RECOVERY/BACK UP PLAN..... 29
- S. DRUG POLICY ..... 29
- T. WARRANTY ..... 29
  
- IV. PAYMENT..... 30**
  - A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)..... 30
  - B. TAXES (Statutory)..... 30
  - C. INVOICES ..... 30
  - D. INSPECTION AND APPROVAL ..... 31
  - E. PAYMENT (Statutory) ..... 31
  - F. LATE PAYMENT (Statutory)..... 31
  - G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)..... 31
  - H. RIGHT TO AUDIT (First Paragraph is Statutory) ..... 31
  
- V. PROJECT DESCRIPTION AND SCOPE OF WORK ..... 33**
  - A. PROJECT OVERVIEW ..... 33
  - B. PROJECT ENVIRONMENT..... 33
  - C. SERVICE REQUIREMENTS/ IN SCOPE SERVICES..... 33
  - D. REQUIREMENTS ..... 34
  - E. DELIVERABLES ..... 35
  
- VI. PROPOSAL INSTRUCTIONS..... 36**
  - A. PROPOSAL SUBMISSION..... 36
  
- Form A Contractor Proposal Point of Contact..... 39**
  
- REQUEST FOR QUALIFICATION FOR CONTRACTUAL SERVICES FORM ..... 40**

## GLOSSARY OF TERMS

**Acceptance Test Procedure:** Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

**Addendum:** Something to be added or deleted to an existing document; a supplement.

**After Receipt of Order (ARO):** After Receipt of Order

**Agency:** Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

**Agent/Representative:** A person authorized to act on behalf of another.

**Amend:** To alter or change by adding, subtracting, or substituting.

**Amendment:** A written correction or alteration to a document.

**Appropriation:** Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

**Award:** All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the solicitation.

**Best and Final Offer (BAFO):** In a competitive proposal, the final offer submitted which contains the contractor's most favorable terms for price.

**Bidder:** A contractor who submits a proposal in response to a written solicitation.

**Breach:** Violation of a contractual obligation by failing to perform or repudiation of one's own promise.

**Business:** Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

**Business Day:** Any weekday, except State-recognized holidays.

**Calendar Day:** Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

**Cancellation:** To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

**Change Order:** Document that provides amendments to an executed purchase order or contract.

**Collusion:** An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

**Competition:** The effort or action of two or more commercial interests to obtain the same business from third parties.

**Confidential Information:** Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

**Contract:** An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement.

**Contract Management:** The management of the contract which includes and is not limited to; contract signing, contract amendments and any necessary legal actions.

**Contract Award:** Occurs upon execution of the State document titled "Service Contract Award" by the proper authority.

**Contract Management:** The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Contractor.

**Contract Period:** The duration of the contract.

**Contractor:** An individual or entity lawfully conducting business in the State, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

**Copyright:** A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

**Customer Service:** The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Contractor.

**Default:** The omission or failure to perform a contractual duty.

**Deviation:** Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract.

**Evaluation:** The process of examining an offer after opening to determine the contractor's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

**Evaluation Committee:** Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of proposals (offers made in response to written solicitations).

**Extension:** Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period. Not to be confused with "Renewal Period".

**Foreign Corporation:** A foreign corporation that was organized and chartered under the laws of another state, government, or country.

**Interested Party:** A person, acting in their personal capacity, or an entity entering into a contract or other agreement creating a legal interest therein.

**Invalid Proposal:** A proposal that does not meet the requirements of the solicitation or cannot be evaluated against the other proposals.

**Late Proposal:** An offer received after the Opening Date and Time.

**Mandatory/Must:** Required, compulsory, or obligatory.

**May:** Discretionary, permitted; used to express possibility.

**Must:** See Mandatory/Must and Shall/Will/Must.

**Opening Date and Time:** Specified date and time for the public opening of received, labeled, and sealed formal proposals.

**Operating System:** The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources.

**Outsourcing:** The contracting out of a business process which an organization may have previously performed internally or has a new need for, to an independent organization from which the process is purchased back.

**Point of Contact (POC):** The person designated to receive communications and to communicate.

**Product:** Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

**Project:** The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract.

**Proposal:** An offer, bid, or quote submitted by a contractor/vendor in a response to a written solicitation

**Proprietary Information:** Proprietary information is defined as trade secrets, academic and scientific research work which

is in progress and unpublished, and other information which if released would give advantage to business competitors and serves no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

**Protest/Grievance:** A complaint about a governmental action or decision related to a solicitation or resultant contract, brought by a contractor who has timely submitted a proposal response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

**Provider Term Agreement:** An agreement between the State of Nebraska and a provider who agrees to deliver transitional living and/or programming to Board of Parole clients under an agreed-upon contracted amount.

**Public Proposal Opening:** The process of opening correctly submitted offers at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

**Release Date:** The date of public release of the written solicitation to seek offers.

**Renewal Period:** Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

**Request for Qualification (RFQ):** A written solicitation utilized for obtaining qualification offers.

**Responsible Contractor:** A contractor who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

**Responsive Contractor:** A contractor who has submitted a proposal which conforms to all requirements of the solicitation document.

**Safe and Sober Living:** also called sober homes and sober living environments, are is defined as facilities that provide safe housing and supportive, structured living conditions for people exiting drug rehabilitation programs. Safe and Sober Living facilities serve as a transitional environment between such programs and mainstream society.

**Shall/Will/Must:** An order/command; mandatory.

**Should:** Expected; suggested, but not necessarily mandatory.

**Specifications:** The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

**Statutory:** These clauses are controlled by state law and are not subject to negotiation.

**Subcontractor:** Individual or entity with whom the contractor enters a contract to perform a portion of the work awarded to the contractor.

**Termination:** Occurs when either Party, pursuant to a power created by agreement or law, puts an end to the contract prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

**Third Party:** Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and sub-contractors or agents, and their employees. It shall not include any entity or person who is an interested Party to the contract or agreement.

**Trade Secret:** Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

**Trademark:** A word, phrase, logo, or other graphic symbol used by a manufacturer or contractor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office.

**Upgrade:** Any change that improves or alters the basic function of a product or service.

**Vendor Performance Report:** A report completed by the using agency and submitted to State Purchasing Bureau documenting products or services delivered or performed which exceed or fail to meet the terms of the purchase order,

contract, and/or solicitation specifications.

**Vendor:** Inclusive term for any Bidder or Contractor

**Will:** See Mandatory/Shall/Will/Must.

**Work Day:** See Business Day.

## ACRONYM LIST

**ARO** – After Receipt of Order

**BAFO** – Best and Final Offer

**BOP:** Board of Parole

**COI** – Certificate of Insurance

**DAS** – Department of Administrative Services

**F.O.B.** – Free on Board

**LADC:** Licensed Alcohol and Drug Counselor.

**LCSW:** Licensed Clinical Social Worker

**LIMHP:** Licensed Independent Mental Health Practitioner

**LMHP:** Licensed Mental Health Practitioner

**NBOP:** Nebraska Board of Parole

**RFQ** – Request for Qualification

**SPB** – State Purchasing Bureau



## I. PROCUREMENT PROCEDURE

### A. GENERAL INFORMATION

The solicitation is designed to solicit proposals from qualified Contractor(s) who will be responsible for providing Transitional Living Housing, including Mental Health Programming, for Parole clients at a competitive and reasonable cost complying to industry standards and deemed appropriate by the Board of Parole. Terms and Conditions, Project Description and Scope of Work, and Proposal instructions, may be found in Sections II through VI.

Proposals shall conform to all instructions, conditions, and requirements included in the solicitation. Prospective contractors are expected to carefully examine all documents, schedules, and requirements in this solicitation, and respond to each requirement in the format prescribed. Proposals may be found non-responsive if they do not conform to the solicitation.

### B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this solicitation reside with Nebraska Department of Correctional Services. The point of contact (POC) for the procurement is as follows:

Name: Julie Schiltz  
Agency: Nebraska Department of Correctional Services  
Address: 801 West Prospector Place, Building #1  
Lincoln, NE 68508

Telephone: 402-479-5718

E-Mail: DSC.Purchasing@nebraska.gov

From the date the solicitation is issued until the Intent to Award is issued, communication from the Contractor is limited to the POC listed above. After the Intent to Award is issued, the Contractor may communicate with individuals the State has designated as responsible for negotiating the contract on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this solicitation. The POC will issue any answers, clarifications or amendments regarding this solicitation in writing. Only the SPB or awarding agency can award a contract. Contractors shall not have any communication with, or attempt to communicate or influence any evaluator involved in this solicitation.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts or obligations;
2. Contact required by the schedule of events or an event scheduled later by the solicitation POC; and
3. Contact required for negotiation and execution of the final contract.

*The State reserves the right to reject a contractor's proposal, withdraw an Intent to Award, or terminate a contract if the State determines there has been a violation of these procurement procedures.*

C. **SCHEDULE OF EVENTS**

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1.	Release RFQ	3/7/2022
2.	Last day to submit written questions via ShareFile: <a href="https://nebraska.sharefile.com/r-r926e4baab6f6477689a5ec58b8317c85">https://nebraska.sharefile.com/r-r926e4baab6f6477689a5ec58b8317c85</a>	3/16/2022
3.	State responds to written questions through Solicitation "Addendum" and/or "Amendment" to be posted to the Internet at: <a href="http://das.nebraska.gov/materiel/purchasing.html">http://das.nebraska.gov/materiel/purchasing.html</a>	03/21/2022
4.	Initial Opening Response submission: <a href="https://nebraska.sharefile.com/r-r3201bcc238fe40d19b1de3d685d501a2">https://nebraska.sharefile.com/r-r3201bcc238fe40d19b1de3d685d501a2</a> Virtual Proposal Opening via WebEx: <a href="https://sonvideo.webex.com/sonvideo/j.php?MTID=mb31f64a2b83e42427d3957c24757fb74">https://sonvideo.webex.com/sonvideo/j.php?MTID=mb31f64a2b83e42427d3957c24757fb74</a>	03/28/2022 2:00 PM Central Time
5.	Initial opening evaluation period	03/28/2022 through 04/04/2022
6.	Post initial "Notification of Intent to Award" to Internet at: <a href="http://das.nebraska.gov/materiel/purchasing.html">http://das.nebraska.gov/materiel/purchasing.html</a>	04/08/2022
7.	Estimated contract finalization period	04/08/2022 – 04/22/2022
8.	Estimated contract award	04/22/2022
9.	Estimated initial Contractor(s) start date(s)	04/22/2022
10.	Additional Openings and evaluations	Continuous
11.	Additional Contractor(s) start date(s)	Continuous

**D. WRITTEN QUESTIONS AND ANSWERS**

Questions regarding the meaning or interpretation of any RFQ provision must be submitted in writing to Nebraska Department of Corrections and clearly marked "RFQ Number 111765 Z6; Transitional Living Services for the Board of Parole Clients Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Contractors should present, as questions, any assumptions upon which the Contractor's proposal is or might be developed. Proposals will be evaluated without consideration of any known or unknown assumptions of a contractor. The contract will not incorporate any known or unknown assumptions of a contractor.

It is preferred that questions be uploaded via ShareFile using the links below within the appropriate submission timeframe per the Schedule of Events.

<https://nebraska.sharefile.com/r-r926e4baab6f6477689a5ec58b8317c85>

Solicitation Section Reference	Solicitation Page Number	Question

Written answers will be posted at <http://das.nebraska.gov/materiel/purchasing.html> per the Schedule of Events.

**E. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Statutory)**

All contractors must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The contractor who is the recipient of an Intent to Award will be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>. This must be accomplished prior to execution of the contract.

**F. ETHICS IN PUBLIC CONTRACTING**

The State reserves the right to reject proposals, withdraw an intent to award or award, or terminate a contract if a contractor commits or has committed ethical violations, which include, but are not limited to:

1. Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
2. Utilize the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
3. Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from contracting with any state or federal entity;
4. Submitting a proposal on behalf of another Party or entity; and
5. Collude with any person or entity to influence the bidding process, submit sham proposals, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the proposal, or prejudice the State.

The Contractor shall include this clause in any subcontract entered into for the exclusive purpose of performing this contract.

Contractor shall have an affirmative duty to report any violations of this clause by the Contractor throughout the bidding process, and throughout the term of this contract for the successful Contractor and their subcontractors.

**G. DEVIATIONS FROM THE REQUEST FOR QUALIFICATION**

The requirements contained in the RFQ (Sections II thru VI) become a part of the terms and conditions of the Provider Term Agreement resulting from this RFQ. Any deviations from the RFQ in Sections II through VI must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the Provider Term Agreement. Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this solicitation, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this solicitation. The State discourages deviations and reserves the right to reject proposed deviations.

H. **SUBMISSION OF PROPOSALS**

The State will be accepting initial responses until March 08, 2022. The State will continuously accept responses that meet the mandatory requirements until appropriate availability levels of Transitional Living Housing, including Mental Health Programming, are available as determined by Board of Parole or six (6) years from the initial opening date, whichever occurs sooner.

1. Submitting electronic responses:

- a. Bidders can upload response via ShareFile using the links below within the timeframe per the Schedule of Events.  
<https://nebraska.sharefile.com/r-r3201bcc238fe40d19b1de3d685d501a2>

**ShareFile works with Firefox, Internet Explorer and Chrome. It does not work with Microsoft Edge.**

- a. If multiple proposals are submitted, the State will retain only the most recently submitted response. It is the bidder's responsibility to submit the proposal by the date and time indicated in the Schedule of Events. Electronic proposals must be received by NDCS by the date and time of the proposal opening per the Schedule of Events. No late proposals will be accepted.
- b. Proprietary Information should be presented in separate files. Pages may be consecutively numbered for the entire proposal or may be numbered consecutively within sections. Figures and tables should be numbered consecutively within sections. Figures and tables should be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text.
- c. **ELECTRONIC PROPOSAL FILE NAMES**  
The bidder should clearly identify the uploaded RFQ proposal files. To assist in identification please use the following naming convention:
  - i. RFQ 111765 Z6 Company Name
  - ii. If multiple files are submitted for one RFQ proposal, add number of files to file names:  
RFQ 111765 Z6 Company Name File 1 of 2.
  - iii. If multiple RFQ proposals are submitted for the same RFQ, add the proposal number to the file names: RFQ 111765 Z6 Company Name Proposal 1 File 1 of 2.

It is the bidder's responsibility to ensure the solicitation is received electronically by the date(s) and time(s) indicated in the Schedule of Events

The Request for Qualification form must be manually signed in an indelible manner or by DocuSign and submitted electronically by the proposal opening date(s) and time(s). For the response to be evaluated, the Request for Qualification along with any other requirements as stated in the RFQ must be submitted.

It is the responsibility of the contractor to check the website for all information relevant to this Request for Qualification to include addenda and/or amendments issued prior to the opening date. Website address is as follows: [http://das.nebraska.gov/materiel/purchase\\_bureau/vendor/agency-RFQ.html](http://das.nebraska.gov/materiel/purchase_bureau/vendor/agency-RFQ.html).

Emphasis should be concentrated on conformance to the solicitation instructions, responsiveness to requirements, completeness, and clarity of content. If the contractor's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the proposal as non-conforming.

By signing the "Request for Qualification for Contractual Services" form, the contractor guarantees compliance with the provisions stated in this solicitation.

I. **PROPOSAL PREPARATION COSTS**

The State shall not incur any liability for any costs incurred by bidders in replying to this RFQ, including any activity related to bidding on this RFQ.

**J. FAILURE TO COMPLY WITH REQUEST FOR QUALIFICATION**

Violation of the terms and conditions contained in this solicitation or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a contractor's proposal;
2. Withdrawal of the Intent to Award;
3. Withdrawal of the Award;
4. Negative Vendor Performance Report(s)
5. Termination of the resulting contract;
6. Legal action; and
7. Suspension of the contractor from further bidding with the State for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.

**K. PROPOSAL CORRECTIONS**

A contractor may correct a mistake in a proposal prior to the time of opening by giving written notice to the State of intent to withdraw the proposal for modification or to withdraw the proposal completely. Changing a proposal after opening may be permitted if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

**L. LATE PROPOSALS**

Proposals received after the time and date of the proposal opening will be considered late proposals. Late proposals will be returned unopened, if requested by the contractor and at contractor's expense. The State is not responsible for proposals that are late or lost regardless of cause or fault.

**M. PROPOSAL OPENING**

The opening of proposals will be public and the contractors will be announced. Proposals **WILL NOT** be available for viewing by those present at the proposal opening. Proposals will be posted to the State Purchasing Bureau website once an Intent to Award has been posted to the website. Information identified as proprietary by the submitting contractor, in accordance with the solicitation and state statute, will not be posted. If the state determines submitted information should not be withheld, in accordance with the [Public Records Act](#), or if ordered to release any withheld information, said information may then be released. The submitting contractor will be notified of the release and it shall be the obligation of the submitting contractor to take further action, if it believes the information should not be released. (See RFQ signature page for further details) Contractors may contact the State to schedule an appointment for viewing proposals after the Intent to Award has been posted to the website. Once proposals are opened, they become the property of the State of Nebraska and will not be returned.

**N. MANDATORY RFQ REQUIREMENTS**

The proposals will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Proposals not meeting the requirements may be rejected as non-responsive. The requirements are:

1. Original Request for Qualification for Contractual Services form signed using an indelible method or DocuSign;
2. Clarity and responsiveness of the proposal;
3. Completed Corporate Overview;
4. Completed Sections II through VI;
5. Completed Technical Approach;
6. Completed State Cost Proposal Template;
7. Completed Attachment A, Bidder Questionnaire
8. Copies of certifications including but not limited to the following (see V.C.2 and V.D.):
  - a. Insurance
  - b. Professional License(s)
  - c. Use permits
9. Example of reports that include but are not limited to (See V.D.):
  - a. The number of individuals served;
  - b. Average length of stay;
  - c. Types of programming and classes offered; and
  - d. General demographic information.

O. **RFQ EVALUATION COMMITTEE**

Proposals are evaluated by members of an RFQ Evaluation Committee(s). The RFQ Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the RFQ Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFQ may result in the rejection of this proposal and further administrative actions.

P. **EVALUATION OF RFQ PROPOSALS**

All proposals that are responsive to the RFQ will be evaluated to verify if the bidder will qualify for a Provider Term Agreement. The State will conduct a fair, impartial, and comprehensive evaluation of all proposals in accordance with the criteria set forth below.

Responses that meet and/or exceed the mandatory requirements (see Section I.N.) will be evaluated. Responses that do not meet and/or exceed the mandatory requirements as indicated in the RFQ will not be evaluated.

After the initial opening, responses that meet the minimum requirements, will be evaluated on an ongoing basis until appropriate availability levels of Transitional Living Housing, including Mental Health Programming, are available as determined by Board of Parole.

In order to be evaluated, the response must meet the following mandatory requirements:

1. Meets and/or exceed the mandatory requirements (see section I. Procurement Procedure N. Request for Qualifications Requirements); and
2. Appropriate level of licenses, certifications and permits for Transitional Living Housing, including Mental Health Programming and;

Responses must have a minimum score of 15 out of 25 points in the Corporate Overview and a minimum score of 40 out of 60 points in the Technical Approach to qualify for a Provider Term Agreement.

Responses may be for any or all types of service(s) (see section V.C.2.) and/or locations (see Cost Proposal). Scoring will be based on responses to questions provided Attachment A, Cost Proposal and Corporate Overview.

The State reserves the right amend the scoring thresholds described above if the State determines that doing so is in the best interest of the State.

**The quality of performance of previous contracts may be considered when evaluating responses to competitively bid solicitations.** Information obtained from any Vendor Performance Report (See Terms & Conditions, Section H) may be used in evaluating responses to solicitations for goods and services to determine the best value for the State.

**Neb. Rev. Stat. §73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone.** When a state contract is to be awarded to the lowest responsible contractor, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident contractor, if all other factors are equal.

**Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection and (ii) the management and daily business operations of the business are controlled by one or more persons described in subdivision(a) of this subsection. Any contract entered into without compliance with this section shall be null and void.**

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a proposal in accordance with Neb. Rev. Stat. §73-107 and has so indicated on the solicitation cover page under “Contractor must complete the following” requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the contractor within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service;
2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions);
3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the contractor from consideration of the preference.

Evaluation criteria will be released with the solicitation.

**Q. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS**

The State may determine after the completion of the Technical and Cost Proposal evaluation that oral interviews/presentations and/or demonstrations are required. Every contractor may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring contractors to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical and Cost Proposals. The presentation process will allow the contractors to demonstrate their proposal offering, explaining and/or clarifying any unusual or significant elements related to their proposals. Contractors’ key personnel, identified in their proposal, may be requested to participate in a structured interview to determine their understanding of the requirements of this proposal, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting contractor will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the contractor, but the State reserves the right to refuse or not consider the offered materials. Contractors shall not be allowed to alter or amend their proposals.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the contractors regarding the proposals received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the contractor and will not be compensated by the State.

**R. BEST AND FINAL OFFER**

If best and final offers (BAFO) are requested by the State and submitted by the contractor, they will be evaluated (using the stated BAFO criteria), scored, and ranked by the Evaluation Committee. The State reserves the right to conduct more than one Best and Final Offer. The award will then be granted to the highest scoring contractor. However, a contractor should provide its best offer in its original proposal. Contractors should not expect that the State will request a best and final offer.

**S. REFERENCE AND CREDIT CHECKS**

The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a proposal in response to this solicitation, the contractor grants to the State the right to contact or arrange a visit in person with any or all of the contractor’s clients. Reference and credit checks may be grounds to reject a proposal, withdraw an intent to award, or rescind the award of a contract.

**T. AWARD**

The State reserves the right to evaluate proposals and award contracts in a manner utilizing criteria selected at the State's discretion and in the State’s best interest. After evaluation of the proposals, or at any point in the solicitation process, the State of Nebraska may take one or more of the following actions:

1. Amend the RFQ;
2. Extend the time of or establish a new proposal opening time;

3. Waive deviations or errors in the State's solicitation process and in contractor proposals that are not material, do not compromise the solicitation process or a contractor's proposal, and do not improve a contractor's competitive position;
4. Accept or reject a portion of or all of a proposal;
5. Accept or reject all proposals;
6. Withdraw the RFQ;
7. Elect to rebid the solicitation;
8. Award single lines or multiple lines to one or more contractors; or,
9. Award one or more all-inclusive contracts.

Provider Term Agreements may be awarded to the provider(s) who have scored a minimum of 15 out of 25 points in the Corporate Overview and 40 out of 60 points in the technical approach at the cost provided on the cost proposal or a negotiated priced that is determined by the Board of Parole as an industry standard. Award(s) of a Provider Term Agreement will be determined by the State by considering the transitional housing and mental health programming offerings and locations on an as needed basis.

Under no circumstance is the State obligated to extend a Provider Term Agreement to a respondent to the RFQ.

Once intent to award decision has been determined, it will be posted to the Internet at: <http://das.nebraska.gov/materiel/purchasing.html>

Any protests must be filed by a contractor within ten (10) business days after the intent to award decision is posted to the Internet. Grievance and protest procedure is available on the Internet at: <http://das.nebraska.gov/materiel/purchasing.html>

**U. ALTERNATE/EQUIVALENT PROPOSALS**

Contractor may offer proposals which are at variance from the express specifications of the solicitation. The State reserves the right to consider and accept such proposals if, in the judgment of the Materiel Administrator, the proposal will result in goods and/or services equivalent to or better than those which would be supplied in the original proposal specifications. Contractor must indicate on the solicitation the manufacturer's name, number and shall submit with their proposal, sketches, descriptive literature and/or complete specifications. Reference to literature submitted with a previous proposal will not satisfy this provision. Proposals which do not comply with these requirements are subject to rejection. In the absence of any stated deviation or exception, the proposal will be accepted as in strict compliance with all terms, conditions and specification, and the Contractor shall be held liable, therefore.

**V. LUMP SUM OR "ALL OR NONE" PROPOSALS**

The State reserves the right to purchase item-by-item, by groups or as a total when the State may benefit by so doing. Contractors may submit a proposal on an "all or none" or "lump sum" basis but should also submit a proposal on an item-by-item basis. The term "all or none" means a conditional proposal which requires the purchase of all items on which proposals are offered and Contractor declines to accept award on individual items; a "lump sum" proposal is one in which the Contractor offers a lower price than the sum of the individual proposals if all items are purchased but agrees to deliver individual items at the prices quoted.

**W. EMAIL SUBMISSIONS**

SPB will not accept proposals by email, electronic, voice, or telephone proposals except for one-time purchases under \$50,000.00.

**X. REJECTION OF PROPOSALS**

The State reserves the right to reject any or all proposals, wholly or in part, in the best interest of the State.

**Y. RESIDENT BIDDER**

Pursuant to Neb. Rev. Stat. §§ 73-101.01 through 73-101.02, a Resident Bidder shall be allowed a preference against a Non-resident Bidder from a state which gives or requires a preference to Bidders from that state. The preference shall be equal to the preference given or required by the state of the Nonresident Bidders. Where the lowest responsible bid from a resident Bidder is equal in all respects to one from a nonresident Bidder from a state which has no preference law, the resident Bidder shall be awarded the contract. The provision of this preference shall not apply to any contract for any project upon which federal funds would be withheld because of the provisions of this preference.



**II. TERMS AND CONDITIONS**

**Contractors should complete Sections II through VI as part of their proposal.** Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The contractor should also provide an explanation of why the contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the contractor’s commercial contracts and/or documents for this solicitation.

The contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the contractor’s proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause, then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State’s clause shall control.

**A. GENERAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Qualification and Addenda;
2. A Provider Term Agreement (if awarded);
3. Amendments to the solicitation;
4. Questions and Answers;
5. Contractor’s proposal (Solicitation and properly submitted documents);
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment or Addendum to the executed Contract with the most recent dated amendment or addendum having the highest priority, unless otherwise specified in the respective amendment or addendum 2) executed Provider Term Agreement, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor’s submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

**B. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

**C. NOTICE (POC)**

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

**D. GOVERNING LAW (Statutory)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

**E. BEGINNING OF WORK**

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

**F. AMENDMENT**

This Contract may be amended in writing, within scope, upon the agreement of both parties.

**G. CHANGE ORDERS OR SUBSTITUTIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor’s proposal, were foreseeable, or result from difficulties with or failure of the Contractor’s proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

**\*\*\*Contractor will not substitute any item that has been awarded without prior written approval of SPB\*\*\***

**H. VENDOR PERFORMANCE REPORT(S)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

**I. NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by

law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**J. BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party’s discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor’s breach.

The State’s failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

**K. NON-WAIVER OF BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

**L. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

**M. INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

**1. GENERAL**

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials (“the indemnified parties”) from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses (“the claims”), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. INTELLECTUAL PROPERTY**

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State’s use of the Licensed Software without the State’s prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State’s use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor’s sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State’s behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State’s election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

**3. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker’s compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor’s and their employees, provided by the Contractor.

**4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

**5. ALL REMEDIES AT LAW**

Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this contract. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, contractors or assigns or by third persons, shall be determined according to applicable law.

6. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

**N. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

**O. ASSIGNMENT, SALE, OR MERGER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

**P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

**Q. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party (“Force Majeure Event”). The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party’s own employees will not be considered a Force Majeure Event.

**R. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**S. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day’s written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;

- c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
- d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
- e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
- f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
- g. Contractor intentionally discloses confidential information;
- h. Contractor has or announces it will discontinue support of the deliverable; and,
- i. In the event funding is no longer available.

**T. CONTRACT CLOSEOUT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person, or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person, or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.



### III. CONTRACTOR DUTIES

#### A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights, or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

**B. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)**

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

**D. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

**E. DISCOUNTS**

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

**F. PRICES**

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the contractor, F.O.B. destination named in the solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Prices submitted on the cost proposal form shall remain fixed for the first year of the contract. Any request for a price increases subsequent to the year of the contract shall not exceed five percent (5%) of the previous Contract period. Increases will be cumulative across the remaining periods of the contract. Requests for an increase must be submitted in writing to the Department of Correctional Services a minimum of 120 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

**G. COST CLARIFICATION**

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

**H. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

**I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

**J. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within one (1) year of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and one (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

**1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the**

contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

<b>REQUIRED INSURANCE COVERAGE</b>	
<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Independent Contractors	Included
Abuse & Molestation	Included
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000 per occurrence
<b>PROFESSIONAL LIABILITY</b>	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

**3. EVIDENCE OF COVERAGE**

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Agency: Department of Correctional Services  
 Attn: Assistant Materiel Administrator  
 Email: [DCS.Purchasing@nebraska.gov](mailto:DCS.Purchasing@nebraska.gov)

These certificates or the cover sheet shall reference the RFQ number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**4. DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

**K. NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**L. ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**M. CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Qualification or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

**N. STATE PROPERTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

**O. SITE RULES AND REGULATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

**P. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

**Q. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)**

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**R. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

**S. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Contractor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**T. WARRANTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees, and costs.



**IV. PAYMENT**

**A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)**

Neb. Rev. Stat. §§81-2403 states, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

**B. TAXES (Statutory)**

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor’s equipment which may be installed in a state-owned facility is the responsibility of the Contractor

**C. INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment.

Invoices for payment shall be submitted on or before the 5<sup>th</sup> of the month following the services rendered.

Board of Parole, Business Office  
 Division Parole Supervision, Accts. Payable  
 421 South 9<sup>th</sup> Street, Suite 220  
 Lincoln, NE 68508

Or may be sent electronically to:  
[NBOP.invoices@nebraska.gov](mailto:NBOP.invoices@nebraska.gov)

Invoices must be correctly submitted for prompt payment. Invoices must be submitted monthly, including but is not limited to:

- Vendor name and address, including Doing Business As (DBA) name, if applicable
- Facility addresses if different than vendor address
- Phone number
- Invoice number
- Invoice date
- Individual Client(s) Last Name and First Initial
- Dates of Service
- Rate of Service (Daily, Weekly or Monthly, as applicable)
- If groups or classes are held, invoices shall include the group/class name, dates group/class sessions were held, and names of attendees for each group/class session.

Inaccurate invoices may be placed into dispute and are not subject to the Prompt Payment Act. Inaccuracies in the invoice must be corrected by the contractor, not the requesting agency.

The terms and conditions included in the Contractor’s invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

**D. INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**E. PAYMENT (Statutory)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

**F. LATE PAYMENT (Statutory)**

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

**G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)**

The State's obligation to pay amounts due on the Contract for a fiscal year following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

**H. RIGHT TO AUDIT (First Paragraph is Statutory)**

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
TA			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds two percent (2%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

## V. PROJECT DESCRIPTION AND SCOPE OF WORK

The contractor should provide the following information in response to this solicitation.

### A. PROJECT OVERVIEW

The Nebraska Board of Parole / Division of Parole Supervision is seeking Contractors to provide transitional housing including mental health programming, for parole clients. The objective of this project is to provide transitional housing and housing support services to adult parole clients in a monitored environment that allows parole clients to live independently. The target population for this housing opportunity is offenders released from the Nebraska Department of Correctional Services under the supervision of the Nebraska Board of Parole / Division of Parole Supervision who do not have an acceptable home/family placement.

This transitional living is intended to be temporary transitional housing until the parole client obtains employment or other stable income and appropriate housing. Although there is no minimum length of stay, the typical length of stay ranges from six (6) to eight (8) weeks. It is estimated that some parole clients may reside in the transitional housing for up to six (6) months prior to establishing other permanent housing. These figures are estimates and in no way are a guarantee of a specific length of stay.

NBOP is targeting certain metropolitan areas of the state to provide housing based on the number of homeless parole clients returning to various communities over the past fiscal year, which are able to provide some level of mental health programming. Mental health programming is not required, but it will be a factor considered when awarding contracts.

### B. PROJECT ENVIRONMENT

Contractors who provide mental health programming must have licensed mental health professionals on staff. Contractors must also meet the required local zoning ordinances and requirements applicable to the physical address of the transitional living facility or have obtained special use permits applicable to their geographic areas. Contractor must provide documentation that the transitional living facility is owned or leased by the Contractor and update ownership as any changes occur.

### C. SERVICE REQUIREMENTS/ IN SCOPE SERVICES

1. Provide participants a safe, secure short-term transitional living opportunity to individuals released from the Nebraska Department of Correctional Services for parole supervision by the NBOP / Division of Parole Supervision.
  - a. The transitional living residence should be located within the State of Nebraska, preferably in or near a city of the first class as defined in Neb. Rev. Stat. 16-101, a city of the primary class as defined in Neb. Rev. Stat. 15-101, or a city of the metropolitan class as defined in Neb. Rev. Stat. 14-101.
2. Service requirements include one of three tiers or types of transitional housing listed below:
  - a. Licensed Halfway House: A 24 hour structured supportive living/treatment/recovery facility generally following primary treatment licensed by the Department of Health & Human Services/Division of Public Health/Licensure Unit that serves justice-involved individuals;
    - i. Staffing Requirements: A mental health professional licensed by the Division of Behavioral Health for the State of Nebraska must be part of the staff. Acceptable licensure includes but is not limited to psychologists, LCSW, LIMHP, LMHP and LADC.
    - ii. Examples of classes or programming include but are not limited to behavioral health, substance abuse, and life skills.
  - b. Transitional Living with Programming: Supportive, temporary housing, which includes services (i.e., employment) to facilitate transition into independent living;
    - i. Staffing Requirements: Staff providing classes or programming must have credentials in the field of study (see C.b.i.1 above).
    - ii. Examples of classes include but are not limited to behavioral health, substance abuse, and life skills.
  - c. Transitional Living/Safe and Sober Living without Programming: Temporary housing for individuals requiring more stability than emergency shelter with the goal of acquiring independent living.

**D. REQUIREMENTS**

The Contractor must meet or exceed all standards, regulations, laws, and ordinances as adopted by federal, state, and local authorities. These laws and ordinances must include, but not be limited to, any governing body under which the State may operate now or in the future. The documentation for this standard shall include copies of all annual licensing and inspection certificates indicating conformance to all local fire, health, building, and zoning regulations.

1. Program Requirements: The Contractor should have a policy and procedure/operation manual that is accessible to all employees and volunteers. The manual should include:
  - a. Fiscal Management; including a strict prohibition on collecting or utilizing government aid and/or assistance provided directly to or received by an individual, e.g., food assistance benefits, for the benefit of the Contractor
  - b. Personnel;
  - c. Intake;
  - d. Housing support services – Contractor shall implement a housekeeping and maintenance plan and the facility shall be maintained in a clean manner and in good repair;
  - e. Resident rules and regulations, which shall be readily available to all residents;
  - f. Resident grievance and appeal process policy;
  - g. Resident case records; and
  - h. Written emergency plans that are received and updated annually. Plans should be communicated to all employees and residents and be conspicuously posted in the facility. Emergency fire and disaster drills should be conducted on a regular basis and documented.
2. Providers shall coordinate activities for Parole with the Director of Supervision and Services and shall abide by all Rules and Regulations as set forth by the Parole, which can be found at <https://parole.nebraska.gov/rules>
3. The Contractor should establish a staffing pattern that ensures that staff will be available to assist and monitor parole clients as needed.
  - a. The staffing plan should ensure that coverage is available in the event of vacancies due to vacation, extended illness.
4. The Contractor shall establish a means of limiting ingress into the facility.
5. An unusual incident is defined as an event outside the normal rules and regulations of the housing provider, or an incident that may have the potential to disrupt a safe, sober and/or drug-free environment. Any unusual incidents shall be reported in writing to the Director of Supervision and Services within 24 hours. A copy of the incident report should be maintained in the parole client's/resident's record.
6. The Contractor must maintain the following records for each parole client residing in the facility:
  - a. Intake and termination forms;
  - b. A signed copy of resident rules and regulations', as requested by NBOP
  - c. Unusual incident reports as appropriate; and
  - d. Grievance forms.
7. The Contractor shall be duly authorized to conduct business in the State of Nebraska and shall provide a copy of the following forms, if applicable to type of entity:
  - a. Articles of incorporation or constitution
  - b. By-laws
  - c. Federal tax identification number
  - d. A current list of the board of directors, their occupations, and addresses.
  - e. Nebraska Secretary of State, as appropriate.
8. The Contractor must implement a policy and procedure that prohibits any current parole client from being assigned to a position of authority over another parole client. Prohibited assignments include, but are not limited to, performing, or assisting in any security duties or providing parole client services or permissions such as commissary or telephone calls.
9. The Contractor must identify the assigned transitional living point of contact any/all potential areas of concern and the mitigation plan. Areas may include but not limited to: staffing, cleanliness, and/or building code deficiencies.
10. Individualized length of stay based on the progress. The typical length of stay ranges from six (6) to eight (8) weeks. These figures are estimates and in no way are a guarantee of a specific length of stay.

11. No maximum or minimum class size is required.
12. Upon request, Contractor(s) will provide NBOP with reporting for data evaluation purposes. Reports may include but are not limited to:
  - a. the number of individuals served;
  - b. average length of stay;
  - c. types of programming and classes offered; and
  - d. general demographic information.
13. Contractor(s) shall always maintain the confidentiality and dignity of clients. Disclosure of information shall be controlled by Part 2 of Title 42 of the Code of Federal Regulations, (42 C.F.R. Part 2), which governs the confidentiality and recipient re-disclosure of substance abuse patient records.
14. Site Location: The Contractor(s) should list the addresses offered to the NBOP/Division of Parole Supervision. **If offering multiple sites, a cost proposal should be submitted for each site location.**

**E. DELIVERABLES**

Contractor(s) will house, provide programming, and communicate fully and completely with NBOP staff regarding client needs and/or issues.

## VI. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by contractors in preparing the Technical and Cost Proposal. Contractors should identify the subdivisions of "Project Description and Scope of Work" clearly in their proposals; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

### A. PROPOSAL SUBMISSION

#### 1. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

##### a. CONTRACTOR IDENTIFICATION AND INFORMATION

The contractor should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the contractor is incorporated or otherwise organized to do business, year in which the contractor first organized to do business and whether the name and form of organization has changed since first organized.

##### b. FINANCIAL STATEMENTS

The contractor should provide financial statements applicable to the firm. If publicly held, the contractor should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the contractor's financial or banking organization.

If the contractor is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The contractor must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

##### c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the contractor should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded contractor(s) will require notification to the State.

##### d. OFFICE LOCATION

The contractor's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

##### e. RELATIONSHIPS WITH THE STATE

The contractor should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the contractor's proposal response has contracted with the State, the contractor should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

##### f. CONTRACTOR'S EMPLOYEE RELATIONS TO STATE

If any Party named in the contractor's proposal response is or was an employee of the State within the past five (5) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the contractor or is a Subcontractor to the contractor, as of the due date for proposal submission, identify all such persons by name, position held with the contractor, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the contractor may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

**g. CONTRACT PERFORMANCE**

If the contractor or any proposed Subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the contractor's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the contractor or litigated and such litigation determined the contractor to be in default.

It is mandatory that the contractor submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the contractor's position on the matter. The State will evaluate the facts and will score the contractor's proposal accordingly. If no such termination for default has been experienced by the contractor in the past five (5) years, so declare.

If at any time during the past five (5) years, the contractor has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

**h. SUMMARY OF CONTRACTOR'S CORPORATE EXPERIENCE**

The contractor should provide a summary matrix listing the contractor's previous projects similar to this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the contractor during its evaluation of the proposal.

The contractor should address the following:

- i. Provide narrative descriptions to highlight the similarities between the contractor's experience and this solicitation. These descriptions should include:
  - a) The time period of the project;
  - b) The scheduled and actual completion dates;
  - c) The Contractor's responsibilities;
  - d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
  - e) Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a contractor performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- ii. Contractor and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.
- iii. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

**i. SUMMARY OF CONTRACTOR'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The contractor should present a detailed description of its proposed approach to the management of the project.

The contractor should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.



The contractor should provide resumes for all key personnel proposed by the contractor to work on the project. The State will consider the resumes as a key indicator of the contractor's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

**j. SUBCONTRACTORS**

If the contractor intends to Subcontract any part of its performance hereunder, the contractor should provide:

1. name, address, and telephone number of the Subcontractor(s);
2. specific tasks for each Subcontractor(s);
3. percentage of performance hours intended for each Subcontract; and
4. total percentage of Subcontractor(s) performance hours.

**5. TECHNICAL APPROACH**

The technical approach section of the Technical Proposal should consist of the following subsections:

- a. Understanding of the project requirements;
- b. Proposed development approach;
- c. Technical considerations;
- d. Detailed project work plan; and
- e. Deliverables and due dates.

**Form A**  
**Contractor Proposal Point of Contact**  
**Request for Qualification Number 111765 Z6**

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	
Contractor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	
Contractor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

**REQUEST FOR QUALIFICATION FOR CONTRACTUAL SERVICES FORM**

By signing this Request for Qualification for Contractual Services form, the contractor guarantees

**CONTRACTOR MUST COMPLETE THE FOLLOWING**

compliance with the procedures stated in this Solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free workplace.

Per Nebraska’s Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. “Nebraska Contractor” shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

\_\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

**FORM MUST BE SIGNED USING AN INDELIBLE METHOD OR DOCUSIGN**

FIRM:	
COMPLETE ADDRESS:	
TELEPHONE NUMBER:	
FAX NUMBER:	
DATE:	
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	

**REQUEST FOR QUALIFICATION FOR CONTRACTUAL SERVICES FORM**

By signing this Request for Qualification for Contractual Services form, the contractor guarantees

**CONTRACTOR MUST COMPLETE THE FOLLOWING**

compliance with the procedures stated in this Solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free workplace.

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JA I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

**FORM MUST BE SIGNED USING AN INDELIBLE METHOD OR DOCUSIGN**

FIRM:	Connecting Links Transitional Living,
COMPLETE ADDRESS:	455 South 25th St - Lincoln NE 68500
TELEPHONE NUMBER:	402-310-3816
FAX NUMBER:	402-904-7702
DATE:	3/20/2022
SIGNATURE:	Tina Arsiaga, M.A., LMTHP
TYPED NAME & TITLE OF SIGNER:	Tina Arsiaga - M.A., LMTHP CEO

Men's House

Additional Addresses: See website: [www.connectlinks.net](http://www.connectlinks.net)

Office Ave → Heritage Square; Connecting Links (2006)  
Mental Health → 421 So. 9th Street Ste 107, Lincoln NE 68508

Women's House → 720 So. 28th St, Lincoln NE 68502  
Mens House → 2740 So. 13th St, Lincoln NE 68502

Next Step Goals:  
1)  
2)  
3)

CONNECTING LINKS  
421 So. 9<sup>TH</sup> ST.  
LINCOLN, NE 68508  
Phone: 402-310-3816  
Fax: 402-438-3204

**Consent to Release Information:**

I hereby authorize the following agencies, organization or persons listed below to communicate with and disclose to one another information as indicated:

Client: John M. Doe DOB: 11/9/72

I, \_\_\_\_\_ authorize/give permission for Connecting Links to:

Connecting Links will send information to: Exp 3/22  
To whom to release information to: parole officer Name + Number

Connecting Links can receive information from: Exp 3/22  
parole officer Name + Number

- Evaluation Reports Social Hx
- Discharge Reports Medical Hx
- Written Summaries Legal Record
- Testing Materials
- Progress Notes

Purpose for which information to be used:  
Treatment \_\_\_\_\_ Insurance \_\_\_\_\_ Follow Up \_\_\_\_\_ Legal Proceedings \_\_\_\_\_ Evaluation \_\_\_\_\_ Other \_\_\_\_\_

Re-disclosure of Information - I understand that once information is disclosed pursuant to his authorization that the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re disclosing it. Alcohol and /or drug treatment records are protected under the federal regulations governing Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and the recipient must be informed that re disclosure is prohibitive except as permitted or required by law.

5. Right to Refuse to Sign this Authorization - I understand that generally the person (s) and/or organization(s) listed above who I am authorizing to use and/or disclose my information may not condition my treatment, payment or eligibility for health care benefits on my decision to sign this authorization, but that in certain limited circumstances I may be denied treatment if I do not sign this form.

Right to Revoke - I understand that I may revoke this authorization verbally or in writing at any time except to the extent that action has already been taken in reliance upon it.

Right to Inspect - I understand that I have the right to request a copy of this authorization and to inspect and/or copy the health information I have authorized to be used or disclosed by this authorization form, except as restricted by law.

I consider a photocopy or fax of this authorization to be as valid as the original.

This release automatically expires one (1) year from the date it is signed unless otherwise specified by the client.

Authorization must be signed by the patient or legal guardian of the patient, or other authorized representative. If patient is unable to give consent, or physically sign, state reason:

\* Signature of Client: [Signature] Date: 3/29/22  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature / Date

Parent or guardian signature (If a minor): \_\_\_\_\_

Verify check in date for vouchers.  
(Count Days)

ATTACHMENT A, REV1, Bidder Questionnaire  
 RFQ 111765 Z6  
 Transitional Living Housing, including Mental Health Programming, for Parole clients

Bidder Name: **CONNECTING LINKS TRANSITIONAL LIVING; LLC**

Bidder should complete all questions in Attachment A. Cost must be reflected appropriately in cost proposal based on the transitional living tier and programs offered.

<b>Location availability</b>											
<b>1.1</b>	Indicate which areas where transitional living will be available:										
<p><b>Response:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near Omaha Regional Office            1313 Farnam Street            Omaha, NE 68102         </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> <b>Near Lincoln Regional Office</b>  <b>421 South 9th Street, Suite 220</b>  <b>Lincoln, NE 68508</b> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near Grand Island Regional Office            1811 West 2nd Street, Suite 225            Grand Island, NE 68803         </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near Hastings Regional Office            2727 West 2nd Street, Suite 224            Hastings, NE 68901         </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near Kearney Regional Office            4009 6th Avenue, Suite 22            Kearney, NE 68845         </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near Norfolk Regional Office            1700 North Victory Lane            Norfolk, NE 68702         </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near North Platte Regional Office            200 South Silber Avenue            North Platte, NE 69101         </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Near Scottsbluff Regional Office            505-A Broadway, Suite 900            Scottsbluff, NE 69361         </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> OTHER (Provide location):         </td> </tr> </table>		<input type="checkbox"/> Near Omaha Regional Office 1313 Farnam Street Omaha, NE 68102	<input checked="" type="checkbox"/> <b>Near Lincoln Regional Office</b> <b>421 South 9th Street, Suite 220</b> <b>Lincoln, NE 68508</b>	<input type="checkbox"/> Near Grand Island Regional Office 1811 West 2nd Street, Suite 225 Grand Island, NE 68803	<input type="checkbox"/> Near Hastings Regional Office 2727 West 2nd Street, Suite 224 Hastings, NE 68901	<input type="checkbox"/> Near Kearney Regional Office 4009 6th Avenue, Suite 22 Kearney, NE 68845	<input type="checkbox"/> Near Norfolk Regional Office 1700 North Victory Lane Norfolk, NE 68702	<input type="checkbox"/> Near North Platte Regional Office 200 South Silber Avenue North Platte, NE 69101	<input type="checkbox"/> Near Scottsbluff Regional Office 505-A Broadway, Suite 900 Scottsbluff, NE 69361	<input type="checkbox"/> OTHER (Provide location):	
<input type="checkbox"/> Near Omaha Regional Office 1313 Farnam Street Omaha, NE 68102	<input checked="" type="checkbox"/> <b>Near Lincoln Regional Office</b> <b>421 South 9th Street, Suite 220</b> <b>Lincoln, NE 68508</b>										
<input type="checkbox"/> Near Grand Island Regional Office 1811 West 2nd Street, Suite 225 Grand Island, NE 68803	<input type="checkbox"/> Near Hastings Regional Office 2727 West 2nd Street, Suite 224 Hastings, NE 68901										
<input type="checkbox"/> Near Kearney Regional Office 4009 6th Avenue, Suite 22 Kearney, NE 68845	<input type="checkbox"/> Near Norfolk Regional Office 1700 North Victory Lane Norfolk, NE 68702										
<input type="checkbox"/> Near North Platte Regional Office 200 South Silber Avenue North Platte, NE 69101	<input type="checkbox"/> Near Scottsbluff Regional Office 505-A Broadway, Suite 900 Scottsbluff, NE 69361										
<input type="checkbox"/> OTHER (Provide location):											
<b>1.2</b>	Provide the physical address of the Transitional Living with Programming location(s).										

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6  
Transitional Living Housing, including Mental Health Programming, for Parole clients

**Response:**

**2740 South 13<sup>th</sup> Street, Lincoln, NE 68502**

**455 South 25<sup>th</sup> Street, Lincoln NE 68510**

**420 South 28<sup>th</sup> Street, Lincoln, NE 68510**

**General**

**2.1**

Describe how any potential areas of concern will be identified and the mitigation plan. These areas may include but are not limited to: Staffing, cleanliness, and/or building code deficiencies.

**Response:**

**Connecting Links Transitional Living**

**455 S 25th St. Lincoln, NE 68510**

**420 South 28<sup>th</sup> Street, Lincoln NE 68510**

**2740 South 13<sup>th</sup> Street, Lincoln NE 68502**

01. Written duties and responsibilities of the Administrator.
02. Procedures for reporting abuse, neglect & exploitation.
03. Job descriptions, qualifications of employment positions of all that are licensed, certified registered or credentialed.
04. Procedure for Health screening.
05. Content for staff orientation.
06. Plan for ongoing training.
07. Client rights in written format.
08. Process/procedure for informing clients of their rights.
09. Procedure for addressing complaints and grievances for clients, staff, and others.
10. Process to identify and ensure the telephone number and address of the Department is readily available.
11. House rules are in written format & identify where its posted.
12. Copy of Quality Assurance/ Performance Improvement Program.
13. Copy of the Program Description.
14. Review policies and procedures to implement the facility's programs.
15. Written criteria for admission.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6  
Transitional Living Housing, including Mental Health Programming, for Parole clients

16. Copy of client orientation and period for completion.
17. Types of care and treatment provided.
18. Procedures for accessing emergency mental health services.
19. Policies and Procedures for Restraint, Seclusion, and Time-Out
  - a. Accredited Facilities
  - b. Non-accredited
20. Assessment procedures and forms.
21. Copy of Individualized Service Plan
22. Copy of procedures
23. Process for coordinating supportive and therapeutic services.
24. Health management and care system and medical and clinical oversight, assessment, and care procedures.
25. Written plan to access Medical emergency services.
26. Procedures and plans for administration/provision of medication.
  - a. Administration or provision of medication
  - b. Client self-administration of medication
  - c. Provision of medication by a person's other than a licensed healthcare professional
  - d. Reporting medication errors
  - e. Medication administration record
  - f. Disposal of medication
27. Food service procedures and menus.
28. Client record keeping system and procedures.
29. Written discharge/transfer criteria.
30. Copy of discharge summary or process of its completion.
31. Procedure for Infection Control System.
32. Safety Plan.
33. Pet Policies.
34. Procedure for determining clients mental, physical, and psychological ability to protect self and or how the facility will ensure safety.
35. Hazardous/ poisonous material storage.
36. Disaster preparedness procedures and plan.
37. If 16 or less clients/ policy for food storage, preparation, serving, sanitation of equipment/utensils/dishes, glassware, and storage for such.
38. Laundry procedures.
39. Process for routine and prevention
40. Process for storage and handling of clean and solid linens.
41. Policy regarding how the facility will maintain sufficient staff to meet client needs.



ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

**01. Written duties and responsibilities of the Administrator.**

Licensee determined, implemented, and monitored policies to ensure the facility is administered and managed appropriated. The responsibilities include:

- Monitoring policies.
- Ensuring the facility's concession with all applicable state statutes and relevant rules.
- Guaranteeing the quality of all the services, care, and treatment provided to clients.
- Designating an administrator who is responsible for the day-to-day management of the facility.
- Defining the duties and responsibilities of the administrator in writing.
- Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed.
- Notifying the Department in writing within five working days when the administrator vacancy is filled indicating the effective date and name of the person appointed administrator.
- Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs.
- Receiving periodic reports and recommendations regarding the quality assurance/performance improvement
- Implementing programs and policies to maintain and improve the quality of client care and treatment based
- Ensuring that staff levels are sufficient to meet the client's needs.

**02. Procedures for reporting abuse, neglect & exploitation.**

The administrator is responsible for planning, organizing, and directing the day-to-day operation of the mental health center. The administrator must report and be responsible to the licensee in all matters related to the maintenance, operation, and management of the facility. The administrator's responsibilities include:

- Being on the premises enough hours to permit adequate attention to the management of the substance abuse treatment center.
- Ensuring that the substance abuse treatment center protects and promotes the client's health, safety, and well-being.
- Maintaining staff appropriate to meet clients' needs.
- Designating a substitute, who is responsible and accountable for management of the facility, to act in the absence of the administrator.
- Developing procedures which require the reporting of any evidence of abuse, neglect, or exploitation of any client served by the facility in accordance
- Ensuring an investigation is completed on suspected abuse, neglect, or exploitation.

**03. Job descriptions, qualifications of employment positions of all that are licensed, certified registered or credentialed.**

Staffing Credentials, the facility must ensure that:

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

-Any staff person providing a service for which a license, certification, registration, or credential is required holds the license, certification, registration or credential in accordance with applicable state laws.

-The staff have the appropriate license, certification, registration, or credential prior to providing a service to clients.

-It maintains evidence of the staff having appropriate license, certification, registration, or credential.

-The facility must establish policies and procedures to implement the facility's program as described.

**04. Procedure for Health screening**

The facility must establish and implement policies and procedures regarding the health status of staff who provide direct care or treatment to clients to prevent the transmission of infectious disease.

The facility:

-Must complete a health screening for each staff person prior to assuming job responsibilities.

-May, in its discretion, based on the health screening require a staff person to have a physical examination.

**05. Content for staff orientation**

The facility must provide staff with orientation prior to the staff person having direct responsibility for care and treatment of clients. The training must include:

-Client rights.

-Job responsibilities relating to care and treatment programs and client interactions; 3.

-Emergency procedures including information regarding availability and notification.

-Information on any physical and mental special needs of the clients of the facility.

-Information on abuse, neglect, and misappropriation of money or property of a client and the reporting procedures.

**06. Plan for ongoing training**

The facility must provide each staff person ongoing training in topics appropriate to the staff person's job duties, including meeting the needs, preferences, and protecting the rights of the clients in the facility.

**07. Client rights in written format**

The facility must:

-Ensure that the client is aware of the rights listed in 175 NAC 19- 006.04B upon admission and for the duration of the stay; 2.

-Operate to afford the client the opportunity to exercise these rights.

-Protect and promote these rights. 19-006.04B

**The client must have the right:**

-To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being.

-To self-direct activities and participate in decisions regarding care and treatment.

-To confidentiality of all records, communications, and personal information.

-To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6  
Transitional Living Housing, including Mental Health Programming, for Parole clients

- To examine the results of the most recent survey of the facility conducted by representatives of the Department.
- To privacy in written communication including sending and receiving mail consistent with individualized service plans.
- To receive visitors if this does not infringe on the rights and safety of other clients and is consistent with individualized service plans.
- To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans.
- To retain and use personal possessions, including furnishings and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients.
- To be free of restraints except when provided as in 175 NAC 19-006.12.
- To be free of seclusion in a locked room, except as provided in 175 NAC 19-006.12.
- To be free of physical punishment.
- To exercise his or her rights as a client of the facility and as a citizen of the United States.
- To be free from arbitrary transfer or discharge.
- To be free from involuntary treatment unless the client has been involuntarily committed by appropriate court order.
- To be free from abuse and neglect and misappropriation of their money and personal property.
- To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges.

**08. Process/procedure for informing clients of their rights.**

- Ensure that the client is aware of the rights listed in 175 NAC 18- 006.04B and C upon admission and for the duration of the stay.
- Operate to afford the client the opportunity to exercise these rights; and protect and promote these rights.

**09. Procedure for addressing complaints and grievances for clients, staff, and others.**

- The facility must establish and implement written procedures for addressing complaints and grievances from clients, staff, and others.
- The facility must have a procedure regarding submission of complaints and grievances available to clients, staff, and others.
- The facility must document efforts to address complaints and grievances received in a timely manner.
- The facility must ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances

**10. Process to identify and ensure the telephone number and address of the Department is readily available.**

- The facility must ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances

**11. House rules are in written format & identify where its posted.**

- Except for emergency detoxification programs, an inpatient facility must develop reasonable house rules outlining operating protocols concerning, but not limited to, mealtimes, night-time quiet hours, guest policies and smoking. The facility must provide the clients an opportunity to review and

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

provide input into any proposed changes to house rules before the revisions become effective. The house rules must be:

1. Consistent with client rights
2. Posted in an area readily accessible to clients.
- 3 Reviewed and updated, as necessary.

**12. Copy of Quality Assurance/ Performance Improvement Program.**

The facility must conduct an ongoing comprehensive, integrated assessment of the quality and appropriateness of care and treatment provided. The facility must use the findings to correct identified problems and to revise facility policies, if necessary.

Those responsible for the quality assurance/performance improvement program must:

1. Implement and report on activities and mechanisms for monitoring the quality of client care and treatment.
2. Identify and resolve problems.
3. Make suggestions for improving care and treatment.
4. Maintain documentation of quality assurance/performance improvement activities.
5. Report results of the quality assurance/performance improvement activities to the licensee.
6. Provide for client participation.

**13. Copy of the Program Description.**

The facility must have a written program description that is available to staff, clients, and members of the public that explains the range of care and treatment activities provided. The description must include the following:

1. The mission statement, program philosophy, goals and objectives developed by the governing body.
2. The levels of care and/or treatment provided, including inpatient and outpatient components, when applicable.
3. The client population served, including age groups and other relevant characteristics;
4. The hours and days the facility provides care and/or treatment.
5. Staff composition and staffing qualification requirements to sufficiently provide care and/or treatment to meet facility goals and objectives.
6. Staff job responsibilities for meeting care and/or treatment facility goals and objectives.
7. The admission and discharge processes, including criteria for admission and discharge;
8. System of referral for alternative services for those individuals who do not meet admission criteria.
9. The client admission and ongoing assessment and evaluation procedures used by the program, including individualized service plan process.
10. Plan for providing emergency care and treatment, including use of facility approved interventions to be used by staff in an emergency.
11. Quality assurance/improvement process, including who will be responsible for the program and how results will be utilized to improve care and/or treatment.
12. System governing the reporting, investigation, and resolution of allegations of abuse, neglect, and exploitation.
13. Clients rights and the system for ensuring client rights will be protected and promoted.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6  
Transitional Living Housing, including Mental Health Programming, for Parole clients

**14. Review policies and procedures to implement the facility's programs.**

The facility must establish policies and procedures to implement the facility's program as described in 175 NAC 18-006.08A.

**15. Written criteria for admission.**

The facility must have written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined based on:

1. Identification of client need for care and treatment, including the severity of the presenting problem.
2. Rationale for determining appropriate level of care and treatment.
3. Need for supervision and other issues related to providing care and treatment.

**16. Copy of client orientation and period for completion.**

The facility must provide an orientation to each new client that includes an explanation of the facility house rules, client rights, fee policy, conditions under which residency would be terminated and a general description of available activities. This client orientation must be provided within 24 hours of admission.

**17. Types of care and treatment provided.**

The facility must provide for the following care and treatment activities to meet client needs on an ongoing basis in a manner that respects clients' rights, promotes recovery, and affords personal dignity:

1. Provision of adequate shelter and arrangements for food and meals.
2. Provision of care and treatment to meet client identified needs.
3. Medical and clinical oversight of client needs as identified in the client assessment.
4. Assistance with acquiring skills to live as independently as possible.
5. Assistance and support, as necessary, to enable clients to meet personal hygiene and clothing needs.
6. Assistance and support, as necessary, to enable clients to meet their laundry needs, which includes access to washers and dryers so that clients can do their own personal laundry
7. Assistance and support, as necessary, to enable clients to meet housekeeping needs essential to their health and comfort, including access to materials needed to perform their own housekeeping duties.
8. Activities and opportunities for socialization and recreation both within the facility and in the community.
9. Health-related care and treatment.
10. Assistance with transportation arrangements.

The facility must arrange for access to mental health services on a routine and ongoing basis to meet the identified client needs. The facility must assist the client in keeping appointments and participating in treatment programs.

**18. Procedures for accessing emergency mental health services.**

The facility must decide for care of client emergencies.

1. Access to qualified facility staff trained to oversee psychiatric behaviors who must be available to provide care and treatment.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6  
Transitional Living Housing, including Mental Health Programming, for Parole clients

2. Plan for provision of emergency treatment, including circumstances when restraint use may be necessary and how facility staff will respond.
3. Plan to provide safety to clients who pose an imminent danger to themselves or others, which may include transfer to an appropriate facility.

**19. Policies and Procedures for Restraint, Seclusion, and Time-Out**

The substance abuse treatment center must not use restraints and/or seclusion except:

1. As provided in 175 NAC 18-006.14A to C2.
2. When a client is placed at a substance abuse treatment center under civil protective custody in which case restraint may be used only to the extent necessary to protect the client and others from harm, in accordance with Neb. Rev. Stat. section 53-1,121. The facility must comply with Building Code and Life Safety Code requirements for locked or secured environments.

**20. Assessment procedures and forms.**

The facility must evaluate a client in an emergency detoxification program as to his or her immediate need and implement the facility's procedures for its emergency detoxification program, in compliance with 175 NAC 18-006.

**21. Copy of Individualized Service Plan**

The individualized service plan must:

1. Specify the care and treatment necessary to meet the client's assessed needs.
2. Include referrals for needed services that the facility does not provide.
3. Contain specific goals and the measurement the client will use to achieve reduction or elimination of substance abuse.
4. Specify the extent and frequency of care and treatment.
5. Specify criteria to be met for termination of care and treatment.
6. Define therapeutic activity.

**22. Copy of procedures for ISP.**

SAME AS ABOVE.

**23. Process for coordinating supportive and therapeutic services.**

An inpatient facility must, at a minimum, provide the following:

1. Therapeutic activities as described in the facility program description.
2. Adequate shelter.
3. Medical and clinical oversight of client needs as identified in the client assessment.
4. Assistance and support, as necessary, to enable the client to meet personal hygiene and clothing needs.
5. Assistance and support, as necessary, to enable the client to meet laundry needs, which may include access to washers and dryers so that clients can do their own personal laundry if included.
6. Assistance and support, as necessary, to enable the client to meet his or her housekeeping needs including access to materials needed to perform his or her own housekeeping duties as determined by the client.
7. Health-related care and treatment, as necessary.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6  
Transitional Living Housing, including Mental Health Programming, for Parole clients

**24. Health management and care system and medical and clinical oversight, assessment, and care procedures.**

Arrangements for health services must be made with the consent of the client and/or designee.

**25. Written plan to access Medical emergency services.**

The facility must have a written, detailed plan to access medical emergency services as a timely response to client emergencies.

**26. Procedures and plans for administration/provision of medication..**

**a. Client self-administration of medication**

Clients may be allowed to self-administer medications, with or without visual supervision, when the facility determines that the client is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The facility must develop and implement policies to address client self-administration of medication, including:

1. Storage and handling of medications.
2. Inclusion of the determination that the client may self-administer medication in the client's individualized service plan.
3. Monitoring the plan to assure continued safe administration of medications by the client.

**b. Provision of medication by a person's other than a licensed healthcare professional**

When the facility uses a person other than a licensed health care professional in the provision of medications, the facility must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry.

The facility must establish and implement policies and procedures:

1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004.
2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 NAC 96-005.
3. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:
  - a. Provide routine medication, and b. Provision of medications by the following routes:
    - (1) Oral who includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays.
    - (2) Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation.
    - (3) Topical applications of sprays, creams, ointments, and lotions and transdermal patches.
    - (4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

4. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009, which include but are not limited to:

- a. provision of PRN medication.
- b. provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or
- c. documented in client records.

5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision.

6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.

7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained.

8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reaction to medications will be reported. The reporting must be:

- a. Made to the identified person responsible for direction and monitoring.
- b. Made immediately upon discovery.
- c. Documented in client records.

**c. Reporting medication errors**

The facility must have policies and procedures for reporting any errors in administration or provision of prescribed medications. Any variance from the five rights must be reported as an error:

1. To the client's licensed practitioner.
2. In a timely manner upon discovery.
3. By written report.

**e. Medication administration record**

The facility must maintain records sufficient detail to assure that:

1. Clients receive the medications authorized by a licensed health care professional; and 2. The facility is alerted to theft or loss of medication. Each client must have an individual medication administration record which must include:

1. Identification of the client.
2. Name of the medication given.
3. Date, time, dosage, and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication.
4. Client's medication allergies and sensitivities, if any.

**f. Disposal of medication**

Medications that are discontinued by the licensed health care professional and those medications which are beyond their expiration date, must be destroyed. The facility must develop and implement policies and procedures to identify who will be responsible for disposal of medications and how disposal will occur within the facility.

**27. Food service procedures and menus.**

**No Food Provided/Clients get their own food.**

**28. Client record keeping system and procedures.**



ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

The facility must maintain complete and accurate records to document the operation of the facility and care and treatment of the clients.

-All record entries must be dated, legible and indelibly verified. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent.

- The facility must keep records confidential unless medically contraindicated. Records are subject to inspection by authorized representative of the Department. 18-006.16B3 Retention: -Client records must be retained for a minimum of two years.

-Client information and/or records may be released only with the consent of the client or client's designee or as required by law. When a client is transferred to another facility or service, appropriate information must be sent to the receiving facility or service.

-If a facility changes ownership or Administrator, all client records must remain in the facility. Prior to the dissolution of any facility, the administrator must notify the Department in writing as to the location and storage of client records.

**29. Written discharge/transfer criteria.**

The facility must establish discharge criteria and use those criteria in developing an appropriate plan for discharge jointly with the client. A discharge plan is not required for clients in an emergency detoxification program. The discharge plan must include:

1. A relapse prevention plan, which includes triggers and interventions for client to activate.
2. The client's plan for follow up, continuing care, or other post care and treatment services.
3. Documentation of referrals made for the client by the facility.
4. The client's plan to further his/her recovery.
5. The client's signature and the date.
6. A treatment summary that will be completed no later than 30 days after the client's discharge. The summary must include a description of the client's progress under his or her ISP, the reason for discharge, and any recommendations to the client.

**30. Copy of discharge summary or process of its completion.**

SAME AS ABOVE.

**31. Procedure for Infection Control System.**

The facility must have a system for management of identified infections within the facility for clients and staff, which includes the use of standard precautions for prevention of transmission of infectious diseases among clients and/or staff.

**32. Safety Plan.**

The facility must have a system to identify and prevent the occurrence of hazards to clients. Examples of hazards to be identified and prevented are dangerous substances, sharp objects, unprotected electrical outlets, extreme water temperatures, and unsafe smoking practices.

**33. Pet Policies.**

No Pets Allowed.

**34. Procedure for determining clients mental, physical, and psychological ability to protect self and or how the facility will ensure safety.**

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

-The facility must provide a safe, clean, and comfortable environment for clients which allows the client to use his/her personal belongings as much as possible. Every detached building on the same premises used for care and treatment must comply with these regulations.

-The facility must provide housekeeping and maintenance necessary to protect the health and safety of clients.

-Facility's buildings and grounds must be kept clean, safe and in good repair.

-The facility must consider client habits and lifestyle preferences when housekeeping services are provided in the bedrooms/living area.

-All garbage and rubbish must be disposed of in a manner as to prevent the attraction of rodents, flies, and all other insects and vermin. Garbage and rubbish must be disposed in a manner as to minimize the transmission of infectious diseases and minimize odor.

-The facility must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.

-The facility must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.

**35. Hazardous/ poisonous material storage.**

The facility must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly overseen and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by clients.

**36. Disaster preparedness procedures and plan.**

-The facility must establish and implement procedures to ensure that clients care, and treatment, safety, and well-being are maintained during and following instances of natural disasters, disease outbreaks, or other similar situations.

-The facility must establish plans to move clients to points of safety or provide other means of protection in case of fire, tornado, or other natural disasters or the threat of ingestion, absorption, or inhalation of hazardous materials.

-The inpatient facility must ensure that food, water, medicine and medical supplies, and other necessary items for care and treatment are available and obtainable from alternate sources.

-The inpatient facility must establish plans to move and house clients in points of safety when the building or a portion of the building is damaged to the point it is uninhabitable. Damage may be due to fire, tornadoes, or other disasters.

-The facility must establish plans to provide for the comfort, safety, and well-being of clients in the event of electrical or gas outage, heating, cooling or sewage systems failure, or loss or contamination of water supply.

**37. If 16 or less clients/ policy for food storage, preparation, serving, sanitation of equipment/utensils/dishes, glassware, and storage for such.**

A facility which provides food services for 16 or fewer clients or uses a food preparation area only for training or activity purposes, must develop and implement policies and procedures to ensure the following:

1. Automatic dishwasher has a final rinse cycle temperature not less than 150 degrees Fahrenheit.

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

2. Foods are stored, prepared, transported and served at proper temperatures. Temperatures of potentially hazardous foods must be always 45 degrees Fahrenheit or below or 140 degrees Fahrenheit or above.

3. Food preparation and eating areas are maintained in a sanitary manner.

4. All equipment and utensils, including dishes, glassware, and silverware, used in the serving or preparation of food or drink for individuals are thoroughly cleaned after each use and stored in a manner to assure they are kept free of dust, insects, and contamination

**38. Laundry procedures.**

The facility must be responsible for providing each client with an adequate supply of clean bed, bath, and other linens as necessary for care and treatment. Linens must be in good repair.

**39. Process for routine and prevention**

The facility must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and functions to meet their intended use.

**40. Process for storage and handling of clean and solid linens.**

The facility must establish and implement procedures for the storage and handling of soiled and clean linens.

**41. Policy regarding how the facility will maintain sufficient staff to meet client needs.**

The facility must maintain enough staff with the required training and skills necessary to meet the client's needs. The facility must provide care and treatment to clients in a safe and timely manner.

2.2	<p>Describe which of the three tiers or types of transitional housing being proposed.</p> <p>I. Licensed Halfway House: A 24 hour structured supportive living/treatment/recovery facility generally following primary treatment licensed by the Department of Health &amp; Human Services/Division of Public Health/Licensure Unit that serves justice-involved individuals.</p> <p><b>II. Transitional Living with Programming: Supportive, temporary housing, which includes services (i.e., employment) to facilitate transition into independent living.</b></p> <p>III. Transitional Living/Safe and Sober Living without Programming: Temporary housing for individuals requiring more stability than emergency shelter with the goal of acquiring independent living.</p>
<b>Response:</b>	

ATTACHMENT A, REV1, Bidder Questionnaire  
 RFQ 111765 Z6  
 Transitional Living Housing, including Mental Health Programming, for Parole clients

**II. Transitional Living with Programming: Supportive, temporary housing, which includes services (i.e., employment) to facilitate transition into independent living.**

<b>2.3</b>	Describe the number of beds that are available to the NBOP/Division of Parole Supervision.
<p><b>Response: 15 beds for men (potentially could be more)</b></p> <p style="text-align: center;"><b>5 beds for women (potentially could be more)</b></p>	

Programs	
<b>3.1</b>	<p>Describe what programming/education that is provided.</p> <p>The Board of Parole defines programming as any service that involves behavioral health treatment offered by a licensed provider as part of the total cost for purposes of the Transitional Living with Programming level of housing.</p> <p>Educational Programs such as, the following are <b>not</b> considered as behavioral health treatment; Budgeting, Building Family Relations, Life Skills, Anger Management, Case Management Services.</p> <p>If able to provide behavioral health treatments, please describe programming being offered.</p> <p>If unable to provide behavioral health treatments, please state so below and on the cost proposal, provide cost reflecting no programming/education.</p>
<p><b>Response:</b></p> <p><b>Behavioral Health Treatment see below. Also view our website at <a href="http://www.connectinglinks.net">www.connectinglinks.net</a> for further verification.</b></p> <p><b>Intensive Outpatient Treatment (10 hours a week for 6 weeks; Mondays, Wednesdays, Thursdays) evenings then transition to Outpatient Treatment (1 time per week for 7 weeks) and then transition to Aftercare 2 times per month for 3 months than 1 time per month for 3 months.</b></p>	

ATTACHMENT A, REV1, Bidder Questionnaire  
 RFQ 111765 Z6  
 Transitional Living Housing, including Mental Health Programming, for Parole clients

**Outpatient Treatment (24 hours in total 1 time per week) then Aftercare for 3 months (1 time per month for 3 months).**

**Individualized Outpatient Treatment.**

**Education Classes for Drugs and Alcohol and other pertinent education**

**Individual or Family Counseling**

<b>3.2</b>	Describe how many and which types of Mental Health Professionals, licensed by the State of Nebraska, and credentialed staff are available to provide Programming. If none, please state so.
<p><b>Response: Tina Arsiaga; M.A. LMHP</b></p> <p style="padding-left: 40px;"><b>Sean McClure; M.A. PLMHP</b></p> <p style="padding-left: 40px;"><b>Will hire more staff if needed.</b></p>	

<b>Site Enhancements</b>	
<b>4.1</b>	Describe any enhancements or changes to the site in the past two (2) years that may provide an enhanced experience for parole clients.
<p><b>Response:</b></p> <p><b>All houses have been certified and permitted correctly with the City of Lincoln to assure all ordinances and safety precautions are covered. All facilities have an operational fire sprinkler system, exit signs, fire hydrants, alarm systems monitored by Midwest Monitoring who contacts us for any 911 calls or emergencies. If they cannot contact me directly it goes straight to 911. All</b></p>	

ATTACHMENT A, REV1, Bidder Questionnaire  
RFQ 111765 Z6

Transitional Living Housing, including Mental Health Programming, for Parole clients

**houses have Ring cameras inside and outside the facilities and are regularly monitored. We have staff which is at each property 24/7 rotating shifts. We have our own breathalyzers and UAs on site to verify continued sobriety. We will offer treatment services to clients. We have phone services at all locations to contact client's if they do not have their own cell phones and internet services at all facilities.**

**ATTACHMENT BIDDER QUESTIONNAIRE:**

**1.1 Response:** Near Lincoln Regional Office; 421 South 9<sup>th</sup> Street Ste 220, Lincoln NE 68508.

**1.2 Response:** Men's House 2740 South 13<sup>th</sup> Street, Lincoln NE 68502

Men's House 455 South 25<sup>th</sup> Street, Lincoln NE 68510

Women's House 420 South 288<sup>th</sup> Street, Lincoln NE 68510

**2.1 Response:** Connecting Links Transitional Living Mitigation plan for example for coding deficiencies. Our businesses have all be validated and permitted legally by the City of Lincoln to be ran legally as a Group Home or Alternative to Imprisonment. The city ensures that are buildings are up to par and ran correctly and orderly. The houses have all been set with sprinkler systems, carbon monoxide systems, alarm systems which are monitored by an alarm service paid by our Company. Safety plans are in place for issues with Assaults, Suicide situations, Drug and Alcohol usage, complaints or grievances made by clients (House Handbook)

Cleaning is address daily by our 24/7-hour staffing. Cleaning services routines are changed weekly with each client having their specific duties. If these duties are not accomplished consequences are put into place. Staffing is addressed by myself Tina Arsiaga which I staff all my houses and staff is hired/fired/background check/references by myself to good hires.

**2.2 Response:** Connecting Links has been working with Parole clients since year 2006 to the present time when referrals arise. I have performed evaluations, providing dual diagnoses treatment; IOP, OP for Parole client's while in the Heritage Square Building and for the past 2 years via Tele-Health. Heritage Square Ste 107 is still maintained and paid for by Connecting Links however will be there again physically when Tele-Health is not an option at that time.

**2.3 Response:** 2740 South 13<sup>th</sup> Street has 13 beds available for Men.

455 South 25<sup>th</sup> Street has 25 beds available for Men.

420 South 28<sup>th</sup> Street has 10 beds available for Women.

**3.1 Response:** Programming can be provided at Heritage Square Ste 107 for IOP, OP, Evaluations, etc. or via Tele-Health Zoom

**3.2 Response** Tina Arsiaga; M.A., LMHP, Tom Arsiaga

Tomas Arsiaga - All Background Checked and Verified

Taylor Arsiaga - All Background Checked and Verified

Crystal Wise - All Background Checked and Verified

Claudia Rodriguez - All Background Checked and Verified

Lucia Morgan - All Background Checked and Verified

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Home

Building

LTU

Planning

Search Applications Create an Application Schedule an Inspection

**Record B2003038:**

**City - Commercial Building**

**Record Status: In Review**

[Add to collection](#)

- Record Info
- Payments
- Custom Component

## Work Location

**420 S 28TH ST**

LINCOLN NE 68510

## Record Details **Project Description:**

**CONVERT SINGEL FAMILY TO A GROUP HOME, CONCRETE  
PAD FOR SPRINKLERS/ CARBON/ FIRE/ SMOKE DETECTORS**

## Applicant:

TOM ARSIAYA

CONNECTING LINKS TRANSITIONAL LIVING LLC

420 SO. 28TH ST

LINCOLN, NE, 68510

Home Phone:4023103816

Tina Arsiaga <tarsiaga@icloud.com>

## Owner:



CONNECTING LINKS TRANSITIONAL LIVING LLC  
6111 ROLLING HILLS BLVD  
LINCOLN NE 68512

# Property Information:

## 455 S 25TH ST, LINCOLN NE 68510

### Owner Details

#### CONNECTING LINKS TRANSITIONAL LIVING LLC

6111 ROLLING HILLS BLVD LINCOLN,NE 68512

Phone:

Fax:

Status:Enabled

### Addresses

Showing 1-1 of 1

<u>Parcel Number</u>	<u>Owner</u>	<u>Address</u>
1025251001000	CONNECTING LINKS TRANSITIONAL LIVING LLC	<a href="#">455 S 25TH ST, LINCOLN NE 68510</a>

### Parcels

## Planning

Dashboard My Records My Account

- [Advanced Search](#)

## ▼ Building

Showing 1-1 of 1 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/> Date	Record Number	Record Type	Project Name	Address	Status
<input type="checkbox"/> 06/01/2020	<a href="#">B2001614</a>	City - Commercial Building	SINGLE FAMILY TO GROUP HOME	2740 S 13TH ST, LINCOLN NE 68502	Issued

## ▶ LTU

Month \_\_\_\_\_

### Anxiety Tracker

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<b>SYMPTOMS</b>																																				
<b>Emotional</b>	Anticipating the worst																																			
	Irritability																																			
	Feeling like your mind's gone blank																																			
	Difficulty controlling the worry																																			
	Feelings of apprehension or dread																																			
	Watching for signs of danger																																			
	Fear																																			
	Panic																																			
	Trouble concentrating																																			
	Heart palpitations/accelerated pulse																																			
<b>Physical</b>	Shortness of breath																																			
	Nausea																																			
	Dizziness																																			
	Numbness or tingling sensations																																			
	Tense Muscles																																			
	Not being able to stay calm and still																																			
	Cold Hands or Feet																																			
	Sweaty Hands or Feet																																			
<b>Sleep</b>	Trouble falling asleep																																			
	Waking up too early in the a.m.																																			
	Difficulty staying asleep																																			
	Waking up feeling unrefreshed																																			

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REQUEST FOR ITEMS FORM – REENTRY SPECIALISTS

Bridges to Hope does not discriminate on the basis of race, color, creed, national origin, religion, age, disability or other legally protected status in admission to access to, or operations at its programs, services and activities.

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(Reentrant) (Reentrant Representative)

\_\_\_\_\_ to shop and pick up a care package for me consisting of items needed as I re-enter the  
(Representative Phone #)  
community and begin my journey of independence.

VERIFIED AND APPROVED BY: \_\_\_\_\_  
(Printed Name of Facility Representative) (Date)

\_\_\_\_\_  
(Facility Representative Signature) (Facility)

REENTRANT INFORMATION

Name (Please print) \_\_\_\_\_ Veteran \_\_\_\_\_ yes \_\_\_\_\_ no

Race/ethnicity \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Inmate number \_\_\_\_\_ Institution (currently at or released from) \_\_\_\_\_

Date entered correctional facility \_\_\_\_\_ Release Date \_\_\_\_\_ Referral \_\_\_\_\_

1<sup>st</sup> Visit Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Reentrant Signature) (Reentrant Representative Signature)

\_\_\_\_\_  
(Bridges to Hope Volunteer Signature)

2<sup>nd</sup> Visit Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Reentrant Signature) (Reentrant Representative Signature)

\_\_\_\_\_  
(Bridges to Hope Volunteer Signature)

Office Use Only

1st			2nd	
Date	Initial		Date	Initial

# WAREHOUSE ITEMS (SUBJECT TO AVAILABILITY)

Please note...amounts are limited, however, you are allowed to shop a second time within 18-months.

## MEN'S CLOTHING

### MISCELLANEOUS

\_\_\_ belt (1)  
\_\_\_ coat/jacket (1)  
\_\_\_ gloves (1)  
\_\_\_ hat/cap (1)  
\_\_\_ pajamas (1)  
\_\_\_ robe (1)  
\_\_\_ sport jacket (2)

### MISC. CONT.

\_\_\_ suit (1)  
\_\_\_ thermals (1)  
\_\_\_ tie (2)  
\_\_\_ underwear (3)  
\_\_\_ wallet (1)  
\_\_\_ winter vest (1)

### PANTS

\_\_\_ coveralls (1)  
\_\_\_ jeans (3)  
\_\_\_ shorts (2)  
\_\_\_ slacks (2)  
\_\_\_ sweat pants (1)

### SHIRTS

\_\_\_ dress shirt (3)  
\_\_\_ shirt (4)  
\_\_\_ sweaters (1)  
\_\_\_ sweatshirt (1)  
\_\_\_ T-shirt = Color (2)  
\_\_\_ T-shirt = White (2)

### SHOES/SOCKS

\_\_\_ dress shoes (1)  
\_\_\_ slippers/flip flops (1)  
\_\_\_ socks-dress (2)  
\_\_\_ socks (2)  
\_\_\_ tennis shoes (1)  
\_\_\_ work boots (1)

## WOMEN'S CLOTHING

### MISCELLANEOUS

\_\_\_ belt (1)  
\_\_\_ bra (2)  
\_\_\_ coat/jacket (1)  
\_\_\_ dress/pantsuit (2)  
\_\_\_ gloves (1)  
\_\_\_ hat/cap (1)

### MISC. CONT.

\_\_\_ pajamas (1)  
\_\_\_ purse (1)  
\_\_\_ robe (1)  
\_\_\_ scarf (1)  
\_\_\_ skirts (1)  
\_\_\_ wallet (1)

### PANTS

\_\_\_ casual (2)  
\_\_\_ jeans (2)  
\_\_\_ shorts (2)  
\_\_\_ slacks (2)  
\_\_\_ sweat pants (1)  
\_\_\_ under pants (3)

### SHIRTS

\_\_\_ blouse/shirt (2)  
\_\_\_ cami/tanktop (2)  
\_\_\_ sweaters (2)  
\_\_\_ sweatshirt (1)  
\_\_\_ t-shirt (3)

### SHOES/SOCKS

\_\_\_ boots (1)  
\_\_\_ dress shoes (1)  
\_\_\_ slippers/flops (1)  
\_\_\_ socks (4)  
\_\_\_ tennis shoes (1)

## SIZES or OTHER ITEMS

\_\_\_\_\_ Men's Waist  
\_\_\_\_\_ Men's Length  
\_\_\_\_\_ Women's pants  
\_\_\_\_\_ Shirt

\_\_\_\_\_ Bra  
\_\_\_\_\_ Underwear  
\_\_\_\_\_ Coat/Jacket  
\_\_\_\_\_ Shoe

\_\_\_\_\_ (other)  
\_\_\_\_\_ (other)  
\_\_\_\_\_ (other)  
\_\_\_\_\_ (other)

## PERSONAL ITEMS

\_\_\_ backpack/luggage (1)  
\_\_\_ brush (1)  
\_\_\_ combs (2)  
\_\_\_ conditioner (1)  
\_\_\_ dental floss (2)

\_\_\_ deodorant (1)  
\_\_\_ hair spray (1)  
\_\_\_ razor-electric (1)  
\_\_\_ razors-safety (3)  
\_\_\_ shampoo (1)

\_\_\_ shaving cream (1)  
\_\_\_ soap-bar (2)  
\_\_\_ soap-body wash (1)  
\_\_\_ toilet paper (2 rolls)  
\_\_\_ toothbrush (1)

\_\_\_ toothpaste (1)  
\_\_\_ towel-bath (1)  
\_\_\_ wash cloth (1)  
\_\_\_ watch (1)

a  
service  
of

# Center for People in Need

3901 N. 27th Street  
Lincoln, NE 68521  
402.476.4357  
cfpin.org



## COMMUNITY Resources & Services HANDBOOK

## How can Center for People in Need help you?

### Step 1: Does your household income meet our guidelines?

Size of Household	Monthly Income
1	\$1,782.00
2	\$2,403.00
3	\$3,024.00
4	\$3,645.00
5	\$4,266.00
6	\$4,887.00

\*Add \$624 for each additional household member. Subject to change.

-OR-

### Are you currently enrolled in one of the following programs?

\*Categorical eligibility subject to change.

- Supplemental Nutrition Assst. Program (SNAP)
- Aid to Dependent Children (ADC)
- Low Income Emerg. Assistance Program (LIEAP)
- Aid to the Aged, Blind, and Disabled (AABD)
- Medical Assistance (MEDICAID)

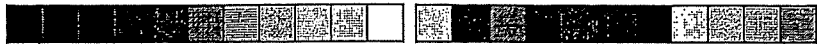
### Step 2: Complete your CFPIN Application.

The primary applicant must provide identification.

### Step 3: Identify the following assistance programs that may be useful to your success. If interested, inquire for details.

- Free Food Distribution
- Emergency Assistance
- Offender/Ex-Offender Job Skills
- English Language Course
- Annual Assistance Events
- Assistance Applying for Government Benefits
- Adult Education towards Associates Degree





# Center for People in Need

## Short-Form Application for Services

Primary Applicant Adult #1

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

DOB \_\_\_\_\_

Email \_\_\_\_\_

What is your **total gross** household income including all persons and sources of income? \$ \_\_\_\_\_

Do you **currently** participate in one of the following?

- Supplemental Nutrition Assist. Program (SNAP)
- Aid to Dependent Children (ADC)
- Low Income Emerg. Assistance Program (LIEAP)
- Aid to the Aged, Blind, and Disabled (AABD)
- Medical Assistance (MEDICAID)

What is your **household family size**, including all adults and children living at the same address? \_\_\_\_\_ Persons

Provide the names and ages of all persons in your household:

Last Name, First Name	DOB	M/F
-----------------------	-----	-----

Adult #2 \_\_\_\_\_

Adult #3 \_\_\_\_\_

Adult #4 \_\_\_\_\_

Child #1 \_\_\_\_\_

Child #2 \_\_\_\_\_

Child #3 \_\_\_\_\_

Child #4 \_\_\_\_\_

Child #5 \_\_\_\_\_

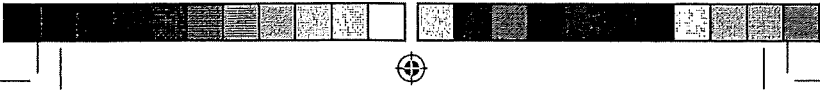
If/when requested, I can provide proof of eligibility. I understand that my services maybe be audited at any time, and cancelled due to a failure to meet income or household guidelines.

X \_\_\_\_\_

Signature

Date \_\_\_\_\_





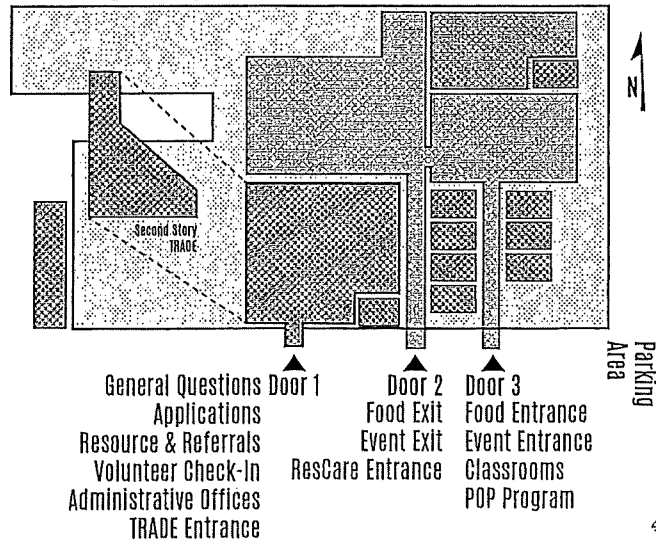
Center for People in Need  
 3901 N 27th St. Unit 1, 68521  
 Phone: 402-476-4357  
 Fax: 402-476-4358  
 info@cfpin.org

online @  
**cfpin.org**

Front Desk/General Questions: 402-476-4357

Beatty Brasch bbrasch@cfpin.org	x103	Executive Director
Chris Funk cfunk@cfpin.org	x110	Dir. of Administration
Pat Krause pkrause@cfpin.org	x112	Director of Finance
Ben Kruse bkruse@cfpin.org	x221	Director of Communications
Steve Sheridan ssh Sheridan@cfpin.org	x141	Director of Programs
Jean Stilwell jstilwell@cfpin.org	x207	Director of Fund Development

*Where to go when you arrive:*





# Neighborhood FOOD

CENTER FOR PEOPLE IN NEED

## information



Center for People in Need  
3901 North 27th Street  
EVERY TUESDAY 4 p.m. to 6 p.m.\*  
EVERY FRIDAY 2:30 p.m. to 3:30 p.m.\*



Fourth Presbyterian Church  
5200 Francis Street  
2nd & 4th THURSDAYS 10 a.m. to 11 a.m.



Malone Community Center  
2032 U Street  
1st & 3rd THURSDAYS Noon to 1 p.m.



Oak Lake Evangelical Church  
3300 North 1st Street  
1st & 3rd THURSDAYS 3 p.m. to 4 p.m.



F Street Community Center  
1225 F Street  
1st & 3rd TUESDAYS Noon to 1 p.m.\*

\*Fifth Week times and dates as applicable

\*\*\*Please be aware that the dates and times listed below may be subject to change, due to holiday closings, special events, staffing, inclement weather or other factors beyond the control of Center for People in Need.

**MON TUE WED THU FRI**

	MON	TUE	WED	THU	FRI
WK 1		E A		C D	A
WK 2		A		B	A
WK 3		E A		C D	A
WK 4		A		B	A
WK 5		E A			A

---

### Emergency Phone Numbers

Lincoln Police Department \ 575 S. 10th Street

Emergency - dial 911

Non-emergency 402-441-6000

Nebraska State Patrol \ 402-471-4680

American Association of Poison Control Centers \ 1-800-222-1222

NE Regional Poison Center \ 402-955-5555

National Child Abuse Hotline \ 1-800-422-4453

DHHS child abuse hotline \ 1-800-652-1999

Adult Protective Services \ 1-800-652-1999

CenterPointe Crisis Response (suicide\substance abuse\mental health) 402-475-6695

Nebraska Suicide Hotline \ 1-800-448-3000

TTY - National Hotline \ 1-800-448-1833

National Crisis Hotline (child crisis) \ 1-800-448-3000

Voices Of Hope Crisis Hotline \ 402-475-7273

National Aids Project Hotline\1-800-232-4636

TTY: 1-888-232-6348

Nebraska Humane Society Animal Cruelty \ 402-444-7800

Lincoln Animal Control Center \ 402-441-7900

Lancaster County Switchboard \ 402-441-7171

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### Auto Mechanics

#### *Charity Auto with the Northern Lighthouse Church*

402-477-3550 \ Charity Auto will do light repairs for a suggested donation of \$20, if you supply the parts. Bring in the parts for simple repair work such as oil changes, tune-ups, and brake replacement. Call to leave a message with your name, callback number, and basic description of work that needs to be done. Calls are returned once per week. Light repairs are done on Saturdays by appointment only.

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### Bikes

#### *Lincoln Bike Kitchen*

402-915-2453 \ 1635 S. 1st Street

•*Earn-a-Bike*: After 10 hours of volunteering, you'll pick a bicycle and refurbish it to fit your commuting needs with the help of experienced volunteer mechanics. You'll finish the program with a dependable bike and the knowledge, skills, and resources to maintain it.

•*Open Shop*: If you want to work on your own bicycle, just come in, talk with us, and get to work. We have complete sets of bike specific tools to help you with your repair. Sunday 12:00-4:00pm and Monday 5:00-9:00pm. Additionally, the first Tuesday of every month from 6:30-9:00pm is Women and Transgender Open Shop.

*Free Wheels for Kids*: Parents feel free to come and speak with

us, and we look forward to working with you to get your child on a bike.

•*Mobile Kitchen:* We come to you! The LBK sets up mobile shops in different locations of the city. We bring along complete sets of tools to help you with your repair needs.

•*Safety Equipment:* Thanks to a grant through the Viking Foundation we have been able to start providing this items in exchange for volunteer hours or a small donation.

#### Bus Passes

(Low-income discount)	Persons	Income
StarTran 710 "J" St. Lincoln NE 402-441-7185 (see website for pass purchase locations.)	1	\$23,760
	2	\$32,040
	3	\$40,320
Purchase a StarTran 31-Day Pass for only \$8 (\$16 for Handi-Van eligible patrons) Requirements: Must present photo identification with birth date. Must present previous month's pass. Only one pass per person, per 31-day period. If you are purchasing your first low income pass, you need only a photo ID with your birth date.	4	\$48,600
	5	\$56,880
	6	\$65,160
	7	\$73,460
	8	\$81,780
	Each additional person add:	\$8,320

#### Child Care & Child Programs

##### *Department of Health and Human Services*

402-471-7000

DHHS may be able to help with the cost of child care through the Child Care Subsidy Program. In order to determine eligibility for the Child Care Subsidy Program, the Department will review a number of factors including, your gross income both earned income (for example; wages) and unearned income (for example; child support, Social Security payments, and Unemployment Insurance).

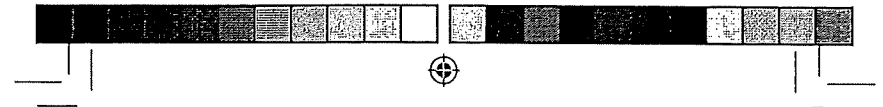
(The Center For People In Need can assist in applying for child care online.)

##### *Malone Community Center*

402- 474-1110 \ 2032 U St.

•*Early Education Program:* this new Early Childhood Education Center will use a Montessori inspired curriculum weekdays from 7:30am until 5:30pm for children ages 3 to 5 years old . we need to meet you and your child(ren), before they start, and we must approve your child(ren's) enrollment prior to starting.

•*Out of School Program:* targets school aged children between the ages 5 - 13. Monday - Friday we pick our program participants up from school and bring them to the Center where we have a snack after arrival. We provide academic support, structured recreation, arts and crafts, computer and fun time, health and nutrition education, and cultural awareness. On out-of-school days we provide all day programming including breakfast, lunch and snack. Besides our regular program components we also go on daily field trips.



• *Talented Tenth Program*: Provides African American males between the ages 13-18 with cultural awareness, social support, and academic enrichment. The Youth Empowerment Curriculum draws strength from the African American cultural ideal of collective work and responsibility, by creating a cohort of adolescent scholars who will experience the curriculum together and by matching them with mentors. It aims to motivate the youth to work for the betterment of themselves as individuals, and as conscious and committed members of their families and communities. The program's goal is to help the participants develop leadership and graduate from high school.

***Community Action Partnership***

210 O St \ 402-471-4515

• *Head Start and Early Head Start*: Pregnant women and children aged infant to five years. Services are free to eligible families. Provide early childhood education, health, dental, nutrition, and family engagement services to low-income families, including children with special needs.

• *Home Based Program*: Pregnant women and children up to age 3. A Family Educator meets with the child and parents weekly to provide education and support families in with goal-setting, support, and locating needed resources.

• *Center-based program*: Children 6 weeks to age 5. Children attend a full day classroom program and parents receive support through family engagement specialist with goal-setting, ongoing, and locating needed resources.



**Clothing**

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***People's City Mission Homeless Prevention Center***

402-475-6888 \ 2101 N Street

Makes items such as food, clothing, personal care needs, furniture and household goods available at no charge to the poor and near homeless of Lincoln. Shopping hours: Monday & Friday 9:00-11:30am & 1:30-4:00pm, Wednesday 9:00-11:30am 4:00-6:00pm for employed and college students.

***Esther's Closet \ Havelock Methodist Church***

402-466-6736 \ 4140 N 60th St. Gives away men's, women's, and children's clothing free on the third and Last Tuesday of each month from 4:00-5:30pm.

***Clothing Exchange and Distribution \ Capitol City Christian Church***

402-467-4458 \ 7800 Holdrege St. Free clothing on the third Saturday of each month 9:00am-12:00pm.

***The Barnabas Community Free Store***

402-421-8859 \ 931 Saunders Ave. We offer free clothing, books, toys, household goods, and hope and hospitality, to our guests. We do not charge for the store's merchandise or activities in the community center, but first-time shoppers must complete minimal paperwork to be eligible to shop. Hours: Saturdays, 9:00am-3:00pm/Thursdays, 10:00-11:30am & 6:00-8:00pm/1st & 3rd Sundays: 2:00-4:00pm.

**Lincoln Berean Church**

402-483-6512 \ 6400 S 70th Street (70th & Hwy 2) Free clothing the second Tuesday of every month from 1:00-7:00pm.

**Northwest Lincoln Church of Christ**

402-475-3313 \ 3110 N 1st St. Free clothing on the 1st Saturday of the month 9:00am-12:00pm.

**The Purple Peacock**

1333 N 33rd St. Provides gently used clothing (for children and adults), shoes, accessories and linens at no cost. Open Wednesday and Friday 9:30am- 12:30pm each week and on the Third Saturday 9-11 am.

**Good Neighbor's Community Center**

402-477-4173 \ 2617 Y St. Based on appointment. Call at 9:00am to make appointment. Verifications may be requested.

**YWCA Job Outfitters**

402-434-3494 \ 1111 O Street

Will need to apply in person for this program. No appointment necessary Monday-Friday 1:00-2:00pm.

**St. Vincent de Paul**

402-435-7968 \ 2215 O St. Emergency needs only. No voice mails. Taking calls Mondays, Tuesdays, Thursdays, Fridays 10:00am-12:00pm and Wednesdays 5:30-7:00pm.

**Salvation Army Thrift Store**

402-474-4747 Low cost clothing is available from the stores. Vouchers are available on a case-by-case basis.

**St. Louise Gift & Thrift Store**

402-474-1600 \ 2201 O St. Low cost clothing. Hours: Tuesday-Friday 10:00am-6:00pm and Saturdays 9:00am-1:00pm.

**Macie's Place**

402-601-1773 \ 2601 N 47th St. Low cost clothing, shoes, misc. items. Hours: Tuesday-Friday 10:00am-5:00pm and Saturdays 10:00am-4:00pm.

**The Daisy**

402-475-7777 \ 6433 Havelock Ave. Low cost women's clothing, shoes, misc. items. Hours: Friday & Saturdays 10:00am-4:00pm and Every 3rd Thursday 4:00-7:00pm.

**Diapers**

**Diaper Heaven**

733 S 13th St (between G & H Streets) You must pull in the alley and park on the north side of the house. We provide diaper bags with 15 diapers every 2 week period. Hours: Mondays from 11:00am-5:00pm.

**Good Neighbor's Community Center**

402-477-4173 \ 2617 Y St. Diapers is once every 30 days for children under the age of 3. Diaper size depends on availability.

**Salvation Army**

402-474-6263 \ 2625 Potter St. Diapers once per month. Contact the office for further details.



Education

**Malone Community Center**

402-474-1110 \ 2032 U St.

Moving Forward to End Domestic Violence: The Malone Center is working to financially empower women by enabling survivors of interpersonal violence to achieve financial empowerment and job readiness through culturally appropriate services.

**Center For People In Need**

402-476-4357 \ 3901 N 27th St Unit 1

•*POP Program*: offers 45 credit hours of paid tuition through Southeast Community College (SCC) only. An application is required. Application available with receptionist. If approved, you will get a call back on the number provided on application.

**Matt Talbot Kitchen & Outreach**

402-477-4116 \ 2121 N 27th St

•*New Beginnings Classes*: for adults who want to improve their reading and writing skills. Classes are free and taught by Lincoln Literacy staff. Classes are once a week. Call for days and times.

•*Life Skills Classes*: Six-week series of classes held on Wednesday evenings six times a year. Topics covered are: Employment, Nutrition, Parenting, How to be Good Tenant, Budgeting, and Self-Esteem. Client needs a referral from their case worker and to have previously been, or currently be homeless. Child care and transportation are offered.

**Community Action Partnership**

210 O St \ 402-471-4515

Money Management Education, using a curriculum created by the FDIC, the financial literacy program helps clients develop financial skills including budgeting, saving, and credit management. Opportunity Passport: an asset-building program that includes financial education, asset-specific training, and a matched savings account (IDA). Young people between the age of 14-26, who have been or currently are in foster care, are eligible to enroll in the program.

**Lincoln Literacy Council**

402-476-7323 \ 745 S 9th St. Volunteer teachers help people to understand, speak, read, and write English. Programs include: Adult Basic Literacy, Workforce Readiness, classes for Refugees, ESL Programs, Family Literacy Activities for Immigrants and Refugees (FLAIR), & Citizenship Preparation Classes.

Employment Opportunities

**Catholic Social Services**

402-474-1600 \ 2241 O St. Refugee Resettlement Program: Provide employment services for "secondary migrant" refugees who move to Lincoln after initially being resettled in a different area.

**Vocational Rehabilitation**

402-471-3231 \ 3901 N 27th St, Ste 6

Program that helps people with physical, mental, intellectual, emotional, and learning disabilities to identify their strengths and abilities in order to find success in the world of work.



**Employment Agencies**

Adecco Staffing 402-975-6111 6940 O St # 306	Advance Services Inc 402-328-0142 2949 N 27th St #202	Advantage Personnel 402-466-4994 630 N Cotner Blvd # 100
Celebrity Staff 402-464-0600 300 N 44th St #204	Excel Personnel 402-441-4070 5625 O St #103	Express Employment 402-420-5800 4955 O St
Kelly Services 402-483-4094 2900 S 70th St #130	Labor Ready 402-438-7955 3243 Cornhusker Hwy	LaborMax Staffing 402-805-4720 3939 N 48th St #104
Lincoln Labor & Staffing 402-465-5227 122 S 29th St	LSI Staffing 402-261-6904 3814 Normal Blvd	Oasis Staffing 402-420-1980 5815 S 58th St
Randstad 402-464-2700 5540 South St #103	Staffing Services Inc 402-465-9060 1840 N 48th street	Work USA, Inc 402-474-9675 140 S 27th St

**Food Programs**

**Center for People In Need**

NeighborhoodFOOD Program:

Distributes food at five sites on a weekly basis, through collaboration with the Food Bank of Lincoln. You must have applied for and/or received a CFPIN ID card. Income limits are as follows:



Household Size	Income	Household Size	Income
1	\$1,782.00	5	\$4,266.00
2	\$2,403.00	6	\$4,887.00
3	\$3,024.00	7	\$5,511.00
4	\$3,645.00	8	\$6,135.00

For each additional household member ADD \$624

Locations and times are as follows:

Center for People In Need  
3901 North 27th Street  
EVERY TUESDAY 4-6 p.m.  
EVERY FRIDAY 2:30-3:30 p.m.

Oak Lake Evangelical Church  
3300 North 1st Street  
1st & 3rd THURSDAYS 3-4 p.m.

Fourth Presbyterian Church  
5200 Francis Street  
2nd & 4th THURSDAYS 10-11 a.m.

F Street Community Center  
1225 F Street  
1st & 3rd TUESDAYS Noon-1 p.m.\*

\*Fifth Week times and dates as applicable

Malone Community Center  
2032 U Street  
1st & 3rd THURSDAYS Noon-1 p.m.

Access this resource book online at:

**cfpin.org**

**Center for People in Need**

[www.foodnetlincoln.org](http://www.foodnetlincoln.org)

Foodnet provides mostly perishable foods such as fruits, vegetables, dairy products, bread, etc. to all needy families. Distribution Sites:

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>
3:00 pm Barnabas Community Center 931 Saunders	12:00 pm Lincoln Christian Fellowship 411 NW 44th	5:00 pm Church of Christ 3110 N 1st St	1:30 pm CFPIN 3901 N 27th Door #2
3:00 pm Allon Chapel 26th & Y	5:00 pm Denton Comm. Ctr. Denton, NE	5:00 pm Havelock United Methodist 4140 N 60th	5:30 pm Cristo Rey Catholic 4221 J St
2:00 pm Capital View SDA 17th & A	5:00 pm Southview Christian Church 22nd & South St		
<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	
11:00 am Calvert Rec Center 4500 Stockwell St	11:30 am One 80 29th & O St	10:30 am Zion Church 1st & F St	
3:00 pm New Hope United Methodist 27th & R	12:15 pm Grace Chapel PCA 40th & Sheridan	1:00 pm St. Mary's Catholic 14th & K St	
5:30pm United Methodist 1400 N 5th Seward NE	5:30pm Millford Hall - 612 1st St Millford NE	1:00pm Wanek Com. Ctr. 14th/Main, Crete NE	

check website for most up-to-date times and locations.

### Food Program - Daily

#### *Aging Partners Senior Centers*

402-441-7158 \ Most centers offer a delicious hot noon meal or a sack lunch as well as a variety of activities. Reservations for lunch must be ordered by calling the center you wish to attend two days in advance to ensure that an adequate number of meals are prepared. Check under "Senior Resources" in our handbook for locations.

#### *Tabitha— Meals on Wheels*

402-486-8520 \ 4720 Randolph St. Provides hot noon meal to individuals who are elderly or disabled. Meals are provided regardless of ability to pay on a case-by-case basis.

#### *Senior lunch Program - Indian Center*

402-438-5231 \ 1100 Military Rd. For Seniors and low income individuals. Monday - Friday 11:30am - 12:30pm.

#### *People's City Mission*

402-475-1303 \ 110 Q St. Three free meals daily. Usually women and children are served first, then the Curtis center (men's shelter) - times are approximate. Breakfast 5:45am, Lunch 11:15am-1:00pm, dinner 4:45pm-6:30pm.

#### *Matt Talbot Kitchen & Outreach*

402-477-4116 \ 2121 N 27th St. Meals times served daily: Lunch 11:30am - 12:30pm. Supper 5:30pm - 6:30pm. No ID required. Other services available.

#### *The Gathering Place*

402-476-7398 \ 1448 E St. M-F 5:00-6:00pm. Free meal, bread, coffee. No ID required.



**Local Food Program - Weekly**

***Indian Center***

402-438-5231 \ 1100 Military Rd. Thursdays 10:00am. Mostly perishable foods such as fruits, vegetables, dairy products, bread, etc. are provided to all needy families.

***Northeast Family Center at Havelock United Methodist Church***

402-471-3700 \ 4140 B 60th St. Tuesdays 4:30-6:00pm Perishables and non-perishables.

***People's City Mission - Homeless Prevention Center***

402-475-6888 \ 26th & O St. Food boxes are available until they run out. Clients are allowed once per day, twice per week. Monday & Friday 9:00-11:30am and 1:00-4:00pm. Wednesday 9:00-11:30am (4:00-6:00pm for employed and students only –must provide check stub or class schedule).

***Good Neighbor Community Center***

402-477-4173 \ 2617 Y St. Each Monday and Wednesday, GNCC distributes perishable food between 10:00am-until they run out. No appointment needed to come in for perishables but they do ask for GNCC client cards.

***Salvation Army***

402-474-6263 \ 2625 Potter St. Food pantry is open Monday, Tuesday, Thursday, Friday 12:00-4:00pm and Wednesday 1:00-6:00pm. Documentation required, call for info.

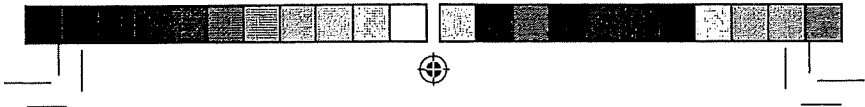
***LPS Emergency Pantry***

Bryan Community 300 S 48th St. Monday, Wednesday, and Friday 3:00-5:30pm when schools are in sessions. Any LPS (Lincoln Public School) family or Catholic School family can come to the pantry to receive food assistance. The amount of food families can have is based on family size.

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Every effort is made to keep this handbook up-to-date. If you need further assistance in finding resources please visit Center for People in Need or call us at 402.476.4357

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**Local Food Program - Monthly**

***Commodity Supplemental Food Program***

402-438-5231 \ 1100 Military Rd. CSFP serves elderly people, and provides food rather than the food vouchers that WIC participants receive. Eligible people cannot participate in both programs at the same time.

***WIC (Women, Infants and Children)***

402-441-6200 \ 3140 N St. WIC is a supplemental nutrition program serving pregnant, breast-feeding, postpartum women, infants and children up to age 5.

***Good Neighbor's Community Center***

402-477-4173 \ 2617 Y St. Emergency food box is once every 30 days. Call office at 9:00am to set up appointment. For the following business day.

***Nebraska Aids Project***

402-476-7000 \ Only for those with AIDS and HIV.

***Family Resource Center - Friends With Food***

402-434-2621 \ 4621 NW 48th St. 5:00-6:00pm on fourth Monday of the month.

***Jacob's Well - First Presbyterian Church***

18th and F St. First and third Saturday of the month at 10:00am.

**Food Stamps**

***SNAP (Supplemental Nutrition Assistance Program)***

402-323-3900 \ [www.dhhs.ne.gov](http://www.dhhs.ne.gov) \ The federal SNAP helps low-income people buy food. It's not necessary to be receiving other public assistance in order to be eligible, but people don't receive SNAP benefits automatically, they must apply and be found eligible. Households that meet the program guidelines for income and resources receive SNAP benefits for free. Application assistance available at the Center For People In Need.

**Local Food Program - Seasonal**

***Food Bank Backpack Program***

Provides backpacks filled with food to students in need of food over the weekend. Primarily targets students who qualify for their school's Free Lunch Program. Contact your child's school for information.

***Summer Food Service Program***

402-441-8045 \ Locations vary. For children ages 2-18 years. No meals are served to adults. Meals must be eaten on site, and are served on a first-come, first-served basis. Program: June to mid August.

***Senior Farmer's Market Program***

Nebraska's low-income senior citizens can enjoy locally grown, farm fresh fruits and vegetables during the market season. To participate in the Senior Farmer's Market Program, you must meet the financial requirements and sign up for the coupon program at your local participating senior center. Check under "Senior Resources" in our handbook for locations.



**Community Crops**

402-474-9802 \ 1551 S 2nd St - www.communitycrops.org \ Community Crops coordinate many community gardens in Lincoln, NE. They provide tools, resources, education, and a garden space to grow your own healthy food.

**Furniture**

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**People's City Mission Homeless Prevention Center**

402-475-6888 \ 2101 N St. Furniture and household goods available at no charge to the poor and near homeless of Lincoln. Shopping hours: Monday & Friday 9:00-11:30am & 1:30-4:00pm, Wednesday 9:00-11:30am 4:00-6:00pm for employed and college students.

**Salvation Army**

402-474-6263 \ 2625 Potter St. Must go to main office for assistance. Hours: Monday-Friday 9:00am-4:00pm.

**Emergency Shelters**


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**Friendship Home**

402-437-9302 \ PO Box 85358 Lincoln, NE 68501, Exists to support, shelter, and advocate for victims of domestic violence and their children. Call office for more information— open 24 hours a day / 7 days a week.

**People's City Mission**

402-475-1303 \ 110 Q St.



•**Safe Place:** gives youth in crisis access to immediate help and safety. Safe Place sites make it possible for children and teens that are in threatening situations to access help when and where they need it. Designated sites who proudly display the Safe Place sign are: Lincoln Fire and Rescue Stations, Hy-Vee, U-Stops, Nebraska State Capitol Rm 1212, Lincoln Journal Star, Campus Life, Whitehead Oil Company office building, Scooter's Coffeehouses, The Bay Skate Park, The Gameroom, JPK Investment Motors, YWCA, and News Link.

•**Family Shelter:** has community and single family rooms, with dormitory beds and can accommodate single women, single parent families, intact families, and families that include teen-age boys.

•**The HIS Center:** provides overnight housing for men seven days a week. We have 101 beds plus space for mattresses on the floor, when necessary.

**Pioneers Center**

402-436-5437 \ 6601 Pioneers Blvd. Provides short-term care to youth 12-19, who do not have immediate access to a safe or more appropriate living arrangement.

**Non-Emergency Housing**

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**Lincoln Housing Authority**

402-434-5500 \ 5700 R St. Provides affordable, safe, sanitary and decent housing to qualifying families currently undergoing financial stress in a manner which affords applicants and tenants dignity and minimal intrusion, within the limits of prudent fiscal manage-

An application is required. Single, non-disabled applicants will not be selected until all families, elderly and disabled are served from the waiting list first.

***Aging Partners***

402-441-7070 \ 1005 O St. Provides listings only: of subsidized and retirement housing, nursing homes, and special needs facilities.

***Indian Center - Housing Program***

402-438-5231 \ 1100 Military Rd. With over 142 units of rental housing for low-income families, elderly and handicapped residents. An application required.

***CEDARS Bridges Transitional Living Program***

402-436-5437 \ 6601 Pioneers Blvd. Offers community-based safe housing and support services to homeless youth ages 16 to 21 and state wards ages 16 to 19 for whom independent living has been identified as a goal. Staff work closely with youth to develop life skills needed for independent living. Emphasis is placed on continuing the youth's formal education and achieving or maintaining employment while supporting their placement in apartments in the community. An application required.

***Fresh Start***

402-475-7777 \ 6433 Havelock Ave. Transitional program for homeless women who do not have children in their custody. Women are asked to give at least a three month commitment and may stay for up to one year.

***People's City Mission - Curtis Center for Men***

402-475-1303 \ 110 Q St. A supportive, transitional housing center for 60 men (30 of them for Veterans). The maximum stay in the Curtis Center program is 24 months. An application is required.

***Supportive Housing Program***

402-471-4515 \ 210 O St. A transitional living program for families with children who are verifiable homeless. The program provides intensive case-management, assistance with rent payments, and referrals to services that will support clients' efforts to remain housed.

***Catholic Social Services***

404-474-1600 \ 2241 O St.

Immigrant Resettlement Program assist new arrivals with housing, education, employment and cultural orientation so they can become self-sufficient as soon as possible.

***National Call Center for Homeless Veterans***

1-877-4AID VET (877-424-3838) Hotline to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA Medical Centers, federal, state and local partners, community agencies, service providers and others in the community.

***Community Action Partnership***

402-471-4515 \ 210 O St. Supportive Housing Program: Transitional living program for families with children who are verifiable homeless. The Program provides intensive case-management, assistance

with rent payments, and referrals to services that will support clients' efforts to remain housed.

## Legal

### *Legal Aid of Nebraska*

402-435-2161 \ 941 "O" St #825 \ Non-profit law firm that provides free legal representation to underprivileged citizens. (times noted are CST).

- *AccessLine®* Toll Free 877-250-2016 \ Local 402-348-1060 (Douglas County) Hours: Monday & Wednesday 9:00-11:00am, Tuesday & Thursday 1:30-3:30pm.

- *Elder AccessLine®* For applicants who are 60 years of age or older Toll Free 800-527-7249 \ Local 402-827-5656 (Douglas County) Hours: Monday–Thursday 9:00am-12:00pm and 1:00-3:00pm, Friday 9:00am-12:00pm

- *Native American AccessLine®* For applicants who are Native American and/or have cases in Tribal court. Toll Free: 800-729-9908 Hours: Monday-Friday 9:00am-12:00pm

- *Farm Ranch Hotline*. For farmers and ranchers. Toll Free: 800-464-0258 \ Local: 402-648-3457 (Cuming County) Hours: Monday—Friday 8:00am-5:00pm

- *Disaster Relief Response Hotline*. For Victims of a recent disaster, such as a tornado, flood or train derailment. Toll Free 844-268-5627 Hours: Monday - Thursday 9:00am-12:00pm and 1:00-3:00 and Friday 9:00am-12:00pm.

- *Breast Cancer Legal Hotline* For applicants who have been diagnosed with breast cancer Toll Free: 855-916-4540 \ Local: 402-916-4540 (Douglas County) Hours: Monday -Thursday 9:00am-12:00pm and 1:00-3:00pm and Friday 9:00am-12:00pm

### *Nebraska State Bar Association Volunteer Lawyers Project*

402-475-7091

- *Direct Case Placement*: The core of the VLP has been matching volunteer attorneys with individuals who need legal assistance on a pro bono or reduced fee basis. VLP will continue to offer direct case placement through its network of pro bono attorneys, but the intake process and referral source has changed. VLP no longer has the staff to operate a separate intake hotline/process. Referrals and intakes will now be received in the following ways:

- *Referrals from Self Help Centers*: Some clients who visit the Self-Help Center have legal issues/situations where staff would advise them to seek legal counsel rather than proceeding as a pro se litigant. In these situations, VLP staff will conduct a client intake, check conflicts, and work to place the case through VLP's volunteer network.

- *Referrals from Domestic Violence Shelters*: VLP has had a long standing commitment to serving victims of domestic violence. When the need for legal services arises, domestic violence shelters will contact VLP directly to complete the intake process. In these situations, VLP staff will check for conflicts, and work to place the case through VLP's volunteer network.

• *Referrals from Legal Aid of Nebraska (LAN):* VLP will accept 40 referrals a month from LAN. To be accepted by VLP, the referrals must be sent with a completed LAN intake and fall within the VLP priorities.. Referrals from private attorneys where there is not a self-help desk located in their community. The Self Help Center is located inside the Courthouse. Lancaster County: Open Monday 10:00am-2:00pm and Thursday 9:00am-1:00pm.

***Voices of Hope***

402-476-2110 \ 2545 N St. For victims of: relationship violence, sexual assault and related forms of abuse. Legal Advocacy & Referral: We provide referral to attorneys in the Lincoln area and can accompany clients to court hearings to provide support and information.

***Child Support Enforcement***

402-441-8715 \ 233 S 10th St. Information regarding establishing child support orders, paternity, locating parents, enforcing child support cases.

***The Civil Law Program***

University of Nebraska College of Law \ 402-472-3271 \ At this time they are only assisting with miscellaneous cases and divorce cases to which no children are involved and there are no disputes.

***Center For Legal Immigration***

402-471-1777 Call for an appointment. First consultation needed to see if case qualifies for assistance.

***Lincoln Commission on Human Rights***

402-441-7624 \ Offer assistance if discriminated due to race, color, sex, national origin, disabilities, religion, age, family status, and marital status in housing, employment, and public accommodations.

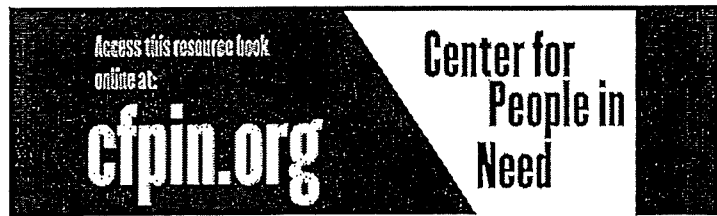
***American Civil Liberties Union (ACLU)***

402-476-8091 \ Generally becomes involved in cases where the government is involved. They do not handle individual cases such as divorce, custody, domestic violence.

***Community Action Partnership***

402-471-4515 \ 210 O St

Tenant Support Services Program: This program does not offer money. Program focuses on eviction prevention, landlord & tenant mediation, and information regarding tenant rights and obligations.



Access this resource book  
online at:  
**cfpin.org**

**Center for  
People in  
Need**



## Libraries

### *Lincoln Public Libraries/lincolnlibraries.org*

Anderson Branch 402-441-8540 3635 Touzalin Ave. M-Th 10 am-8:00 pm F-Sa 10 am-6:00 pm Su 12-8 pm	Bennett Martin 402-441-8500 136 South 14th St. M-Sa 10 am-6 pm Su 12-6 pm	Bethany Branch 402-441-8550 1810 N Cotner Bld. M-Sa 10 am-6pm
Eiseley Branch 402-441-4250 1530 Superior St. M-Th 10am- 8 pm F-Sa 10am- 6 pm Su 12 -8 pm	Gere Branch 402-441-8560 2400 South 56th St. M-Th 10 am-8 pm, F-Sa 10 am-6 pm Su 12-8 pm	South Branch 402-441-8570 2675 South St. M-Th 10 am-8 pm F-Sa 10 am-6 pm Su 12-8 pm
Walt Branch 402-441-4460 6701 South 14th St. M-Th 10 am-8 pm F-Sa 10 am-6 pm Su 12-8 pm	Williams Branch 402-441-8580 5000 Mike Scholl St. M-Th 4pm-8 pm F 4-6 pm Sa-Su 1 pm-6 pm	

## Medical

### *People's City Mission*

401 N 2nd Street, Lincoln, NE (402)817-0980 peoplescitymission.org  
Free medical clinic. Clinic suggests you arrive before 8:00am and before 1:00pm for walk-in medical clinic. Clinic is closed on Saturdays and Sundays.

### *Clinic With a Heart*

1701 S 17th Street, Suite 4G, Lincoln, NE (402)421-2924 Free, walk-in (no appointments) healthcare clinic. Patients are seen first-come, first-served. Patients under 19 years must be accompanied by parent or legal guardian. Early sign-in at 2:00pm, doors open at 4:00pm. Patients are seen 5:30-7:00pm. Clinic closed on major holidays.

### *DHHS Medicaid*

402-473-7000 \ 301 Centennial Mall South \ DHHS administers the Medicaid Program which provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children and parents. The Center For People In Need can assist with applying for Medicaid online.

### *Lancaster County General Assistance*

402-441-3095 \ 2202 S 11th St #150 \ An original application required first. Verifications may be requested. May assist with: Food, Shelter (including deposit, rent and utilities), Assisted living (cannot be authorized without a written statement from a physician indicating the client is in need of the level of care provided by an assisted living facility), Medical care provided through the Primary Care Health Clinic or authorized by a Clinic Physician. Behavioral Health Services pro-

ed through a Region V contracted provider, Transportation, Non-food necessities (including household supplies and personal care items), Clothing, Cremation/ Burial expenses, COBRA or other health insurance payments. The Center For People In Need can assist with applying for General Assistance.

***Lancaster County Medical Society***

402-483-4800 \ 4600 Valley Rd #250 \ May help with prescriptions. Must NOT be covered by any medical prescription plan. Medications needed must be for a chronic or ongoing illness, since once accepted you will be enrolled for one year at a time. It is best if your medication dosage is stable. Not all medications are covered by the National Pharmaceutical Assistance program.

***Lincoln E.D. Connections***

If you have been seen in a local Emergency Department [ED] and need assistance with obtaining medications or a finding a medical provider for follow up you should contact a ED case worker at 402-481-4165 or 402-481-4006

***Matt Talbot Kitchen & Outreach***

402-477-4116 \ 2121 N 27th St \ Foot Clinic: Nursing and PA students from Union College provide foot care, including soaking feet and trimming toenails, to adults. Individuals receive free socks (each month) and free shoes (every 6 months). For information contact an outreach specialist, Monday-Friday 11:00am-1:00pm and 5:00-6:30pm.

***Clinic With a Heart***

(402) 421-2924 \ 1701 S 17th St, Lincoln, NE 68502

Medical Screening Service. A nurse comes the 3rd Wednesday of each month during lunch to provide screenings such as blood pressure and blood sugar. Referrals are made to help individuals obtain a medical home.

***Every Woman Matters***

800-532-2227 \ Can help women get health check-ups. EWM may pay for exams based on health history and program guidelines. Breast and Cervical Cancer Screening: Pelvic exam, Pap test, Clinical breast exam. Teaching of breast self exam and performs mammograms. Heart Disease and Diabetes Screening: Blood pressure check, cholesterol check, blood sugar (glucose) check, health and wellness information for living a healthier life.

***Nebraska Colon Cancer Screening Program***

800-532-2227 \ NCP offers preventive colon cancer screening and education to Nebraska men and women between ages the of 50 and 74. Tests and services may include: Fecal occult blood test (FOBT) kit for at-home testing and/or colonoscopy. All screenings are based upon family and personal history and must be pre-approved by NCP staff. Colonoscopy following a positive Fecal Occult Blood Test. Review of health history and education about colon and rectal cancer screening. Colonoscopy as initial screening test if determined to be the best screening test based on your health history.

***People's Health Center***

402-476-1455 \ 1021 N. 27th St. PHC serves people of the Lin-

coln and Lancaster County, especially those individuals/families with limited resources or with other barriers to health care to improve their overall health status. All types of insurance accepted including Medicaid and Medicare. If no insurance, services offered on a sliding scale.

- Primary Care:* quality care for all ages from infants to seniors. We offer physicals, immunizations, preventive medicine, and chronic disease management

- Dental Care:* Comprehensive, periodic, and limited oral exams, full mouth series of radiographs (X-rays), fillings (both silver amalgam and white resin restorations), regular cleanings, deep cleanings, sealants for children, extractions (simple and surgical), stainless steel crowns and space maintainers for children, root canals (both Anteriors and Bicuspid), first molar root canal (done by dental students), emergency visits, fluoride varnish, recementing of crowns and bridges, oral pathology consults, simple biopsies, periodontal consult for gum disease or problems, endodontic consult for root canal problems, and crowns. The PHC dental clinic does NOT provide the following services: dentures, partials, bridges, extraction of impacted wisdom teeth, and second molar root canals.

- Health 360:* a new partnership between Lutheran Family Services of Nebraska and People's Health Center. Services: behavioral health services, primary health care and an on-site pharmacy are being offered at the Lutheran Family Services office.

- People's Quick Care:* offers walk-in treatment for everyday illnesses and injuries. No appointments necessary.

- Medication Assistance:* PHC's status as a federally qualified health center enables us to provide (340B) discount prescription pricing. In addition, many drug companies offer discount medication assistance programs to income-eligible patients. PHC staff offers assistance with enrollment in these programs.

***Lincoln Lancaster County Health Department***

402-441-8065 \ 3140 N St. By appointment only. Please call for questions or appointments. Adult Health Services: include the provision of needed vaccines, laboratory tests, and nursing services to assist adults in college, trade school, or job entry. When necessary, staff will help you find the appropriate medical resources. Requirements: Patients must be at least 19 years of age and younger than 65 years of age, must be uninsured or under-insured, bring records of previous vaccines, bring the required physical form for your school or job.

***Vaccine Clinic Suggested Fees:***

\$19.80 for a single vaccine (administration fee)

\$10.50 for each additional vaccine (administration fee)

\$5.00 for each additional copy of a vaccine record

\$25.00 for an adult flu shot (low income, uninsured adults)

No adult will be denied service due to the inability to pay. Children through 18 years of age and one of the following: 1)Uninsured, Under-insured, Medicaid Covered. 2) American Indian or Alaskan Native.

•*Refugee Health Clinic*: provides health assessments and/or immunizations to refugees who have resettled in Lincoln Nebraska. Refugees who seek services within the first 3 months of arrival receive: Health exams, laboratory screening, and Immunizations. The eligibility period ends 13 months after entering the United States. Refugees who seek services after 90 days of arrival receive immunizations only. The eligibility period ends after 8 months of entering the United States. The LCHD serves people of all ages who are eligible for this program.

•*Presumptive Eligibility Medicaid for Pregnant Women*: Presumptive Eligibility (PE) is for low-income pregnant women. It is a program designed to provide immediate, temporary coverage of ambulatory prenatal care services to pregnant women while their eligibility for full Medicaid benefits is determined. When you come in to complete the application for PE, we will help you find a prenatal medical provider. If you have not made an appointment, we will help you make one.

•*Sexually Transmitted Disease (STD) Clinic*: Everyone is examined by a medical provider. Same day results available. Complete laboratory testing. Free or reduced cost testing & treatment are available.

***Planned Parenthood***

1-877-811-7526 \ 5631 S. 48th St Suite 100

Services offered: abortion services, birth control, general health care (anemia testing, cholesterol screening, diabetes screening, physical exams, pregnancy planning services, smoking cessation, thyroid screening), HIV Testing, LGBT Services, Men's health care, Morning-After Pill (emergency contraception), pregnancy testing & services, STD testing/treatment /vaccines, and women's health care.

***Family Health Services, Inc.***

402-466-1012 \ 630 N. Cotner Blvd., Suite 204 If no insurance, they offer a sliding scale. Services offered for women: birth control, , annual examinations, pregnancy prevention and testing, HIV and STI testing Q&A for the Ladies, resources, dating safety. Services offered for men: STD and HIV Testing, Q&A for the guys, resources, and dating safety.

***Birthright***

402-466-2609 \ 5625 "O" St. Services offered: non-judgmental confidential help, free pregnancy tests, maternity and baby clothes, Referrals to community resources. Provide Information on: pregnancy and childbirth, prenatal development and care, parenting skills, child care, and child safety, career development and/or continuing education, community programs and/or social assistance, adoption.

***The Pregnancy Center***

402-483-4247 \ 111 Piazza Terrace

Services offered: free pregnancy test, ultrasounds, options counseling, post abortion support, and community resources.

***Social Security Disability***

Social Security pays disability benefits to you and certain members of your family if you have worked long enough and have a medical condition that has prevented you from working or is expected to prevent you from working for at least 12 months or end in death. The application process takes anywhere from 2-4 hours. Information will need

to be gathered before the application. Keep in mind a disability case can take anywhere from 6 months to 2 years +. This benefits is not approved instantly. Effective February 1st, The Center For People In Need may help you apply for disability on a referral basis.

#### Other

##### ***Matt Talbot Kitchen & Outreach***

402-477-4116 \ 2121 N 27th St. Gas Vouchers: Available on the first business day of the month. Must have: proof of insurance, a valid driver's license, and current automobile registration. Can only receive one every 6 months.

• *Haircuts: free haircuts are given once a month.*

• *Homeless Identification Program:* assists people who are homeless obtain birth certificates and Nebraska state IDs. Due to limited funds, a letter on agency letterhead, from a case worker stating that the homeless individual is working on life goals, is required. Must be homeless without income 5:00-6:30pm, or call to schedule.

• *Mailing address/Message Service:* for those who are homeless. Mail pick up times are only Monday-Friday 11:00am-1:00pm and 5:00-6:30pm.

• *Nutrition Consultation:* Available to individuals by appointment. Registered Dietitian, Janet, is in: Mondays, Wednesdays, and Fridays. Cooking classes offered for both children and adults.

• *Veterans Affairs:* A Veterans Office outreach worker is available for information regarding benefits.

• *Showers and Laundry Services:* for people who are homeless. Monday-Friday only. Call for eligibility guidelines. Must meet with an outreach staff person, before using the services for the first time, Monday-Friday; 11:00am-1:00pm or 5:0-6:30pm, or by appointment.

##### ***Nebraska Telephone Assistance Program (NTAP)***

1-800-526-0017 or in Lincoln, 402-471-3101 The Nebraska Telephone Assistance Program (NTAP) is administered by the Nebraska Public Service Commission. NTAP reduces the cost of local phone service by \$12.75 per month. Not all phone companies offer NTAP in all coverage areas. Please note: If you are completing this application for someone other than yourself, you will need to provide NTAP with a complete copy of your Durable Power of Attorney or Guardianship documents. You may also be required to provide documentation showing your current participation in an eligible program, or that your household income is at or below 135% of the poverty level.

##### ***Community Action Partnership***

210 O St \ 402-471-4515 Individual Savings Account (IDA): Participants save for a specific asset (home or small business), or the cost of education. Savings are matched \$4 for every \$1 saved. Participants must be income eligible and must demonstrate the ability to save for at least 6 months.

• *Tax Prep Program:* offers free tax preparation services to low-to moderate-income individuals and families in our community. Current sites and schedules at: [www.communityactionnetwork.org](http://www.communityactionnetwork.org)



## Pets

### ***Lincoln Animal Ambassadors***

402-817-1168 \ Assists pets and their people through a voucher-based low cost spay/neuter program, a temporary assistance pet food bank, a low-cost vaccination clinic, and teaching people about being responsible pet guardians at community events.

### ***Capital Humane Society***

402-441-4488 \ 2320 Park Blvd. Capital Humane Society serves the community by sheltering unwanted pets, acts as an advocate for animal welfare and strives to educate the public about responsible pet care.

### ***Coalition for Pet Protection***

402-434-7922 Services provided at this time is emergency animal food pantry and emergency medical care for felines only. Must leave a voice mail and a volunteer will return the call within 24 hours.

### ***Domesti-PUPS***

402-465-4201 We provide therapy dogs, service dogs for persons with disabilities, and trained rescue dogs through our adoptables program.

## Prisoner Re-Entry

### ***House of Hope***

402-435-3165 \ 4505 Holdrege St. Provides residence/aftercare treatment (groups and individuals) for adult men who have completed chemical dependency treatment within the last year. Residents must be able to obtain employment and be ambulatory. Sliding scale fee.

### ***Released and Restored***

402-806-0565 Provides inmates and ex-offenders in Nebraska with the tools and support systems needed for learning how to live productive, moral, ethical, and legal lives in our communities. Our goal is to prepare individuals for their release, restore family relationships that were harmed or broken by incarceration, and to renew lives. We offer programming inside prison as well as on the outside. These programs include:

•***Life Skills/Re-Entry Prep:*** In two weeks, we teach individuals how to obtain and maintain gainful employment and how to manage the money they earn. Resume building, mock interviewing, money management, and overall job professionalism are just a few things offered through this program.

•***Planning with Purpose:*** 20 week course of the book, "The Purpose Driven Life," giving new ways to think and act in positive and constructive manners while creating a plan for living a moral, ethical, and legal life in the community after release.

***Job Readiness/Life Skills:*** This course is designed to prepare individuals to obtain and maintain gainful employment post release, teach basic money management skills, and address landlord/tenant rights and responsibilities.

•***Re-Entry Support:*** Once men and women have left the prison system (hopefully with some educational resources from Released and Restored), they often need additional assistance to find their

way back to the moral, ethical, and legal lives they strive for. We work closely with businesses in Nebraska willing to hire men and women released from prison. Inmates who have gone through our Job Skills program successfully get a certificate stating they have completed the class. In this program we teach skills such as: work ethics, living on a budget, personal appearance, workplace behavior, non-violent conflict resolution.

***Bridges to Hope***

402-420-5696 A service to men and women who have been released from prison (during the previous twelve months) and are making the transition to a productive life outside of prison. Provides basic household furnishings at no cost to our partners. Another requirement is to find employment. Donated clothing assists our partners by providing appropriate clothing to seek and maintain jobs. Hygiene items are also available. Applicants must be able to provide their prison ID number, along with a picture ID, so their status can be verified. If the applicant has been in county jail, they must provide some form of discharge papers or it must be possible to verify through county corrections. Partners may visit the Warehouse to shop for clothing, personal hygiene items, furniture and household items twice. The first time they come is considered Visit 1. They may revisit (Visit 2) to shop anytime within 18-months following Visit 1.

**Rent & Utilities Assistance**

***Black Hills Energy (Gas)***

1-888-890-5554 Once the family receives a shut-off notice they must call Black Hills Energy to work out a payment plan.

***Lincoln Electric System (LES)***

402-475-4211 LES will send a disconnect notice when a bill is two months past due. If the customer calls LES as soon as they get the notice and makes a reasonable payment plan, the service will not be disconnected. Once disconnected the customer will have to pay the past due amount before service is re-activated.

***Lincoln Water Systems***

402-441-7571 They bill every 60 days. Once 120 Days past due, they send out a notice of past due account. 13 Days after, you get a courtesy notice 1 day prior to shut off. Depending on whether you rent or own and payment history - a payment plan may be arranged.

***DHHS LIHEAP (Low Income Home Energy Assistance Program)***

402-323-3900 \ dhhs.ne.gov If qualified, the program will help with a one time payment to the utility company. Will need to apply online or paper application. If assistance is needed in applying, the Center For People In Need can help apply online.

***Community Action Partnership***

402-471-4515 \ 210 O St. Assists with crisis needs such as rental deposit and past-due rent or utilities. To be eligible for deposit assistance, applicant must be homeless and have income; for past-due rent, applicant must have a 3 day or eviction notice; for utilities, applicant must have a disconnect or off notice.



**Catholic Social Services**

402-474-1600 \ 2241 O St. Can help with rent and utilities. Do not help with: Deposit, 1st month's rent, back rent. Must be current on rent (not behind on rent). Family must go to main office to apply in person.

**Senior Resources**

Aging Partners Senior Centers are a great source to find information, activities, and opportunities related to aging.

At your local center you can enroll in fitness and health classes, enjoy recreational activities, and share experiences with old friends and new ones. Here in Lincoln we have six Senior Centers:

Asian Center \ 402-441-6121 \ 2635 "O" Street

Belmont Center \ 402-441-7990 or 402-441-6789 \ 1234 Judson Street

Downtown Center \ 402-441-7154 \ 1005 "O" St

Lake Street Center \ 402-441-7157 \ 2400 S. 11th St

JoAnn Maxey Center \ 402-441-7849 \ 2032 "U" St

Northeast Center \ 402-441-7151 \ 6310 Platte Ave

•*Meals:* Most centers offer a delicious hot noon meal or a sack lunch as well as a variety of activities. Reservations for lunch must be ordered by calling the center you wish to attend two days in advance to ensure that an adequate number of meals are prepared.

•*Transportation:* we provide transportation to each Senior Center within a specified boundary inside the City limits. Call the Aging Partners Senior Center nearest you for details. Shopping assistance is also provided on a bi-monthly basis to area grocery stores. Call the Senior Center nearest you two days in advance to schedule your ride.

•*Free Income Tax Assistance:* at the Downtown Center, Monday - Thursday, 10 a.m. to 3 p.m., February through April each year by appointment. AARP tax consultants will be available to assist you with your income tax needs. Please bring your photo ID, Social Security card, wage and earnings statements (W2s), interest and dividend statements (Form 1099), a copy of last year's return, and any other information about your income and expenses. Call (402) 441-7158 to make your appointment. Ask about a lunch reservation for the same day! Check the status of your refund.

**Substance Abuse, Behavioral Health, and Mental Health**

**CenterPointe**

402-475-8717 \ 2633 P St. Makes pivotal treatment available for people suffering from mental and substance use disorders. We also provide a wide variety of treatment, rehabilitation and housing services for homeless and low-income people living with these disorders.

•*Crisis Response:* 402-475-6695 Crisis can affect anyone. Can help you or a loved one through a suicide, substance use, or mental health crisis. We're here when you need us. The helpline is available 24/7. It is a free and confidential resource for women, men and teens in Lincoln/Lancaster County. The helpline is staffed by trained therapists. Walk-in crisis services are also available during business hours at our 1000 S 13th St location.



• **Veteran Services:** We serve veterans who are experiencing homelessness and problems with mental illness, substance use or co-occurring disorders.

• **Housing & Basic Needs:** Housing services are designed for low-income individuals and families experiencing problems with mental illness, substance use, or co-occurring disorders. Some programs require homelessness for eligibility.

• **SOAR program:** Assistance with disability application for those with mental health and/or substance abuse concerns, through the Center Pointe agency, the first Thursday of each month 11:00-12:30pm

**House of Hope**

402-435-3165 \ 4505 Holdrege St. Provides residence/aftercare treatment (groups and individuals) for adult men who have completed chemical dependency treatment within the last year. Residents must be able to obtain employment and be ambulatory. Sliding scale fee.

**St. Monica's**

402-441-3768 \ 120 Wedgewood Dr. Behavioral health treatment organization dedicated to serving women diagnosed with substance abuse and/or co-existing mental health issues and meet admissions criteria. An 8-week intensive primary Substance abuse treatment plan.

**Matt Talbot Kitchen & Outreach**

402477-4116 \ 2121 N 27th St \ mtkserver.org Individual Drug & Alcohol Services, Drug/Alcohol Evaluations, Alcohol Education Class for People that are homeless. An 8 and 15 hour alcohol Education class occurs the 4th weekend of each month. A fee is required to register for class. Participants can register by fax or preferably on line.

SOAR program: the first Thursday of each month 11:00am-12:30pm.

Weekly AA Meeting: Every Tuesday from 5:00-6:00pm.

**Lutheran Family Services of Nebraska**

402-441-7940 \ 2201 S 17th Street

Provide human care services that build and strengthen individual, family and community life. LFS' programs and services are available to everyone regardless of age, race or income.

• **Behavioral Health:** including mental health counseling, sexual abuse/incest treatment, substance abuse treatment and specialized counseling for children, adolescents, adults and families.

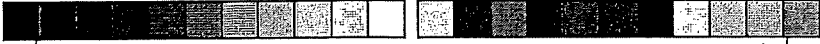
• **Children Services:** providing infant, international and foster care adoption services and searches, foster care, pregnancy counseling, maternal healthcare and family support services.

• **Community Services:** offering services to immigrants, refugee services and preventative education.

**Alcoholics Anonymous**

24 hour line 402-438-5214 \ Lincoln AA Central Office- 2748 S St.

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problems and help others to recover from alcoholism. The only requirement for membership is the desire to stop drinking. There are no dues or fees for A.A. membership; we are self supporting through our own contributions.



***Voices of Hope***

402-476-2110 \ 2545 N Street

Provides services to those who have experienced relationship violence, sexual assault and related forms of abuse. Our services are free and confidential to victims of these crimes as well as their families.

-24 Hour Crisis Line \ 402-475-7273; answered every hour, every day of the year by one of our staff members or a trained volunteer.

-Crisis Intervention Services: for victims of domestic violence, sexual assault and related forms of abuse.

-24 hour a day advocacy: Our advocates respond to calls from hospitals and law enforcement for assistance with victims.

-Daily walk-in services: from 9:00am-4:00pm Monday -Friday, and until 7:00pm on Wednesday evenings. These services include: safety planning, assistance filling out and filing for protection orders, crisis counseling, financial assistance (limited) and basic needs provision referral to other community resources.

-Parent/child advocate: we employ a full-time parent/child/teen advocate who works with victims and their children on the impact on children who witness violence.

-Legal advocacy and referral: referral to attorneys in the Lincoln area and can accompany clients to court hearings to provide support and information.

-Support and education groups: weekly drop-in support groups: 1.) for victims of domestic violence. 2.) for victims of sexual assault. 3.) for Spanish-speaking women who are or have been victims of domestic violence.

- Educational groups: DV101 and Parenting 101 for women who are of have been victims of domestic violence. \*\*Voices of Hope has advocates on the University of Nebraska Lincoln and Nebraska Wesleyan University campuses.

***Bryan Medical Center***

402-481-5991 \ 2300 S. 16th St.

The area's only 24/7 mental health emergency department. Services include: 24/7 mental health emergency department for crisis and intervention, online depression and mental health screenings, counseling, youth psychiatric inpatient care, adult psychiatric inpatient care, senior psychiatric inpatient care, partial hospitalization for all ages, support groups- Wellness and Recovery Action Program (WRAP).

***CEDARS***

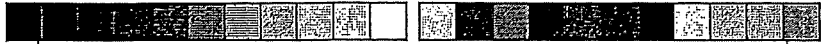
402-434-5437 \ 6601 Pioneers Blvd.

Services help families maintain personal and community connections while advocating for the child and youth's safety, stability and well-being. Juvenile offenders, homeless youth and any other at-risk children, youth and their families may take advantage of these services.

Associates in Counseling and Treatment, PC

402-261-6667 \ 600 N. Putner Ste. 119

Offers assistance on: drug, alcohol and substance abuse, DUI classes, family counseling, marriage counseling, domestic violence intervention (Duluth Model approved by the Domestic Violence Coalition),



Post Traumatic Stress disorder (PTSD), anger management counseling, outpatient and intensive outpatient treatments and interventions, single and group sessions, parent and child conflict, depression, divorce and illness. ACT provides an application for sliding scale fee except Alcohol Education/DUI classes, Domestic Violence classes and Anger Management classes.

***The Bridge Behavioral Health***

402-477-3951 (call anytime, day or night) \ 721 K St.

Specializing in treating alcoholism and drug addiction, particularly for those with limited financial resources.

-Withdrawal services: A safe, medically supervised environment during a difficult transition. Registered nurses and counselors provide medical care and support as men and women withdraw from alcohol and/or other drugs.

-Evaluations: our dually-accredited counselors provide evaluations of a person's substance use and a recommendation for treatment. An evaluation is needed to be entered into a treatment program.

-Treatment: Both residential and outpatient treatment options are offered. Treatment plans address a range of substance abuse and mental health issues. Residential treatment is for men only. Outpatient treatment serves men and women.

-Recovery Support: Variety of special programs and events including meetings held in the building each day. AA, NA and Al-Anon meet regularly and the public is invited to attend.

## Income Guidelines for Various Government Assistance

*For informational purposes only. Please verify eligibility, availability and other conditions with the appropriate state agency or provider.*

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with state agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.

### General Program Requirements

You must be a resident of the state of Nebraska and your household may have \$2,000 in countable resources, such as a bank account, or \$3250 in countable resources if at least one person is age 60 or older, or is disabled. In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$15,444	*For households with more than eight people, add \$5,408 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.
2	\$20,826	
3	\$26,208	
4	\$31,590	
5	\$36,972	
6	\$42,354	
7	\$47,749	
8	\$53,157	

The Nebraska Low Income Energy Assistance Program (LIHEAP) helps people with limited incomes offset the cost of heating and cooling their homes. The program will partially pay the cost of electricity, fuel oil, gas, coal, wood, kerosene, propane, or other fuel source.

Eligibility is based on a household's resources and income. Some resources aren't counted like your home, one car, and personal belongings such as furniture and clothing. The resource limit is \$25,000. Resources that are counted include cash, checking and savings accounts, time certificates, CD's, stocks, bonds and property other than your home.

### General Program Requirements

In order to qualify for this benefit program, you must be a resident of the state of Nebraska, you must need financial assistance for home energy costs. In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$13,781	*For households with more than eight people, add \$4,826 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.
2	\$18,583	
3	\$23,386	
4	\$28,188	
5	\$32,990	
6	\$37,793	
7	\$42,607	
8	\$47,432	

The Temporary Assistance for Needy Families (TANF) in Nebraska is called Aid to Dependent Children (ADC). The program provides cash assistance to low-income families with minor children. ADC income is used to pay for family living expenses like rent, utilities, food, clothing, and other necessities. ADC is often the only source of cash assistance for a family.

In some instances, ADC families may consist of children and both parents. In other situations, there may be a parent absent due to separation, divorce, or death. In instances where both parents are absent, a different family member such as a grandparent, aunt, or uncle may receive ADC on behalf of the child(ren). All ADC adults who are able must participate in the Employment First program. Employment First provides training, education, work experience, and employment related activities and supportive services to ADC adults.

#### General Program Requirements

In order to qualify for this benefit program, you must be a resident of Nebraska, either pregnant or responsible for a child under 19 years of age, a U.S. national, citizen, legal alien, or permanent resident, have low or very low income, and be either under-employed (working for very low wages), unemployed or about to become unemployed. Adult recipients who are able to work are required to cooperate with the Employment First Process.

**Weatherization Assistance:** is making homes more energy efficient. Weatherization of a home typically involves the installation of attic, wall and floor insulation and sealing holes and cracks with caulking, weather-stripping and other types of materials. In addition, all furnaces, cooking stoves, and water heaters receive a safety inspection. Weatherization services do not include roof replacement, siding repairs or replacement windows. An estimated 55,000 Nebraska households are eligible for weatherization assistance services. Preference is given to persons over 60, persons with disabilities, and families with children under six.

#### General Program Requirements

In order to qualify for this benefit program, you must be a resident of the state of Nebraska. In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$23,760	*For households with more than eight people, add \$8,320 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.  If you receive Supplemental Security Income or Temporary Assistance for Needy Families, you are automatically eligible to receive weatherization services.
2	\$32,040	
3	\$40,320	
4	\$48,600	
5	\$56,880	
6	\$65,160	
7	\$73,460	
8	\$81,780	

**NUTRITION SERVICES INCOME ELIGIBILITY GUIDELINES**  
**JULY 1, 2017 - JUNE 30, 2018**

Free and Reduced  
Public School  
Lunches

If households report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions:  
 Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12  
 Nebraska Department of Education Nutrition Services - NS-402-G

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	76,442	6,371	3,186	2,941	1,471
For each additional family member add:	5,434	453	227	209	105	7,733	645	323	298	149

**CHIP**

In Nebraska, CHIP is an expansion of Medicaid as health care coverage for qualified children who are without other health insurance and who do not qualify for Medicaid. Federally called the Children's Health Insurance Program (CHIP), it provides the same services covered under Medicaid.

**General Program Requirements**

In order to qualify for this benefit program, you must be a resident of Nebraska, under 19 years of age or be a primary care giver with a child under the age of 19, not covered by health insurance (including Medicaid), and a U.S. national, citizen, legal alien, or permanent resident.

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$25,304	
2	\$34,123	*For households with more than eight people, add \$8,861 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines. Depending on your income level, you may have to pay a premium for coverage. Please see this state's program information for details.
3	\$42,941	
4	\$51,759	
5	\$60,577	
6	\$69,395	
7	\$78,235	
8	\$87,096	

**Nebraska Medical Assistance Program**, also known as the Medicaid Program, is a program that is jointly funded by the state and the Federal government to provide medical coverage to those who meet certain categorical eligibility criteria and who cannot afford to pay for medically necessary services. Covered services include inpatient and outpatient hospital services; nursing facility care; prescription drugs; services of physicians, dentists and other practitioners; screening and diagnostic services; home health services; mental health and substance abuse treatment; and medical supplies.

**General Program Requirements**

In order to qualify for this benefit program, you must be a resident of the state of Nebraska, a U.S. national, citizen or permanent resident in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income. You must also be either pregnant, a child under age 19, a parent or relative caretaker of a dependent child(ren) under age 19, have a disability, blind, or age 65 or older.

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$15,800	
2	\$21,307	*For households with more than eight people, add \$5,533 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.
3	\$26,813	
4	\$32,319	
5	\$37,825	
6	\$43,331	
7	\$48,851	
8	\$54,384	

### Head Start

Children from birth to age five from families with low income, according to the Poverty Guidelines published by the Federal government, are eligible for Head Start and Early Head Start services.

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$12,060	*For households with more than eight people, add \$4,180 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines. Children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are also eligible for Head Start and Early Head Start services regardless of income.
2	\$16,240	
3	\$20,420	
4	\$24,600	
5	\$28,780	
6	\$32,960	
7	\$37,140	
8	\$41,320	

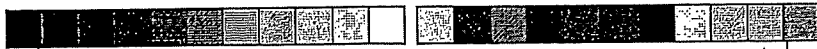
Head Start programs may enroll up to 10 percent of children from families that have incomes above the Poverty Guidelines. Programs may also serve up to an additional 35 percent of children from families whose incomes are above the Poverty Guidelines, but below 130 percent of the poverty line if the program can ensure that certain conditions have been met. Pregnant women may also be eligible for Early Head Start.

Because many programs offer services to families that may qualify them under other local criteria, we strongly recommend you contact the program in your community for more information and guidance.

The Summer Food Service Program (SFSP) is a federally assisted meal program that provides free, nutritious meals and snacks to help children in low-income areas get the nutrition they need throughout the summer months when they are out of school. Sponsors provide free meals to a group of children at a central site, such as a school, park, low-income housing complex, community center, or camp. They receive cash subsidies from the U.S. Department of Agriculture (USDA) for each meal and snack they serve and for their documented administrative and operating costs. Sponsors may also receive donated commodities from the USDA. General Program Requirements In order to qualify for this benefit program, you must be a resident of the state of Nebraska. In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size*	Maximum Income Level (Per Year)	
1	\$21,978	*For households with more than eight people, add \$7,696 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines. Contact your local health or human services department for nearest sites.
2	\$29,637	
3	\$37,296	
4	\$44,955	
5	\$52,614	
6	\$60,273	
7	\$67,950	
8	\$75,646	





**USDA Food Bank/Pantry TAKE HOME ELIGIBILITY GUIDELINES**

The following guidelines regarding the distribution of USDA foods are provided for ERAs (Food Banks/Pantries) to use in determining which individual households are eligible for take home USDA foods.

Geographic Requirement: Household must be located within the State of Nebraska.

Income Standards: Recipient eligibility will be based on 180% of the federal poverty guidelines during each fiscal year or current participation in one of the following Social Services programs automatically meet the income guidelines: Supplemental Nutrition Assistance Program, (SNAP), Aid to Dependent Children (ADC), Low Income Emergency Assistance Program (LIEAP), Aid to the Aged, Blind, and Disabled (AABD), Medical Assistance, Refugee Resettlement Program, or State Disability Program. If the household is not participating in one of these programs, the following income guidelines apply:

Household Size*	Maximum Income Level (Per Month)	
1	\$ 1,782	
2	\$ 2,403	*For households with more than six people, add \$624 per additional person.
3	\$ 3,024	Always check with the appropriate managing agency to ensure the most accurate guidelines.
4	\$ 3,645	
5	\$ 4,266	
6	\$ 4,887	
7	\$37,140	
8	\$41,320	

If the household's primary wage earner has been unemployed for thirty days or more, income is determined by using an average of the household's last three months' total gross weekly income rather than the earnings over the last year. If the primary wage earner of the household has just started a job, current income is determined by using the monthly income guideline as appropriate.

**Instructions for Completing Declaration Form for USDA Foods (FDP-105)**

Use: The Declaration Form for USDA Foods (FDP-105) is used to record information pertaining to the recipient. Fill in:

- Signature: *Signature of recipient.*
- Address: *Address of recipient*
- Number in Household: *Persons residing in recipient's household.*
- Month: *Month in which recipient received USDA donated foods.*
- Year: *Year in which recipient received USDA donated foods.*



Division of Children and Family Services  
Emergency Food Assistance Program (TEFAP)  
Eligibility to Take Food Home

Example of USDA FDP-105 form  
Not to scale.

I, the undersigned, agree to indemnify and hold harmless this Agent and the State of Nebraska, their Departments, officers, agencies, and employees, from any and all claims, demands, damages, costs, expenses, actions, and causes of action out of any act or occurrence pertaining to the issuance and acceptance of the USDA commodity items.  
I further certify that my household's current gross income is equal to or below the following amounts, or that I am participating in one of the following: SNAP, ADC, State Supplemental (AABD), Energy, Medical only, State Disability, or Refugee program. I understand that if I provide incorrect information to obtain these food items, my household may be permanently suspended from this program. I also understand that, if eligible, my household can only receive these items once a month.

Size of Household	Current Monthly Income	Size of Household	Current Monthly Income	
1	\$ 1,782.00	4	\$ 3,645.00	For each additional household member add \$624.00
2	\$ 2,403.00	5	\$ 4,266.00	
3	\$ 3,024.00	6	\$ 4,887.00	

Signature	Address	No. in Household	Month	Year

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-2600 (voice and TDD). This institution is an equal opportunity provider.



FDP-105 Rev. 7/18 (10/20)  
(Previous version 4/15 should NOT be used)



# Index

## A

academic support 7  
ACLU 18  
Aging Partners 12, 16  
AIDS 14  
Auto Mechanics 6

## B

baby clothes 22  
Barnabas Community Free Store 8  
Behavioral Health 26  
Bikes 6  
Birthright 22  
Black Hills Energy 25  
books 8  
Bridges to Hope 25  
burial expenses 20  
bus passes 7

## C

Capitol City Christian Church 8  
Catholic Social Services 10, 16  
CEDARS Bridges Transitional Living Program 16  
Center For Legal Immigration 18  
Center for People in Need 10,11,14  
CenterPointe 26  
Charity Auto 6  
child care 7, 9,10  
children 7, 8, 14, 15, 18, 21  
child support 7,18  
Citizenship 10  
Clinic With a Heart 19, 20  
clothing 8,9  
college students 8  
Community Action Partnership 8, 10, 16, 25

## D

Dental Care 21  
Department of Health and Human Services 7, 19  
Diapers 9  
disabilities 10, 12, 16, 19  
domestic violence 15, 17

## E

Early Education Program 7  
Emergency needs 9,14,15  
employment 9,10,11,16  
English as a Second Language 10  
Every Woman Matters 20

## F

Family Health Services, Inc. 22  
Family Resource Center - Friends With Food 14  
Family Shelter 15  
First Presbyterian Church 14  
food 8, 13,14, 15,19  
Food Bank of Lincoln 11  
Foodnet 12  
Food Stamps 14  
Fourth Presbyterian Church 11  
Fresh Start 16  
Friendship Home 15  
F Street Community Center 11  
furniture 8,15

## G

Gas Vouchers 23  
Good Neighbor's Community Center 9,13,14

## H

Havelock Methodist Church 8,13  
homelessness 8, 16, 23,26  
House of Hope 24, 27  
housing 15, 16, 19, 27

## I

immigrants 10, 16,18  
immunization 21,22  
Indian Center 12, 16

## J

Jacob's Well 14

## L

Lancaster County General Assistance 19  
Lancaster County Medical Society 20  
laundry 23  
legal 17  
Lincoln Berean Church 8  
Lincoln Bike Kitchen 6  
Lincoln Commission on Human Rights 18  
Lincoln E.D. Connections 20  
Lincoln Electric System 25  
Lincoln Housing Authority 15  
Lincoln Lancaster County Health Department 21  
Lincoln Literacy 36

Council 10  
Lincoln Public Schools 13  
Lincoln Water Systems 25  
Low Income Home Energy Assistance Program 25  
LPS Emergency Pantry 13  
Lutheran Family Services of Nebraska 21, 27

M

Malone Community Center 7, 10, 11  
maternity clothes 22  
Matt Talbot Kitchen & Outreach 10, 12, 20, 23  
Meals on Wheels 12  
Medicaid 19, 21, 22  
medical 19, 21  
Mental Health 26  
Money Management 10

N

Native American 21  
Nebraska Aids Project 14  
Nebraska Colon Cancer Screening Program 20  
Nebraska Telephone Assistance Program (NTAP) 23  
Northern Lighthouse Church 6  
Northwest Lincoln Church of Christ 9  
nutrition education 7, 8, 10, 23

O

Oak Lake Evangelical Church 11

P

People's City Mission 8, 12, 13, 15, 16, 19  
People's Health Center 20  
personal care needs 8  
Pioneers Center 15  
Planned Parenthood 22  
POP Program 10  
pregnancy 8, 9, 14, 19, 22  
prescriptions 20, 21  
Purple Peacock 9

R

Released and Restored 24  
rent & utilities 16, 23, 19, 25

S

Salvation Army 9, 13, 15  
Salvation Army Thrift Store 9  
seniors 12, 14, 16, 17, 19, 21, 26

shoes 9  
Social Security Disability 22  
StarTran 7  
St. Louise Gift & Thrift Store 9  
St. Monica's 27  
St. Vincent de Paul 9  
suicide 26  
Supportive Housing Program 16

T

taxes 23  
The Gathering Place 12  
The Pregnancy Center 22  
toys, 8  
Transgender 6

U

ultrasounds 22  
unemployment Insurance 7

V

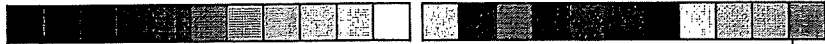
Veterans 16, 23  
Vocational Rehabilitation 10  
Voices of Hope 18  
volunteering 6, 7

W

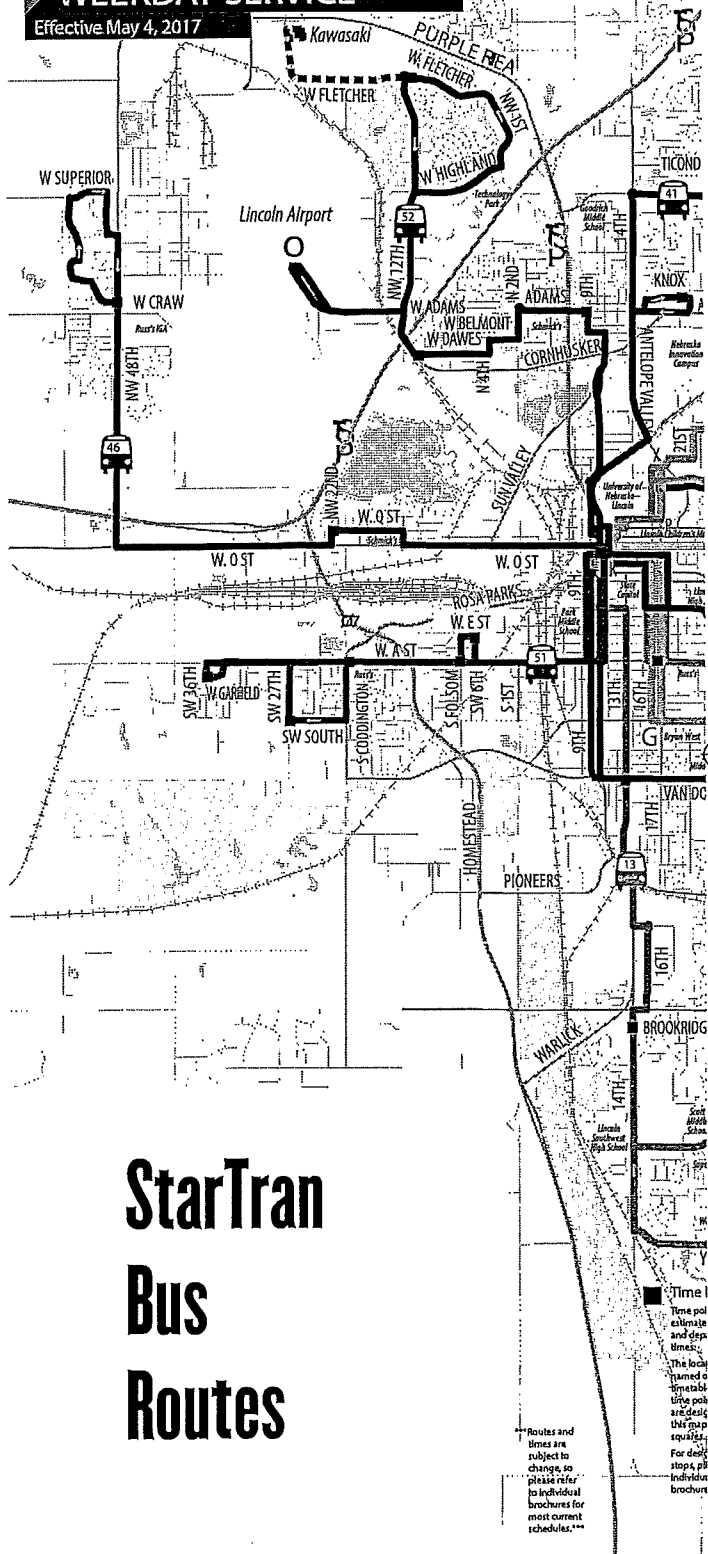
WIC 14  
[www.foodnetlincoln.org](http://www.foodnetlincoln.org) 12

Y

YWCA Job Outfitters 9



**WEEKDAY SERVICE**  
Effective May 4, 2017

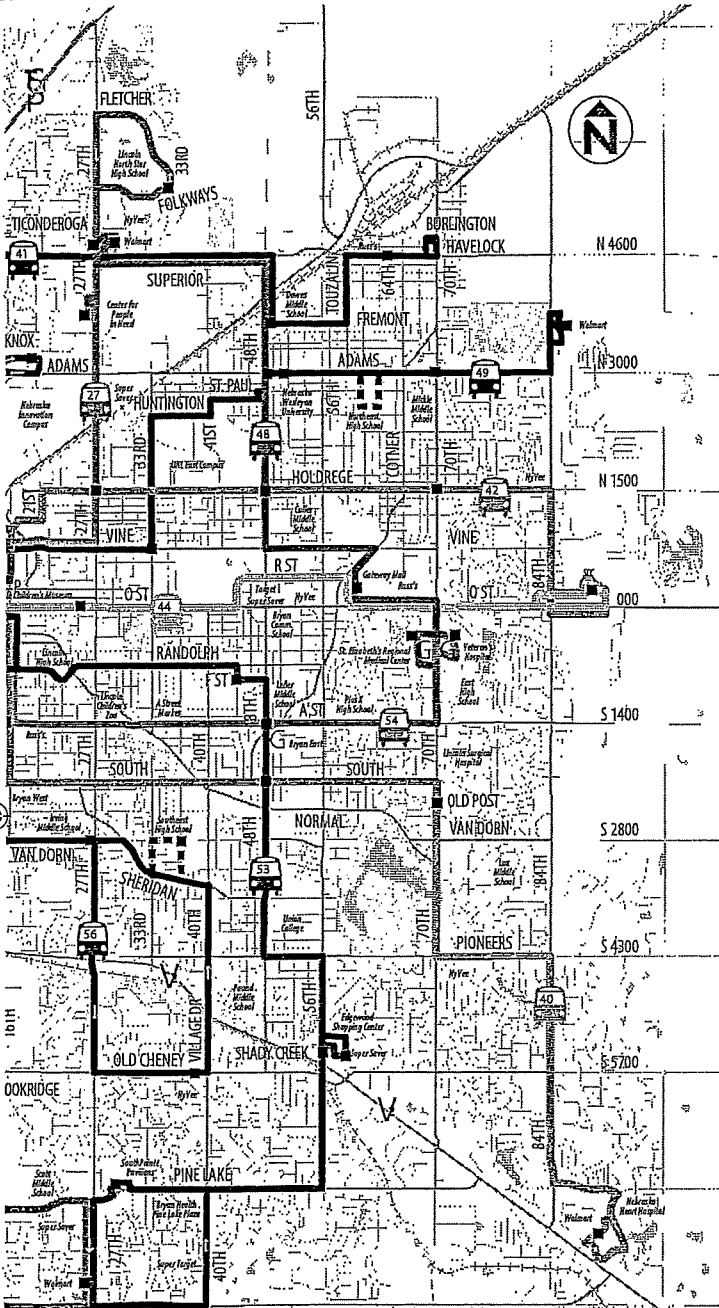
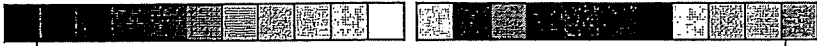


**StarTran  
Bus  
Routes**

Routes and times are subject to change, so please refer to individual brochures for most current schedules.

Time  
Time pole estimate and dep times.  
The local planned timetable line pole are design this pole equities.  
For design stops, please refer to individual brochures.



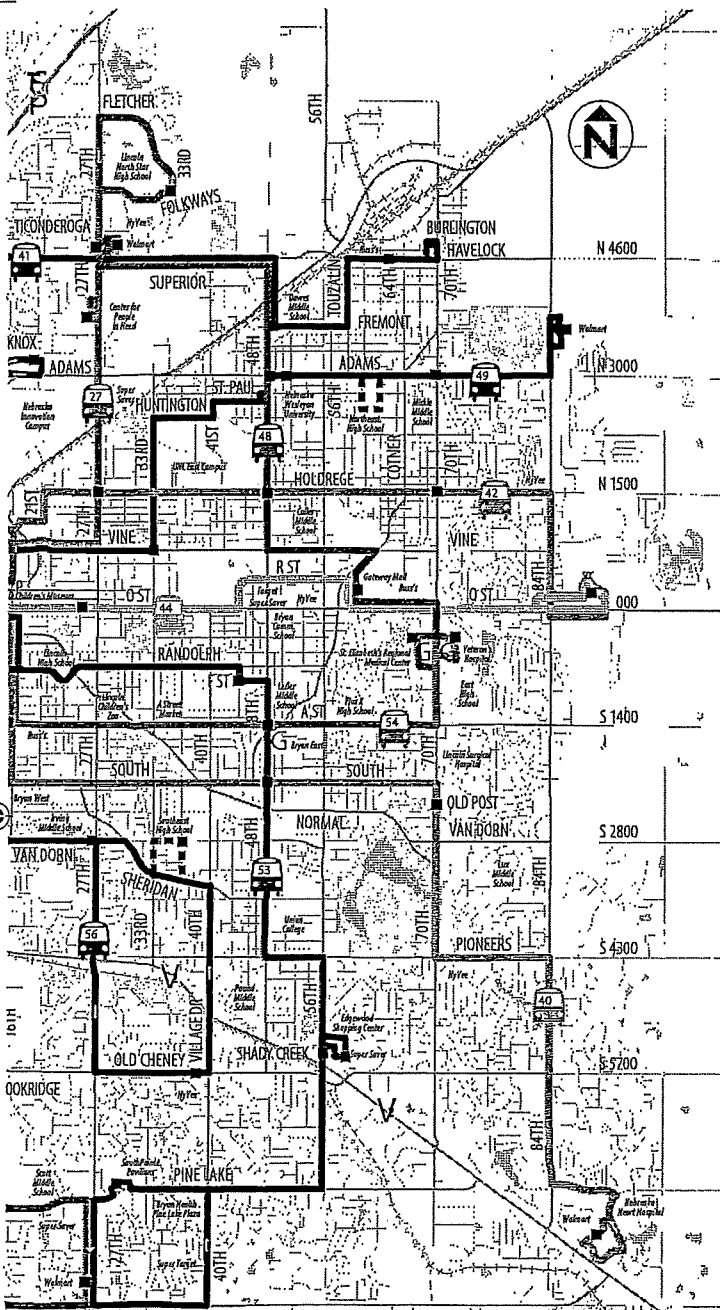
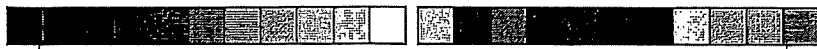


<b>41</b> Havelock (Interlines with Routes 153 at Gold)	<b>49</b> North 48th (Interlines with Route 154 at Veterans Hospital)
<b>42</b> Bethany (Interlines with Route 149 at Gold)	<b>51</b> University Place (Interlines with Route 140 at Gold)
<b>43</b> O Street	<b>52</b> West A Street
<b>44</b> O Street	<b>53</b> Gaslight
<b>46</b> South 13th (Interlines with Route 127 at Gold)	<b>54</b> SouthPointe (Interlines with Route 141 at Gold)
<b>47</b> North 27th (Interlines with Route 113 at Gold)	<b>55</b> Veterans Hospital
<b>48</b> Heart Hospital (Interlines with Route 142 at Gold)	<b>56</b> Sheridan

**Time Points**  
Time points are estimated arrival and departure times. The bus stops at these time points. They are designated on this map by black squares. For designated bus stops, please see individual route brochures.

StarTran serves all Lincoln public middle and high schools through regular route or booster service. Visit [startran.lincoln.ne.gov](http://startran.lincoln.ne.gov) for booster service.





- |  |  |   |
|--|--|---|
| <p><b>Time Points</b></p> <p>Time points are estimated arrival and departure times.</p> <p>The locations named on route itineraries are time points. They are designated on this map by black squares.</p> <p>For designated bus stops, please see individual route brochures.</p> | <b>45</b> South 13th<br><small>(Interlines with Route #27 at Gold's)</small>     | <b>48</b> North 48th<br><small>(Interlines with Route #54 at Veterans Hospital)</small> |
|  | <b>27</b> North 27th<br><small>(Interlines with Route #13 at Gold's)</small>     | <b>49</b> University Place<br><small>(Interlines with Route #40 at Gold's)</small>      |
|  | <b>43</b> Heart Hospital<br><small>(Interlines with Route #42 at Gold's)</small> | <b>51</b> West A Street   |
|  | <b>41</b> Havelock<br><small>(Interlines with Route #53 at Gold's)</small>       | <b>52</b> Gaslight  |
|  | <b>42</b> Bethany<br><small>(Interlines with Route #49 at Gold's)</small>        | <b>53</b> SouthPoint<br><small>(Interlines with Route #41 at Gold's)</small>            |
|  | <b>44</b> O Street   | <b>54</b> Veterans Hospital   |
|  | <b>46</b> Arnold Heights   | <b>56</b> Sheridan  |

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 Visit [startran.lincoln.ne.gov](http://startran.lincoln.ne.gov) for booster service.



# EVALUATION CRITERIA

## RFQ NUMBER 111765 Z6

### Transitional Living Housing, including Mental Health Programming, for Parole clients

**Opening Date: March 28, 2022, 2:00 p.m. Central Time**

#### **Mandatory Requirements**

The proposals will first be examined to determine if all mandatory requirements listed below have been addressed to warrant further evaluation. Proposals not meeting mandatory requirements will be excluded from further evaluation. The mandatory requirement items are as follows:

1. Original Request for Qualification for Contractual Services form signed using an indelible method;
2. Clarity and responsiveness of the proposal;
3. Completed Corporate Overview;
4. Completed Sections II through VI;
5. Completed Technical Approach;
6. Completed State Cost Proposal Template;
7. Completed Attachment A, Bidder Questionnaire; and
8. Copies of certifications including but not limited to the following:
  - a. Insurance
  - b. Professional License(s)
  - c. Use permits
9. Example of reports that include but are not limited to:
  - a. The number of individuals served;
  - b. Average length of stay;
  - c. Types of programming and classes offered; and
  - d. General demographic information.

#### **Evaluation Criteria**

Responses that meet or exceed the mandatory requirements (RFQ Section I.N.) will be evaluated. Responses that do not meet or exceed the mandatory requirements as indicated in the RFQ will not be evaluated. Responses must have a minimum score 15 out of 25 points in the Corporate Overview and of 40 out of 60 points in the Technical Approach to qualify for a Provider Term Agreement. The State reserves the right amend the scoring thresholds if determined doing so is in the best interest of the State.

Evaluation Criteria	Possible Points
Part 1 — Corporate Overview	25
Part 2 — Technical Approach	60
Part 3 — Cost Proposal Points	15
<b>Total Points</b>	<b>100</b>

#### **Part 4 – Cost Proposal Points**

Cost points should be calculated as follows:

1. Establish lowest cost submitted – lowest cost submitted receives the maximum points.
2. To assign points to all others, the following formula should be followed:  
**Lowest Cost Submitted ÷ Cost Submitted x Maximum Possible Cost Points = Cost Points to Award (see samples below)**

	Formula	Sample	Sample	Sample
	Lowest Cost Submitted	\$100,000	\$100,000	\$100,000
÷	Cost Submitted	\$100,000	\$200,000	\$150,000
x	Maximum Possible Cost Points	40	40	40
=	Points To Award	40	20	26.7

# House Manager Handbook

455 S 25 th st. Lincoln, NE 68510

420 South 28<sup>th</sup> Street Lincoln NE 68510

1340 South 13<sup>th</sup> Street Lincoln NE 68502

Transition House is a transitional living program for men with substance use and co-occurring disorders. It is our vision for men with addiction to live serene, joy-filled healthy lives. Our mission is to empower holistic wellness and hope men with addiction through transitional housing, supportive care, advocacy, and recovery-focused skill development in the following areas:

- Daily Living and self-care
- Pre-vocational/ Vocational
- Socialization
- Recreation
- Community Living
- Living Independently
- Dealing with the effects of institutionalization
- Education on Substance use

Our Transitional Living Program functions as a place to provide clients with the skills necessary to transition back into the community. The program is a program of personal responsibility- meaning, you will get out of the program what you put into it. Our rules, policies, and procedures are in place to ensure client's safety, health, and overall well-being.

## **Client Responsibilities:**

Belonging to a transitional living program requires that each member do his part in the upkeep of the environment.

- You are responsible for keeping your own room clean, doing your own laundry, and completing your assigned job responsibilities in the house. Being a member of the community also requires that you keep in mind both your needs and the needs of others.
- You are responsible for treating peers and staff members with respect. This includes helping peers whenever possible.



- ❑ You are responsible for being at all meetings and other events for which you are scheduled on time and ready to participate.
- ❑ You are responsible for getting what you need by:
  - a. Asking for help when you need it
  - b. Sharing your feelings with staff and peers
  - c. Staying away from initiating, engaging in, encouraging, and or supporting the unhealthy behavior of others.
  - d. Telling the truth and doing what you think is right; (which includes doing unto others as you would want them to do unto you)
  - e. Achieving your Recovery Plan goals
  - f. Helping others achieve their goals if possible

### **House Living**

- ❑ Roommate Meetings are helpful!! Upon move-in staff will plan to sit down with you and your roommates to discuss how you will approach working with each other. Discussion will revolve around making a plan for things like cleaning, providing house supplies, storage for food, visitors, etc. Monthly roommate meetings will be planned to revisit how things are going in the house.
- ❑ Cleaning the House. Every client is responsible to pick up after himself. Each roommate is expected to take responsibility for the deep cleaning of an area of the house. For example: one roommate cleans the living room/stairs, one roommate cleans the kitchen, and one person cleans the bathroom. These responsibilities can be rotated each week, monthly, etc.
- ❑ Meals/Food. Each client is responsible for their own meal preparation. If a client is in need of food contact Food Missions seen on Emergency Numbers. Just a reminder- It is illegal to share items purchased with food stamps.
- ❑ House Supplies. Items such as cleaning products, trash bags, toilet paper and paper towels are typically shared items in the house. Part of the roommate meeting can be utilized to determine who will be responsible for obtaining these supplies each month. If it is your turn to provide the house supplies and you don't have an income contact the Executive Director for resources.
- ❑ Visitors. Absolutely no visitors are allowed at any time on the premises.
- ❑ No sex offenders allowed.

- ❑ Maintenance Issues. If something breaks or is in need of repair you are to notify staff utilizing the Repair Request Form or through verbal communication. DO NOT try to repair it yourself or throw anything out unless you have permission from the Executive Director.
  - ❑ No Violence/Bullying. Violence and Bullying will not be permitted at the house. If violence or bullying occurs, alert staff immediately.
  - ❑ No Alcohol/Illegal Drugs. No alcohol or illegal drug use is permitted on house property, nor should anyone be intoxicated or under the influence of any substances while at the house.
  - ❑ Tobacco Products. All Tobacco/Nicotine products are prohibited in or near Transition House Property. Anyone caught using tobacco/nicotine products within the house or on the porch will be asked to leave immediately.
  - ❑ Clients will be subjected to random UA's of substance use by the suspect.
- Questions? If this is anything that you are unsure about please come and talk with staff if you have any questions and concerns regarding house living.

### **Emergency Numbers**

Police Dept	(402)441-6000
Ambulance	911
Fire Dept	(402)441-8360
Saint Elizabeth's Hospital	(402)219-8000
Suicide Hotline	(888)866-8660
Crisis Center	(402)419-8276
Matt Talbot	(402)477-4116

### **IMPORTANT CONTACT PHONE NUMBERS:**

Center for People In Need: Phone: 402.476.4357 (FOOD)

**The American Job Center (WIOA) Phone Number 402-441-1640**

(Career Exploration, Vocational Rehab, Resume Building, Paid Internships, Work Experience, Classroom Training, Help pay for Certain Trainings; IT Certifications, CDL, Dental and Welding Certificates, Position Machining).

**Role as a House Manager:**

- To ensure that EVERYONE including yourself is staying sober and following the criteria of being a good roommate.
- Coordinating a cleaning schedule
  - Ensuring that duties around the house are split evenly and fairly amongst the roommate.
- To keep Tina updated with problems that need to be addressed.

Types of problems:

- People that don't have permission are in the house.
  - People relapsing/ or using within the house.
  - Fighting
  - If police are there
- 
- Follow the List of Residents to know when to check someone new in
  - Abide/Work with the Probation Officers; Let them know what room/where people are.
  - Build a rapport on the residents so you know who they are, what they need help with, and what they are doing.
  - ABSOLUTELY no significant relationships are allowed between house manager and the residents. Relationships are completely platonic. No following via social media of any sort.

\

#### **HOW TO CHECK IN A NEW RESIDENT**

- A Consent to Release Information is the first thing that must be filled out. The release form must be signed by the new resident with their DOB and Probation Officer.
- Three next step goals: Get to know who the resident is and communicate what their next step goals are in terms of finding a job, getting transportation, etc.
- Find a suitable room. It is your job to know the schedule of ALL the residents in the house and find a roommate that will be best compatible with the new resident. Example; Making sure they go to work around the same time so they aren't waking up another.

Example of Cleaning Schedule:

Daily Chores	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dishes	Personal						
Sweeping	A		B			C	ABC
Vacuuming	B		C			A	ABC
Bathroom	C		A			B	ABC
Wipe Counters		A		B	C		ABC
Make Bed	Personal						
Tidy Bedroom	Personal						
Take out the trash		B		C	A		ABC
Load/unload dishwasher		C		A	B		ABC

ABC: Switch off throughout the weeks so chores are split evenly and fairly amongst everyone living in the house. It is the house managers responsibility to monitor and check off these chores as they are done throughout the week. Setting up a cleaning schedule is entirely up to you and what you think will work best at the house, but making sure the upkeep of the house is kept is a MUST.

# LINCOLN LANDLORDS

**Ted Glaser**  
**402-440-3000**

**Great Place Properties**  
**(Formerly Casa Property Management)**  
**3534 48<sup>th</sup> Ste A**  
**402-432-2386**

**Capitol Hill Apartments**  
**601 8<sup>th</sup> St**  
**402-476-6829**

**JTT**  
**402-438-4088**

**Greg Sanford**  
**402-890-3908**  
(no registrants)

**US Property Management**  
**402-475-8776**

**Best Choice Realty**  
**402-217-1022**

**Rental Real Estate**  
**1845 S. 48<sup>th</sup> St**  
**402-489-6345**

**Cheever Apartments**  
**402-261-1272**

**The Villa – North 52nd**  
**402-817-1160**

**Garrett Roehrs**  
**911 S. 11<sup>th</sup>**  
**402-802-2806**

**Realty Works**  
**402-483-1214**

**Eden Management**  
**4535 Normal Blvd.**  
**402-489-2333**

**Tam Square Realty**  
**(Tam Nyugen)**  
**402-480-4500**

**Jack Irons**  
**402-202-8899**

**Keith Morris**  
**402-805-2420**

**Arrow Capital**  
**(Matt/Brett)**  
**402-473-2926**

Current List that rents to felons

Central Park Apartments 4121 Normal Blvd. Lincoln, NE 68506 (402) 489-0112

MBA apartments (402) 464-9381

Roger Duerr 402-466-1022 No Application Fee

Corby Castle Apartments (402) 393-2634

Bob and Barb Blood Firestone sheet metal and roofing 402) 466-1023

Lee Simmons 2724 S 14th St Lincoln NE 68502 402) 475-1865

Kari Ronning 402-560-1080 No application fee

Mark Ray 402-805-0209 No application fee

Mike Diehitch 402-423-3880 No application fee

Eden Apartments (402) 281-9590

Action Realty 402-467-1105

Scott Garret 402-202-1351

Royce 402-580-4520

RD Hinkley 402-466-1686

Dennis Steinhauser – 402-560-3957

Greg and Judy Sanford – 402-890-3908 (this landlord does complete a background check, but gives people a chance if they know they have supportive services.)

Robin Derr – 402-890-3531

IT Investment's (Trent or Kelly) – 402-438-4088

Vi Herndon – 402-499-7600 (Her apartments are furnished and in the \$350 to \$400 range)

Donna Tucker – 402-326-3670

Local Resource Sheet -- Agencies that may be able to assist with food and other needs

1) People's City Mission 110 Q St, Lincoln 402-475-1303	Family Breakfast 6:45am Men's Breakfast 6:00am Provides lodging. People staying at the mission have laundry & shower access. Child Club EDEFY for the children. Life Skill training. Church services 10:00am on Sunday. AA and NA Meetings. Lunch- Women 11:15am-12:00pm Lunch - Men 12:30pm-1:00pm Supper - Women 4:45pm-5:30pm Supper - Men 6:00pm-6:30pm
2) People City Mission Homeless Prevention Center 6800 P St 402-475-6888	Open 9:00am-11:30am and 1:30pm -4:00pm Monday and Friday. Wednesday 9:00-11:30. Wednesday PM Hours of 4:00pm -6:00pm are for employed or college students only. Must show proof of employment or school. Diapers and personal care items & food baskets will be given out once every two months. Clothing, milk, bread & meat are always available.
3) People's City Mission Free Medical Clinic 401 N. 2 <sup>nd</sup> St. 402-817-0980	Services include medical, dental, vision, mental health, chiropractic, dermatology, physical therapy, orthopedic, podiatry, and dietary.
4) Community Action Partnership 210 O St 402-471-4515	Many programs including employment and training, GED training, housing services and weatherization, landlord/tenant advocacy, tax preparation, rent and utility assistance, The Gathering Place, Head Start, Early Start, Homeless Voucher Program, Supportive Housing Program, Payee Program, Money and Savings Programs.
5) The Gathering Place 1448 E St. 402-476-7398	Serves a home meal Monday through Friday between 5:00pm and 6:00pm. This is a Community Action Partnership of Lancaster and Saunders Counties program.
6) Clinic with a Heart 1701 S. 17 <sup>th</sup> St, Lower Level 402-421-2924	Free, walk-in medical clinic. Services for medical, dental, chiropractic, physical therapy, vision, mental health, and additional services available. Dental services available on Tuesdays. Mental health services available on Thursdays. Vision services every 3 <sup>rd</sup> Tuesday and every 3 <sup>rd</sup> Thursday. Chiropractic available once a month. Clinic Hours: Tuesday and Thursday, 5:30pm-7:00pm. Doors open at 4:00pm. Assessments will be done at this time. First come, first serve. Call for hours for specific services.
7) The Good Neighbor Center 2617 Y St 402-477-4173	Perishables are provided every Monday and Wednesday 10am-12pm. Foodnet site is Sundays 3:00pm-4pm. Non-perishables by appointment as well. May shop for clothing and household goods, Grandparents room, MENA HOPE project for help for Middle Eastern North African persons, ESL and GED classes, and computer classes, Diaper club, tax assistance, bus passes. Call at 10am for appointment for following day for non-perishables, clothing, and household goods, and help with anything else.
8) Catholic Social Services 2241 O St 402-474-1600	Call Monday - Friday from 10:00am - 5:00pm. Preference given to families. Single adults rarely served unless disabled. Non-perishable food baskets are a week supply and quantity depends on household size. No food vouchers, but clothing vouchers. May have diapers. Call one day in advance for services. Food times are Monday and Wednesday at 10am and Tuesday, Thursday, Friday at 9am.
9) Matt Talbot's Kitchen 2121 N. 27 <sup>th</sup> St 402-477-4116	Meals seven days a week 11:30am-12:30pm and 5:30-6:30pm. Food pantry 11:00am-1:00pm M-F, or by appointment. Foot clinic-multiple times in Spring and Fall and can receive shoes once every 6 months. Nutrition consultation, vision screenings and medical screenings through Clinic With a Heart, immunization services through Health Department, mailing address, phone, ID assistance for homeless individuals, help with SNAP applications, shower and laundry for homeless individuals, transitional housing, life skills classes, haircuts, gas vouchers on 1st business day of the month, drug and alcohol counseling, evaluation, and classes, and AA meeting.
10) Center for People in Need 3901 N. 27 <sup>th</sup> St, 402-476-4357	Many programs. Neighborhood F.O.O.D. program, Foodnet site - Wednesdays from 1:30pm - 2:15pm. Bring Center for People in Need Card. ESL classes, Christmas programs, school supply program, resource handbooks, and immigrant and refugee services.
11) Neighborhood F.O.O.D. Program through Center for People in Need	Tuesdays: 1pm-2pm, F Street Community Center - 1225 F St 4pm-6pm Center for People in Need - 3901 N. 27 <sup>th</sup> St. Thursdays: 1pm-2pm, Malone Community Center 2032 U St 3pm-4pm Oak Lake Church 3300N. 1 <sup>st</sup> St.
12) Salvation Army 2625 Potter St 402-474-6263	Food pantry hours: Monday - Friday 12:00pm - 4:00pm. Wednesdays from 12:00pm to 6:00pm. Fridays 9:30-11:00am bread and produce available at this time only. Clients can receive food every 30 days. Diapers - call for availability (every 2 months only). No eligibility required. Must show ID.

13) Indian Center 1100 Military Road 402-438-5231	Foodnet site Thursday at 10:00am – bring grocery bag. Emergency Food Pantry. M/W/F 1:00pm-3:00pm. Commodities Supplemental Food Program, Family Services Program for Emergency Assistance, Diaper Depot, bus passes, personal hygiene items, summer fan distribution program, Housing program, Youth programs, Senior citizens program for daily meals, intensive outpatient counseling, Native American Workforce Investment Act Program, System of Care/Circles of Care. Commodities Supplemental Food Program provides nutritious food to low-income pregnant and breastfeeding women, new mothers to 1 year post-partum, infants, children up to age six; and elderly at least 60 years of age. Call for appointment.
14) Asian Community Center 2635 O St. (enter 26 & N St) 402-477-3950	Vietnamese language assistance, education, cultural and health programs, citizenship and English classes, crime prevention, recreation, and youth activities.
15) El Centro de las Americas 2032 U St 402-474-3950	Can help connect to medical provider, family support specialist, general support specialists, Latino Leaders program, and youth program Joven Noble. Food Pantry through Malone Center (next door to Centro de las Americas on Thursdays from 1pm – 2pm.
16) WIC	WIC is a nutrition program that helps pregnant women, new mothers, infants and young children eat well, learn about nutrition and stay healthy. Apply at Family Service, 501 S. 7 <sup>th</sup> St, Lincoln, NE 68508 – Ph: 402-441-8655 or at Lincoln-Lancaster County Health Department, 3140 N St., Lincoln, NE 68510 – Ph: 402-441-6200
17) Lincoln Housing Authority 5700 R St 402-434-5500	Section 8 Rent Subsidy, rental housing, home ownership programs, tenant support services
18) Voices of Hope Crisis Line: 402-475-7273 Non-emergency: 402-476-2110	Domestic violence services including 24hour crisis line, counseling, groups, advocacy, resources, and community education and training.
19) General Assistance: Trabert hall Suite 150 22202 S. 11 <sup>th</sup> St 402-441-3095	Food and non-food necessities (including household supplies and personal care items), shelter (including deposit, rent, and utilities), assisted living, transportation, clothing, cremation/burial expenses, COBRA or other health insurance payments.
20) United Way – 211 Phone: dial 211	United Way supports 2-1-1, a free and confidential service that helps people across North America find the local resources they need 24 hours a day, 7 days a week.

**Foodnet Sites:** Distribution sites are listed below. Note that sites will occasionally close for holidays, move due to facility changes, or change times. You can check [foodnetlincoln.org](http://foodnetlincoln.org) for up-to-date schedules. (NO Kids) When indicated: Site is very limited on space and they ask that, for safety concerns, kids do not enter the distribution site.

**IMMEDIATE NEED:** The Center for People in Need, People's City Mission, Matt Talbot's Kitchen

**SHORT TERM NEED:** Same day or next day service: People's City Mission, Salvation Army, Good Neighbor Center

**LONG TERM NEED:** Lincoln Action Program, People's City Mission Distribution Center, Catholic Social Services, Good Neighbor Center

**Sunday**

3:00 pm - Barnabas Community Center • 931 Saunders ☒  
3:00 pm - Allon Chapel @ Good Neighbor • 26th & Y (No kids)  
2:00 pm - Capital View SDA • 17th & A (No kids)

**Monday**

12:00 pm - Korean Church of Lincoln • 4915 W Adams ☒  
5:00 pm - Denton Community Center • Denton, NE ☒

**Tuesday**

5:00 pm - Church of Christ • 3110 N 1st St ☒  
5:00 pm - Havelock United Methodist • 4140 N 60<sup>th</sup> (No kids)

**Wednesday**

1:30 pm - North Central Distribution - 3901 N 27th, Door #2 ☒  
\* Children allowed, but need to be in the grocery cart in the pickup line or in a supervised waiting area.  
5:30 pm - Cristo Rey Catholic • 4221 J St ☒

**Thursday**

11:00 am - Calvert Rec Center • 4500 Stockwell  
2:00 pm - Candlewood • 2640 R Street (No kids) ☒  
5:30 pm - Seward United Methodist • 1400 N 5th St • Seward  
6:30 pm - Neighborhood Church • 1302 F St – ☒ Enter through west door.  
\*Children are no longer permitted due to space & resource limitations.

**Friday**

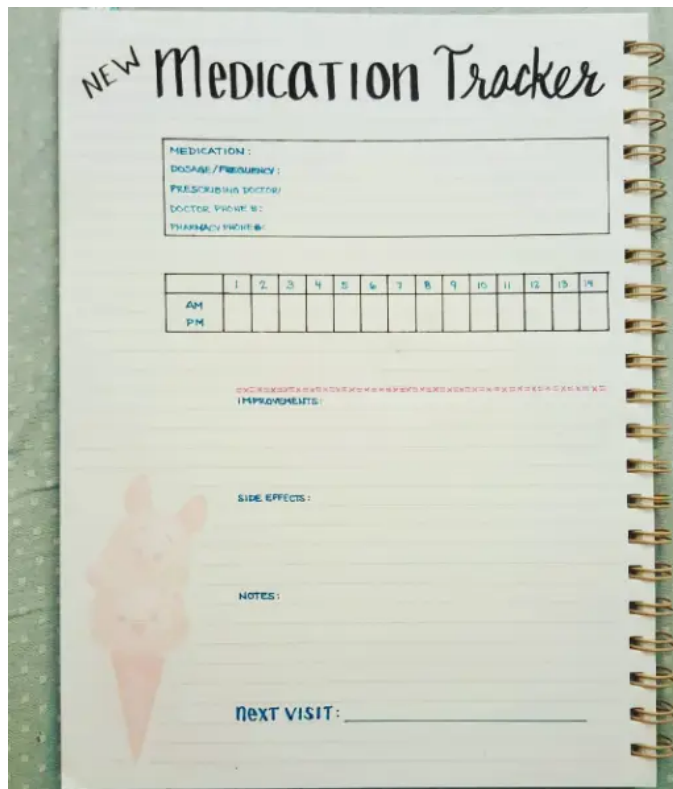
11:30 am - Citylight Lincoln • 29th & O  
12:15 pm - Grace Chapel PCA • 40th & Sheridan  
5:30 pm - Milford Fire Hall • 612 1st Street • Milford, NE ☒

**Saturday**

10:30 am - Zion Church/First Street Bible • 1st & F Street  
1:00 pm - St. Mary's Catholic • 14th & K Street  
1:00 pm - Wanek's Community Center • 14th & Main – Crete ☒







# MONTHLY BUDGET

DESCRIPTION	BUDGET AMOUNT	ACTUAL AMOUNT	DIFFERENCE	NOTES
<b>INCOME</b>				
PAYCHECKS				
OTHER				
<b>EXPENSES</b>				
MORTGAGE/RENT				
INSURANCE				
ELECTRICITY				
WATER/SEWAGE				
TRASH				
CABLE				
INTERNET				
HOUSE PHONE				
CELL PHONE				
GROCERIES				
ENTERTAINMENT				
CLEANING SUPPLIES				
TOILETRIES				
CLOTHING				
CHILD CARE				
CHILD SUPPORT				
AUTO PAYMENT				
AUTO INSURANCE				
FUEL				
LOANS				
CREDIT CARDS				
OTHER				
<b>SAVINGS</b>				
RETIREMENT				
OTHER				

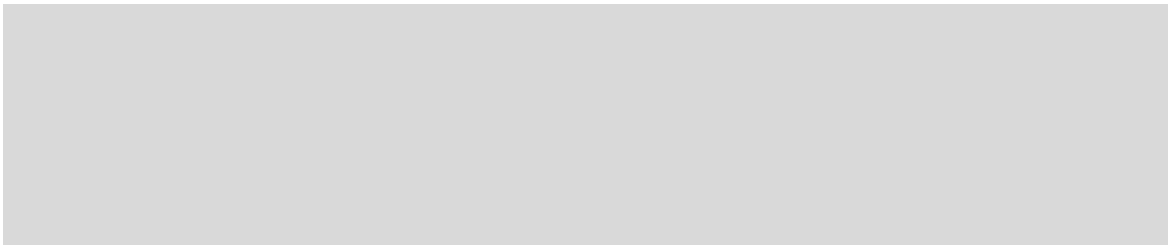
ACTUAL INCOME \_\_\_\_\_  
 ACTUAL EXPENSE \_\_\_\_\_  
 ACTUAL INCOME - EXPENSE \_\_\_\_\_

# MONTHLY BUDGET

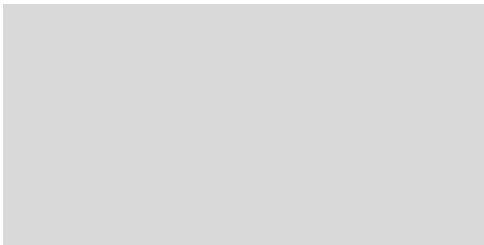
DESCRIPTION	BUDGET AMOUNT	ACTUAL AMOUNT	DIFFERENCE	NOTES
<b>INCOME</b>				
PAYCHECKS				
OTHER				
<b>EXPENSES</b>				
MORTGAGE/RENT				
INSURANCE				
ELECTRICITY				
WATER/SEWAGE				
TRASH				
CABLE				
INTERNET				
HOUSE PHONE				
CELL PHONE				
GROCERIES				
ENTERTAINMENT				
CLEANING SUPPLIES				
TOILETRIES				
CLOTHING				
CHILD CARE				
CHILD SUPPORT				
AUTO PAYMENT				
AUTO INSURANCE				
FUEL				
LOANS				
CREDIT CARDS				
OTHER				
<b>SAVINGS</b>				
RETIREMENT				
OTHER				

ACTUAL INCOME \_\_\_\_\_  
 ACTUAL EXPENSE \_\_\_\_\_  
 ACTUAL INCOME - EXPENSE \_\_\_\_\_





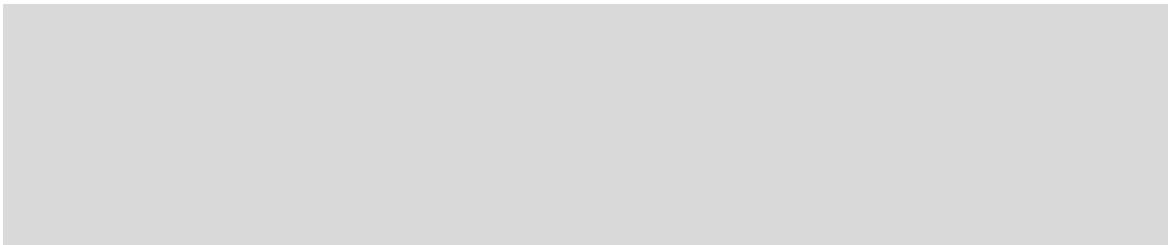
<b>Application Date</b> (dd/mm/yy)	<b>Contact</b>	<b>Response</b> (Drop Down List)	<b>Interview Stage</b> (Drop Down List)
27/11/14	Name - Steve Davids Email - steve@ef.com Tel - 0208 999 99999	Nothing Yet	1st Face-to-face
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		



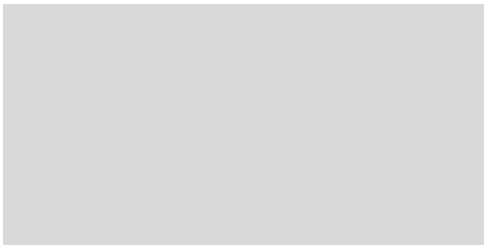
Interview Time, Date & Interviewer Name	Offer
Mon 5th Dec 2015, Jo Parker	No







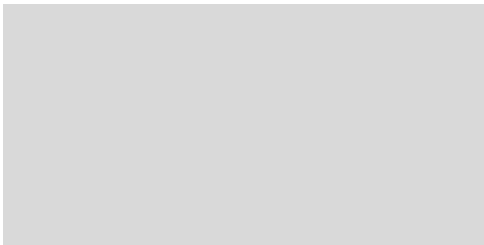
<b>Application Date</b> (dd/mm/yy)	<b>Contact</b>	<b>Response</b> (Drop Down List)	<b>Interview Stage</b> (Drop Down List)
27/11/14	Name - Steve Davids Email - steve@ef.com Tel - 0208 999 99999	Nothing Yet	1st Face-to-face
	Name - Email - Tel -		
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	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		
	Name - Email - Tel -		



Interview Time, Date & Interviewer Name	Offer
Mon 5th Dec 2015, Jo Parker	No







Interview Time, Date & Interviewer Name	Offer
Mon 5th Dec 2015, Jo Parker	No

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
4.			
5.			

TOTAL INCOME \$ \_\_\_\_\_  
 TOTAL EXPENSES \$ \_\_\_\_\_  
 MONTHLY BALANCE \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
4.			
5.			

TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_



# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
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5.			

TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
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5.			

TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
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TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

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 MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_



# Paychecks

## 5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

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5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
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TOTAL INCOME \$ \_\_\_\_\_  
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MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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5 Week Paycheck Budgeting

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_



# Paychecks

## 5 Week Paycheck Budgeting

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

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TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

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TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
4.			
5.			

TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

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TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
4.			
5.			

TOTAL INCOME     \$ \_\_\_\_\_  
 TOTAL EXPENSES     \$ \_\_\_\_\_  
 MONTHLY BALANCE     \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES     \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES     \$ \_\_\_\_\_



# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
4.			
5.			

TOTAL INCOME           \$ \_\_\_\_\_  
 TOTAL EXPENSES       \$ \_\_\_\_\_  
 MONTHLY BALANCE     \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES       \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES       \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
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5.			

TOTAL INCOME \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
4.			
5.			

TOTAL INCOME      \$ \_\_\_\_\_  
 TOTAL EXPENSES      \$ \_\_\_\_\_  
 MONTHLY BALANCE      \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES      \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES      \$ \_\_\_\_\_

# Paychecks

## 5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
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TOTAL EXPENSES \$ \_\_\_\_\_



# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

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5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
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TOTAL INCOME \$ \_\_\_\_\_  
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## 5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

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4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

# Paychecks

5 Week Paycheck Budgeting

SUMMARY	PAY DATE	AMOUNT	NOTABLE
1.			
2.			
3.			
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TOTAL INCOME \$ \_\_\_\_\_  
 TOTAL EXPENSES \$ \_\_\_\_\_  
 MONTHLY BALANCE \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

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5 Week Paycheck Budgeting

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TOTAL EXPENSES \$ \_\_\_\_\_

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TOTAL EXPENSES \$ \_\_\_\_\_  
MONTHLY BALANCE \$ \_\_\_\_\_

1 <sup>ST</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

2 <sup>ND</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_



# Paychecks

5 Week Paycheck Budgeting

3 <sup>RD</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

4 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_

5 <sup>TH</sup> PAYCHECK EXPENSES	DATE	AMOUNT	NOTABLE

TOTAL EXPENSES \$ \_\_\_\_\_



1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034-3278  
Phone: 1-888-288-3534 Fax: 1-847-953-0134  
Website: www.hpso.com

02/08/22

Connecting Links  
421 S 9th St Ste 107  
Lincoln, NE 68508-2245

Dear Tina Arsiaga:

Enclosed is the replacement certificate of insurance that you requested.

If you have any questions or need assistance, please call us toll free at 1-888-288-3534. Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure

*Dedicated To Serving The Insurance Needs of Healthcare Providers*

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (OG94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

Q032



**Certificate of Insurance**  
**OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM**

Print Date: 2/08/2022

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0615359115	From: 09/18/21 to 09/18/22 at 12:01 AM Standard Time
<b>Named Insured and Address:</b>				<b>Program Administered by:</b>
Connecting Links 421 S 9th St Ste 107 Lincoln, NE 68508-2245				Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.hpsso.com
<b>Medical Specialty:</b>			<b>Code:</b>	<b>Insurance Provided by:</b>
Mental Health Counselor Firm			80723	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Excludes Cosmetic Procedures				

**Professional Liability** \$ 1,000,000 each claim \$ 5,000,000 aggregate

Your professional liability limits shown above include the following:

- \* Good Samaritan Liability
- \* Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- \* Malplacement Liability
- \* Personal Injury Liability

**Coverage Extensions**

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Information Privacy (HIPAA) Fines and Penalties	\$ 25,000	per incident	\$ 25,000	aggregate
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate
Employment Practices Liability - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 9/18/2021 (Defense Only)				

**General Liability**

General Liability	\$1,000,000	each claim / \$5,000,000	aggregate
Fire & Water Legal Liability	Included in the GL limit shown above subject to \$250,000		aggregate sublimit
Personal Liability	Excluded		

Total \$ 940.00

Base Premium \$940.00

**Policy Forms and Endorsements** (Please see attached list of policy forms and endorsements)

**Chairman of the Board**

**Secretary**

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

**Coverage Change Date:**

**Endorsement Date:**

Master Policy: 188711433

CNA93692 (11-2018)

**POLICY FORMS & ENDORSEMENTS**

The following are the policy forms and endorsements that apply to your current professional liability policy.

**COMMON POLICY FORMS & ENDORSEMENTS**

<b>FORM #</b>	<b>FORM NAME</b>
G-121500-D (04-08)	Common Policy Conditions
G-121501-C (07-01)	Occurrence Policy Form
CNA94164 (11-18)	Amendment Definition of Claim Endorsement
G-145184-A (06-03)	Policyholder Notice - OFAC Compliance Notice
G-147292-A (03-04)	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563 (02-10)	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564 (10-09)	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565 (03-10)	Healthcare Providers Professional Liability Assault Coverage
GSL17101 (02-10)	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424 (05-09)	Services to Animals
GSL13425 (05-09)	Business Owner Coverage Extension Endorsement
CNA80052 (10-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123816-C26 (07-01)	Nebraska Amendatory Change
G-123846-C26 (07-01)	Nebraska Cancellation and Non-Renewal
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011 (04-15)	Related Claims Endorsement
CNA79575 (07-14)	Exclusion of Cosmetic Procedures
CNA89026 (05-17)	Media Expense Coverage
CNA93658 (08-18)	Employment Practices Liability Coverage - Defense Only
CNA96096 (06-19)	Amended Definition of You and Yours
G-121504-C (07-01)	General Liability Form
G-141231-A (07-01)	Additional Insured Healthcare Entity

**PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.**

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form #:CNA93692 (11-2018)

Named Insured: Connecting Links

Master Policy #: 188711433

Policy #: 0615359115

**RFQ NUMBER 111765 Z6**  
**Transitional Living Housing, including Mental Health Programming,  
for Parole clients**

Enclosed Documents for Review  
Commercial General Liability Insurance  
Full Coverage Insurance on Hired Transportation  
Professional Liability Insurance  
Workers Compensation – Owners under Nebraska Law do not need to cover themselves.

RC's Boxing Production, Inc. Established 2004 – Sub S Corporation 20-0263887  
DBA Connecting Links Established 2006 – Sub S Corporation 20-0263887  
DBA Arsiaga Trucking Established 2010 – Sub S Corporation 20-0263887  
Connecting Links Transitional Living LLC Established 01/2020 84-4159650  
6111 Rolling Hills Blvd  
Lincoln NE 68512  
Office Suite 421 South 9<sup>th</sup> Street Ste 107  
Lincoln Ne 68508  
Tina Arsiaga; M.A. LMHP – CEO  
Tom Arsiaga – CEO

The original corporate Sub S Corp **has never** changed from the original date of 2004 however with establishing new businesses along the way the 2 DBA was added under Rc's Boxing. **This corporation is endorsed the Secretary of the State for RC's Boxing Productions EIN 20-0263887 and can be found online thereof. Credit checks are welcome with both CEO's as having excellent credit ratings. There has never been a change of ownership with the business, change of name, office location, relationship with the state. Both owners have never been employed with the State of Nebraska. This company has never had any contract that has been terminated or default in this company's entire duration.**

Financial Statements are held at West Gate Bank with a Business Account.  
Smart Money perform taxes – 130 Cherry Hill Blvd, Lincoln NE 402-817-3939  
CPA Russ Cowan: taxes are current and up to date 2021.  
This company is not a publicly held corporation.  
Tina and Tom Arsiaga are both CEOs of the company and the point of contact:  
6111 Rolling Hills Blvd, Lincoln, NE 68512  
Tina Arsiaga 402-310-3816  
Tom Arsiaga 402-310-3616

**There has never been any judgement, litigation, or other real or potential financial reversals which affects the stability of the organization. Taxes can be available for your review if necessary. This company is stable and very viable and has been in business for 18 years with new businesses being added along the way for continual success.**

Service Name: Connecting Links -Transitional Living with Programming for Men and Women  
**PROJECT 1: Connecting Links Established 2006 to the current date.**

Providing Intensive Outpatient Treatment, Outpatient Treatment and Alcohol and Drug Education Class. Connecting Links also performs drug and alcohol evaluations, Jail Evaluations, Co-Occurring Evaluations for Adults. Dual Diagnoses Mental Health Individual Sessions and Group Sessions.

Location: Heritage Square: 421 South 9<sup>th</sup> Street, Ste 107, Lincoln Ne 68508

See Active Website: [www.connectinglinks.net](http://www.connectinglinks.net)

Tina Arsiaga; M.A. LMHP 402-310-3816

Contacts with The State of Nebraska; Probation as a Provider Contract to provide IOP, OP, Evaluations for the State of Nebraska as a Standardized Provider since year 2006 to the current active date.

**PROJECT 2: DBA ARSIAGA TRUCKING 2010 to the current active date.**

Ownership of 6 Semis, 2 Reefers contracted with Christopher Michaels  
2010 to the current active date.

**PROJECT 3: Connecting Links Transitional Living LLC - January 2020 to the current active date.**

**Contacted with the State of Nebraska Contract with Probation.**

**Setting: Residential 420 South 28<sup>th</sup> Street, Lincoln NE 68510 – Women**

**Setting: Residential (Group Home) 2740 South 13<sup>th</sup> Street, Lincoln NE 68502 – Men**

**Setting: Residential (Group Home) 455 South 25<sup>th</sup> Street, Lincoln NE 68510 - Men**

#### **INTRODUCTION:**

I would first like to introduce myself as Tina Arsiaga; M.A., LMHP and I own Connecting Links which was established in year 2006. I most recently have permitted through the City of Lincoln /City Council the very first Alternative to Imprisonment at address 420 South 28<sup>th</sup> Street which houses women and have permitted a Group Home at address 2740 South 13<sup>th</sup> Street for houses Men. 455 South 25<sup>th</sup> Street, Lincoln NE 68510 for Men. Connecting Links has currently been operating as a Transitional Housing with Programming for Women since January of 2020 and a Transitional Housing with Programming for Men since July of 2020.

#### **EXPERIENCE WITH TARGET POPULATION/BACKGROUND EXPERIENCE:**

The Connecting Links organization has been a part of Probation Administration since year 2006 for the past 16 years; overall 18 years specifically collaborating with clients in the dual diagnoses setting; substance use and mental health disorders. To take a step back in time, I got my beginnings with a much-respected man; Dr. John Herdman, PsyD at Parallels in year 2004 where I got offered the opportunity to start and develop the first IOP, OP treatment programs at that facility. Since this time, at Connecting Links I have developed treatment programs for Intensive Outpatient Treatment Programming; both morning and evening groups (please see Program Plan via Probation Administration Voucher System as well as developing the Outpatient Programming and Education Services. I have also assessed/evaluation persons with drug and alcohol conditions along with dual diagnoses clients specifically co-occurring evaluations. I work alongside Probation Officers, Parole Officers, and Navigation Officers both in the treatment facility setting as well as evaluating clients at D&E, Community Corrections, and the Lancaster County Jail. I have been providing these services since year 2006 and have a good understanding of the probation administration voucher system processes and what it entails as well as hours needed for programming in a transitional housing setting which

Connecting Links has been effectively doing for Transitional Housing with Programming for women since January 2020 and for Men since July 2020. The target population is males and females who is coming out of an incarcerated state whether it be prison, jail, or other needing to re-integrate back into the community by transitioning to a house where programming is offered to help with this overall re-integration process. The target population will benefit by the experience of the Connecting Links staff in the drug and alcohol field for the past 17 years as well as successfully running 3 Transitional Houses currently for both men and women will help to provide this population with the security, oversight, teaching capabilities, and liaisons within the community to help with this overall transition process.

### **PROBLEM/NEED STATEMENT**

The community needs Transitional Housing in Nebraska. The lack of homes in the community that accommodate Felony Offenses and Limited Class I misdemeanor offenses, including domestic violence offenses, sex offenses or 3<sup>rd</sup> offense DUI or higher, those with a court order or as a part of a sanction, and discharging from jail or prison to Post Release, currently on Post Release Supervision, Currently on Probation or under problem solving court supervision and assessed at high risk to reoffend, cannot immediately afford to pay for services on their own, must have a unsupportive housing upon release from jail or prison or must be in need of therapeutic housing for support. Transitional Housing is seriously lacking in accommodation. Nebraska Probation – Transitional Living Initiative because of Legislative Bill 605 designed to reduce prison overcrowding, LB 1094 to expand the use of probation in lieu of incarceration. Nebraska Revised Statute 28-105 (New felony offense classification requiring Post Release Supervision)

Since the passage of LB 606 In August of 2015 Nebraska state probation has entrusted with the responsibility of supervising clients within the community who have been released from the Nebraska Department of Correctional Services or local county jails under a term of Post Release Supervision. Presently, Nebraska Probation has identified a lack of access to transitional housing and funding for appropriate residential reentry options. My overall goal to begin this type of programming was to be able to encompass the entire scope of treatment which is not only provide services therapeutically but to also provide a sober, safe housing unit in conjunction. I have learned over the year's client's opportunities increase and their success rate goes up with having an environment to reside in such as this to re-integrate back into society and work their recovery program simultaneously.

### **PROGRAM DESCRIPTION – PURPOSE/ORIENTATION**

Service Description:

**Providing a sober, safe, living home for people to transition. The Rules of the House will be provided to all people when entering Connecting Links Transitional Housing. The needs will be assessed of each client entering with an intake evaluation. Upon initial assessment any first needs will be determined for example food, hygiene, clothing, etc. Upon arrival as a part of the intake plan a comprehensive Initial Plan will be developed with Next Step Goals pertaining to each client. As a part of the Comprehensive Initial Plan, it will include such items of the 1<sup>st</sup> 7 days of the Next Step goals to obtain. The next step goals will be to include a Community Service Component, To Be Employed, or seeking Active Employment.**

**Connecting Links acknowledges that any court order/probation requirements supersede any of Connecting Links House Rules to ensure that the Court and Parole drives behaviors of our clients.**

**Connecting Links will not accept any Deposits of Fees from Clients. If a client is Voluntarily asking to stay beyond the 84 days Connecting Links will determine room available and if rent is appropriate at that point in time.**

**The House Managers will set up each client on the New Web Page Portal provided by Parole and select the pre-selected boxes in the portal pertaining to each specific client. Client's plans will be updated every 14 days on the probation portal system which will allow direct communication and feedback to probation officers.**

**Connecting Links has developed a New Auditing Fingerprint System referred to as U-Attend which is at each house. Upon entrance to the facility the new client's name will be entered on the Attend Portal allowing the client's fingerprints to identify them. Upon curfew each client will need to input their fingerprint in the Attend portal at each house to verify they have made their curfew and this information is sent to an Auditing daily/monthly system to track times and assure curfews and other. The House Manager on site will be able to verify clients at the house and the rules being followed accordingly.**

**The Houses have their own rules of Search and Seizure to verify that drugs/alcohol or any other device not deemed fit at the house.**

**"Do Not Harm" – Our personnel at Connecting Links all clients with respect and have the working and education knowledge that those we work with may have been exposed to trauma in the past and to always manage situations with the care and with human dignity.**

**Connecting Links will be accountable to parole requirements, supporting parole with helping to provide UA's, making sure clients attend their classes, etc. and holding them accountable to probation requirements.**

This is specific to men/women who are transitioning from an incarcerated state (structured environment) to a sober living environment for the purpose of providing an environment that is sober, safe, structured with specific programming in place week to week and to allow men/women to establish themselves as a part of the re-integration process to the community as they continue to work towards their continued recovery efforts. To ensure the stabilization within the community which encompasses the holistic picture of all entities; treatment providers, probation officers, the housing unit, work environment working together corroboratively to ensure that efforts are concentrated on the stabilization of the client back into the community sober. As a part of the re-integration back to their community it will be expected to find full time employment, schooling and to regain their independence such as paying bills, budgeting, checking accounts, abiding by the house rules, child rearing, education with drugs and alcohol/relapse prevention, etc. each week with programming.

Connecting Links also using this integrated approach uses the WRAP concept to work with both the mental health concept and the substance use concept for those in recovery (hence dual diagnoses). The concept of our programming is in essence to work with trauma, medical, medication management, education, accountability, responsibility, and self-advocacy. Our clients will have a recovery action plan that includes many tools in the toolbox otherwise known as coping skills; journaling, support, peer support, exercise, diet, sleep otherwise known as HALT, positive affirmations, hobbies, etc. Clients can increase their self-awareness



and know their triggers and when identified use alternative activities to those triggering situations; triggers can be sensory, emotional, or physical in standing. A good sound understanding of their warning signs can benefit them in their relapse prevention course by understanding their Emotional, Mental, and ultimately Physical relapse warning signs and how to pull back accordingly. It is beneficial to have a good understanding of increasing oneself awareness to understand their own emotional intelligence and to understand their mal-adaptive ways of coping with these situations in the past by self-medication with drugs or alcohol or other negative means and learn good management skills to deal these situations. For clients to have a good understanding of Internal Locus of Control versus External Locus of Control. The serenity Prayer "To grant me the serenity to accept the things I cannot change, the courage to change the things I can and the Wisdom to know the difference." Clients benefit from having Recovery Plan in place when relapsing is occurring to have this action plan in place to keep the client safe. To learn such techniques to play the tape through to its logical conclusion. To have a list of negative consequences on hand to look at in times of euphoric recall to keep one balanced. Also, to have a list of supportive persons one can call in times of distress, A/A, N/A, etc. As one goes through their recovery process having a strong foundation so one can learn to anticipate future triggering situations and avoid them, walk through them, etc. This can only help to build confidence levels, provide hope and inspiration into their recovery process.

**HOUSING MODEL: SEE CLIENT HANDBOOK AS WELL OUR SERVICE EXPECTATIONS BELOW:** Our Wrap approach/Holistic Approach include the Supports of Probation, Parole, Treatment providers, Vocational Rehab through The Center for People in Need, The HUB, Vocational opportunities that are Felony Friendly Hire as well as Felony Friendly Landlords, Food Stamps, Medicaid Eligibility, Resource Needs, Budgeting Needs, Employment or Educational Needs, and Others.

**PROGRAM DESCRIPTION CONTINUED/SERVICE DESIRED OUTCOMES:**

- Attendance and successful demonstrated participation as successful in all drug and alcohol treatment programming (successful discharge report from treatment provider) and following probation requirements; all drug and alcohol testing, showing up for all testing, no missed testing, supplying random UAs through the house.
- Those goals have been met for treatment, probation, parole, Drug Court, and the house goals (following through with code of conduct and house rules).
- The assessment of SSI and SRARF indicators to show decreased criminogenic risk and that the activity of daily living (ADL's) is being met on a regular, consistent basis.
- For women to remain sober in this transitional living environment and to re-integrate back into the community by showing they are saving money, staying sober, looking for housing, good decision making.
- To be independent, obtaining full time employment and maintaining that employment for self-sufficiency and to find safe, stable, living arrangements.
- To continue with pro-socials, A/A, N/A meetings, Church (or other), and to continue to be successful in their Post Relapse Programming with both their treatment providers and their Probation Officers.
- The House Managers will be on site and available 24/7 can be in regular contact with professionals as needed. (See Cost Proposal Sheets 1 and 2).

Chores and Intake

- The chores fall back on staff if the chores are not done. Staff is not the housekeeper however it is staff's job to maintain an orderly house by ensuring the client's do their chores. (Will buy drying towels for both houses so dishes are washed/dried and put away before client leaves the kitchen).
- Staff needs notify about chores after shift change.
- The consequences if rooms are not done then one. Warning two. Write Up 2. Talk with Tina.
- **ONLY 3 WEEKS OF CLOTHES AND PRODUCTS (Rest of items can be stored in locked garage)**
- Chore check list from staff
- Printer can be used by clients however make sure the printer is not being overused and only for pertinent requirements.

#### Proper UA

- Physical watch them pee
- Put the UA and dip for 2-5 minutes
- Two lines the tests are appropriately working (control lines)
- One line on the top no line on the bottom test is positive
- Two lines top and bottom test is negative
- Even a faint line test is negative
- Send off to Tina with a picture (I will determine positive or negative)
- Refusal of UA is a positive
- Wear gloves
- Use plastic cup

#### The Phases Expectations

- **Phase 1: 1-3 weeks**
- Get used to the place, learn bus/transportation, look for job opportunities (Need proof of three different jobs that you applied for everyday)
- **Phase 2: 3-6 weeks**
- Working (show proof of W2), abiding by the rules
- **Phase 3: 9-12 weeks**
- Saving money (Show proof of budgeting plan), looking at apartments, figure out budgeting
- **Phase 4: Discharge**
- Have apartment, have a stable permanent
- Safety Plan when a client is on Drugs
- Deescalate the client
- Have the client go into their room
- Ask them to take UA
- Ask them for honesty if they have taken any drugs or have been drinking
- If their physical aggression call police

#### Safety Plan when a client is Aggressive

- Deescalate the client

- Call the police
- Report to Tina

**PROGRAM RELEVANCE:**

The Connecting Links program is directly related to preparing individuals for future meaningful employment or future education by using the weekly programming tools in place that are specifically strategic to enhance positive favorable outcomes by having direct solution focused goals, understanding the needs of each client and what their proposed needs are assessed at and using the House Managers and other experienced workers to tailor their approach to find these needs are assessed and directly handled whether it be employment, financial budgeting, food stamps, and other assistance as needed.

Programming is related to next step goals, solution focused: resumes, job seeking, felony friendly referrals, internet skills, filling out applications, ultimately finding employment capabilities taking into consideration many factors such as driver’s license, transportation, etc. Recovery Needs to find Treatment Providers in the community to help with Dual Diagnoses Mental Health and Substance Use Disorders.

Family Reunification

Problem Solving

Life Skills

Budgeting/Financials/Checkbooks, Credit

Insurance, Food Stamps to provide better foundation for future goals and upwards mobility.

**Key Partners Include:**

**STAFFING:**

Tina Arsiaga; M.A., LMHP – Phone: 402-310-3816 Email: [tarsiaga@icloud.com](mailto:tarsiaga@icloud.com)

Connecting Links website: [www.connectinglinks.net](http://www.connectinglinks.net)

(Bachelor’s degree in Psychology; Minor; Sociology, master’s in counseling at Doane College)– House Manager

Owner of Connecting Links since year 2006 and have been on the Probation Administration Voucher system and services since year 2006.

Tom Arsiaga; 18 years as a Business Owner CEO of Company

**Lucia Morgan -Background and Referenced Checked.**

**Taylor Arsiaga – Background and Referenced Checked**

**Tomas Arsiaga – Background and Referenced Checked.**

**Claudia Rodriguez – Background and Referenced Checked.**

**Crystal Wise - Background and Referenced Checked.**

**Jane Harrison - Background and Referenced Checked.**

Parole

Drug Court

Community Corrections

Center for People in Need -Vocational Rehabilitation

Southeast Community College – Connecting Links is proud to announce our new acceptance and liaison with SECC to provide Internship and Practicum Hours for college students who have completed 2 years in College Education that are versed in the Human Services and Drug and Alcohol Fields to help with the Transitional Houses with Programming on site.

The HUB, Lincoln Beran Church/Jail and Prison Ministry – Larry Wayne tm

Bridges of Hope

\*Our staff has ample experience within the field. With solid training and a wealth of expertise, we are confident that we can provide the best possible service. Here you can trust that you are in safe and experienced hands with our mental treatments in Lincoln. Be confident in knowing that we are a M.A., L.M.H.P for people in Lincoln, NE.\*

Eligible clients include but is not limited to: accommodate Felony Offenses and Limited Class I misdemeanor offenses, including domestic violence offenses, sex offenses or 3<sup>rd</sup> offense DUI or higher, those with a court order or as a part of a sanction, and discharging from jail or under problem solving court supervision and assessed at high risk to reoffend, cannot immediately afford to pay for services on their own, must have a unsupportive housing upon release from jail or prison or must be in need of therapeutic housing for support.

Please refer to our website referral form for both the Men's Transitional House at 2740 South 13<sup>th</sup> Street, Lincoln NE 68502, and Women's Transitional House at 420 South 28<sup>th</sup> Street, Lincoln NE 68510. 455 South 25<sup>th</sup> Street, Lincoln NE 68510. (All of which are legally permitted by the City of Lincoln and up to code on all Lincoln Municipal Codes). Referral form is easily accessible and templated on our Connecting Links website [www.connectinglinks.net](http://www.connectinglinks.net)

This is a part of our admitting/screening tool process to our Transitional Houses with Programming. We at this time can accept to 38 men and 10 women now.

-To Provide a structured, completely sober, safe living environment for men/women that offer peer support as women continue to work towards their recovery.

-For men/women specifically discharging while on Parole, at a high risk to reoffend verifying from the SRARF and SSI scores or evaluation recommendations, men/women who have unsupportive housing released from jail (housing instability), men/women with mental health conditions such as dual diagnoses along with substance dependence disorders, financial difficulty paying for services on their own.

-To improve outcomes for men/women who reside in the home that are referred from outside sources; specifically, the criminal justice system; Parole Officers.

-For men/women to share household responsibilities/duties on a scheduled basis and consequences to allow each person to be accountable for their role in the household and to be responsible for their actions and how their actions affect others.

-Set of Household Rules (Code of Conduct). No Visitors on site due to Insurance Reasons. Only the client's themselves can be on the property along with House Managers and visits from Parole at any times. There will be a nighttime curfew unless one is working or if a curfew is sooner given by their probation officers. \*No illicit substances are allowed\*\*

-Expected to find work within 2-4 weeks, and the expectation to re-integrate back into independent living after 3 months' time. Phase 1: Continue with treatment programming after release from incarceration and treatment recommendations will be followed by evaluation recommendations or discharge recommendations from incarcerated discharge paperwork.

Phase 2: Along with treatment programming find full time employment, work on job resumes, job searches, job applications, referrals to temp agencies that I have contact with for job referrals, save money, moving towards independent state.

(Exceptions can continue to reside, if necessary, on a circumstantial basis).

-To Facilitate a minimum of 5 core minimum hours of core learning per week for the men/women in the household. Topic areas of learning can range from budgeting a checkbook, parent rearing/discipline, positive lifestyle skills, anger management, relapse prevention, alcohol, and drug education classes, resumes, job applications, co-dependency, life-skills programming, yoga, meditation, community service work. (We also own a non-profit South Side Boxing where one an exercise as an option).

- To sign in/sign out of a I-Pod to know when someone checks in and out of the house and where they are going; IOP, OP Classes, Colors Class, A/A or N/A meetings, sponsor, job applying, groceries, library, etc. Monitored check in/check out system in place and curfew check in system in place.
- To provide basic transportation; bicycles in the garage, house is near bus routes and bus passes for men/women.
- To facilitate and foster ongoing communications with phone conversations, in person conversations, weekly group notes with probation officers (Group Notes Utilizing the ASAM Criteria and Stages of Change Criterion). -That woman be willing to provide random UA's or breathalyzers are suspected in addition to probation or paroles testing criteria.
- To attend pro-social events; A/A, N/A, church, or any other formalized treatment programming involvement in a 12-step program.
- The house will provide beds/dressers for each men/woman, kitchen supplies, basic grooming supplies (welcome basket).
- To participate in weekly meetings with the men/women of the house and the House Manager to keep things on track and verify goals are being met in the house.
- To complete a Pre-Treatment Assessment to have on file for family contact and basic information, HIPPA form and releases signed as needed for continued corroborating efforts of communication services within the network.

**SERVICE FREQUENCY:**

-24 hours a day/7 day a week or if specified otherwise.

**LENGTH OF ASSISTANCE:**

-This is based on an individualized person gaining their independence and their support systems they already have in place or attaining. 1-3 months and if a client needs more time, then further rent can be assessed at that time.

Thank You

Tina Arsiaga; M.A. LMHP 402-310-3816

## **PROGRAM PLAN ADDITION:**

### **Access to clothes, food, hygiene, etc.**

**We have laminated contact numbers for supports that are available in the community in our Office Areas and our House Managers are versed in helping to identify these as well and are good resources to the clientele.**

**Our House Managers also can drive persons to The Center in Need for Food, or to obtain Food Stamps, Grocery Store, etc. If someone does not have food, we will supply food for individuals at the house and then help set up their next step moves whether it be Center in Need, await their first paycheck, food pantry is or other.**

**Case Management Provided by our House Managers:**

**We have direct contact with personnel at The American Job Center otherwise known as the WIOA program (Workforce Innovation and Opportunity Act) Which helps provide employment opportunities across Nebraska, Education Training, Welding, Vocational Training, resume building, links between specific skill sets of employees to employers in the community.**

**We help with job applications on site at the house (finding the website with the client and helping them navigate through the employee application, give rides to job sites, UAs at Parole to the DMV (Drivers Licenses) Social Security Cards, the library, UA's, to obtain groceries as needed. other extras such as running a gas can with gas to someone who was stranded after work at Kawasaki.**

**Provide runs to Center in Need with their ID to provide free food for the week. Help with Food Stamps, Medicaid eligibility, provide referrals for needed evaluations, Psych evals, treatment, A/A or N/A meetings as needed House Managers get supplies weekly or more frequent for hygiene products, toilet paper, paper towels, coffee, deodorant, shampoo, toothbrushes, toothpaste as well as cleaning products for the house to provide a clean-living environment for all.**

### **Securing personal property storage available on site**

**(Connecting Links Transitional Living has secured Lock Boxes with Combos and or Keys for each clientele providing the safety of their personal belongings such as money, wallets, purses, keys, importation documents and medications or other personal items).**

**On-Site Case Management to provide services which promote self-sufficiency through employment, support, promoting abstinence, establishing community supports to address basic needs (food, clothing, hygiene).**

**Verifying and documenting daily residency and whereabouts to be provided upon request by the State of Nebraska Parole Staff.**

**Ensuring a safe and secure biding free from danger or the risk of harm with continuing effort to eliminate potential hazards.**



**REALTY WORKS**  
 1205 High Street  
 Lincoln, NE 68502  
 realtyworksne@gmail.com  
 402-483-1214

Rental Application Fee: \$35.00 (NON-REFUNDABLE)

Address being applied for \_\_\_\_\_

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Drivers License Number: \_\_\_\_\_ Pets: \_\_\_\_\_  
 Dependents: \_\_\_\_\_ Other Occupants: \_\_\_\_\_  
 Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Personal Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RESIDENTIAL HISTORY:**

Current Address: _____ City: _____ State: _____ Zip: _____	Previous Address: _____ City: _____ State: _____ Zip: _____
Resided From Month: _____ Year: _____	Resided From Month: _____ Year: _____
Resided To Month: _____ Year: _____	Resided To Month: _____ Year: _____
Monthly Rent: \$ _____	Monthly Rent: \$ _____
Landlord Name: _____	Landlord Name: _____
Landlord Phone Number: _____	Landlord Phone Number: _____
Landlord Email: _____	Landlord Email: _____
Reason For Leaving: _____	Reason for Leaving: _____

**INCOME:**

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Monthly Salary (Before Deductions): \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Years Worked: \_\_\_\_\_  
 Additional Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

**QUESTIONS:**

Have you (or any person you have named on this application) ever been **evicted** from a tenancy or left owing money?  
 Yes  No  If yes, please explain \_\_\_\_\_  
 Do any members of your household have pending criminal charges, ever been convicted of, plead guilty or no contest to, any criminal offense(s) or criminal offense(s) other than traffic infractions, or been convicted of a **felony**?  
 Yes  No  If yes, please explain \_\_\_\_\_  
 Have you (or any person named on this application) ever filed for, or currently involved in a **bankruptcy**, foreclosed on, or been a defendant of a civil suit?  
 Yes  No  If yes, please explain \_\_\_\_\_

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be canceled by the Landlord if any of the information provided in the application is materially inaccurate and incomplete. I authorize you to verify the above information through a consumer reporting agency. I also authorize my previous landlords to release my rental history information directly to Double J Realty and Management, Inc. Applicant understands and agrees that by signing this application it authorizes management to remove this rental unit from the market. Applicant is legally obligated for this rental unit. If I should cancel this application after 2 days from the date of application approval, the ENTIRE deposit will be retained as termination charges. I understand that PETS ARE NOT ALLOWED. Landlord has no knowledge of lead-based paint or lead-based hazards in the housing and has no records and reports available pertaining to lead-based paint hazards in the housing except: None.

By signing this agreement tenant acknowledges having received the information concerning lead-based hazards, read the following lead warning statement, and having received from landlord the pamphlet "Protect Your Family from Lead in Your Home."

Lead Warning Statement: Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint hazards in dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

LEASE TERM: \_\_\_\_\_ SECURITY DEPOSIT: \_\_\_\_\_ RENTAL RATE: \_\_\_\_\_ MOVE-IN DATE: \_\_\_\_\_

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Leasing Agent \_\_\_\_\_

Date \_\_\_\_\_



# SELF-CARE CHECKLIST

A6 RING / TN | INSTANT DOWNLOAD PDF | 2 LAYOUTS

*Self-Care* CHECKLIST From \_\_\_\_\_ To \_\_\_\_\_

*Use this list as a daily reminder to take some time take care of yourself. Even with just the basics.*

BASIC	M	T	W	T	F	S	S
1. Drink water stay hydrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wash face / brush teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eat a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Get a good night sleep/rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL	M	T	W	T	F	S	S
1. Get a good night sleep/rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Get some fresh air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Notice your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take a hot shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Take a nap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Listen to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dance (alone or with someone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MENTAL/EMOTIONAL	M	T	W	T	F	S	S
1. Unwind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Talk to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Set daily goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Write in a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Be grateful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Be kind and forgive yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Self-Care Routines* Date: \_\_\_\_\_

BASIC HYGIENE AND BODY CARE		
DAILY	WEEKLY	OCCASIONALLY
MORNING	MON	
	TUE	
	WED	
AFTERNOON	THU	
	FRI	
	SAT	
NIGHT	SUN	

HEALTH AND SOUL		
DAILY	WEEKLY	OCCASIONALLY
MORNING	MON	
	TUE	
	WED	
AFTERNOON	THU	
	FRI	
	SAT	
NIGHT	SUN	

@analidadesigns



**Connecting Links Transitional Living with Programming for Men and Women:**

**Re-Entry Programming – 420 South 28<sup>th</sup> Street Lincoln, NE 68510**

**455 South 25<sup>th</sup> Street, Lincoln NE 68510, 2740 South 13<sup>th</sup> Street Lincoln NE 68502**

**Phone: 402-310-3816    [tarsiaga@icloud.com](mailto:tarsiaga@icloud.com)    [www.connectinglinks.net](http://www.connectinglinks.net)**

**Refer a Client for Transitional Housing:    Client Application:**

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

**Inmate Number/Cell Phone Number** \_\_\_\_\_

**Name of Officer/Case Worker/or Other:** \_\_\_\_\_

**Projected Release Date/Date of Entry:** \_\_\_\_\_

**Charges and Legal Hx:**  
\_\_\_\_\_

**Drug(s) of Choice:** \_\_\_\_\_

**Sobriety Date:**  
\_\_\_\_\_

**Mental Illness Diagnosis:** \_\_\_\_\_

**Medications:**  
\_\_\_\_\_

**Court Commitments/Conditions of**

**Probation/Parole:** \_\_\_\_\_

**Personal Goals for First 60 days Upon Release, List 3:**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

# TRIGGER TRACKING

for MENTAL HEALTH

AUGUST '16

1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

DATE	TIME TRIGGERED <small>(or when I noticed)</small>
<input type="checkbox"/> six things <input type="checkbox"/> I did <input type="checkbox"/> today	<input type="checkbox"/> before <input type="checkbox"/> I felt <input type="checkbox"/> triggered
<input type="text" value="list"/> <input type="text" value="three"/> <input type="text" value="symptoms"/>	

DATE	TIME TRIGGERED <small>(or when I noticed)</small>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

highlight suspected triggers

DATE	TIME TRIGGERED <small>(or when I noticed)</small>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

color code symptoms to spot patterns & themes

DATE	TIME TRIGGERED <small>(or when I noticed)</small>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DATE	TIME TRIGGERED <small>(or when I noticed)</small>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AUGUST 3      12:45 PM

<input type="checkbox"/> overslept	<input type="checkbox"/> mtg w/ mgr
<input type="checkbox"/> late to work	<input type="checkbox"/> face booked
<input type="checkbox"/> 3 coffees	<input type="checkbox"/> stained shirt

Layout by @curlylindsay

# WEEKLY SCHEDULE

WEEK: \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							

# WEEKLY SCHEDULE

WEEK: \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							