



PINAL COUNTY  
wide open opportunity

## Offer and Acceptance

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM

#### TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

[Signature] CEO  
Authorized Signature Title

Elizabeth Rahamin 11/19/15  
Printed Name Date

Strategies for Success Consulting, PC  
Company Name Telephone

10440 E. Riggs Road #206 Chandler AZ  
Address City, State, Zip 85248

For clarification of this offer, contact:

Name: Elizabeth Rahamin Phone: 480 252 5152 Fax: 480 655 4948

Email: elizabeth@saptherapist.com

#### ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 6<sup>th</sup> day of January 2016.

Todd House Chairman [Signature]  
Name (Print) Title Signature

Approved as to form:  
[Signature]  
Pinal County Attorney's Office



PINAL COUNTY  
*wide open opportunity*

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Finance Department  
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P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

Strategis for Success Consulting, PC  
Firm

[Handwritten Signature]  
Authorized Signature



**PINAL COUNTY**  
wide open opportunity

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Florence, AZ 85132

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Authorized Signature Title

Elizabeth Rahamim 11/19/15  
Printed Name Date

Strategies for Success Consulting, PC  
Company Name Telephone

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Address City, State, Zip 85248

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Awarded this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

Approved as to form: \_\_\_\_\_

Pinal County Attorney's Office



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*Strategies for Success Consulting, PC*  
Firm

*[Handwritten Signature]*  
Authorized Signature



PINAL COUNTY  
wide open opportunity

## Addendum Acknowledgement Form

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

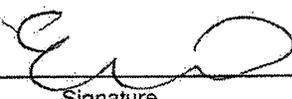
### ADDENDUM ACKNOWLEDGEMENT FORM

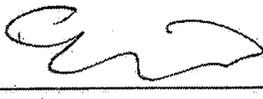
Solicitation Addendums are posted on the Pinal County website at the following address:  
<http://pinalcountyz.gov/Purchasing/Pages/CurrentSolicitations.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

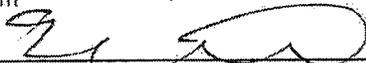
ADDENDUM NO. 1 Acknowledgement \_\_\_\_\_  
Signature  Date 11/19/15

ADDENDUM NO. 2 Acknowledgement \_\_\_\_\_  
Signature  Date 11/19/15

ADDENDUM NO. 3 Acknowledgement \_\_\_\_\_  
Signature  Date 11/19/15

If no addendums were issued, indicate below, sign the form and return with your response.

Strategies For Success Consulting, PC  
Firm

  
Authorized Signature

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
*Strategies for Success Consulting, PC*

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
*10440 E. Riggs Road, Ste 206*

**6** City, state, and ZIP code  
*Chandler AZ 85248*

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|   |      |      |      |  |
|---|------|------|------|--|
| <b>Social security number</b>   |      |      |      |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>           |      |      |      |  |
|   |      |      |      |  |
| or  |      |      |      |  |
| <b>Employer identification number</b>   |      |      |      |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">45</td> <td style="width: 25%;">-550</td> <td style="width: 25%;">4955</td> <td style="width: 25%;"></td> </tr> </table> | 45   | -550 | 4955 |  |
| 45  | -550 | 4955 |      |  |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ Date ▶ *11/19/15*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Responder Name:** *Responder Response*

*Strategies for Success Consulting, PC*

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

**Acceptability of Responses**

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

**PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE**

Each applicant must provide proof of current licensure and/or certification as well as Professional and General Liability insurance. Licensure/certifications vary for each discipline. Requirements for each discipline are outlined in the Statement of Work. Applicants are to provide proof of licensure and/or certification for the disciplines they would like to be considered for. This includes but is not limited to copies of the following items as applicable:

- Copy of ADHS Behavioral Health License for each facility or location
- Copy(s) of current valid professional licenses or certificates
- Masters degree in education or a human services field
- Degree in psychiatry or psychology
- Malpractice insurance.
- General liability insurance.
- DEA number.
- W-9 form listing the tax identification number of the applicant or business. Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Resume

**BUSINESS / PROFESSIONAL QUESTIONNAIRE**

A. Applicant's

*Strategies for Success Consulting, PC*

Legal

Name:

B. Business

Name:

\_\_\_\_\_

C. Address: 4921 S. Alma School Road  
as of 12/1/15, 10440 E. Riggs Road #206

City: Chandler State: AZ Zip: \_\_\_\_\_  
85248

Phone: 480-252-5152 | <sup>Fax:</sup> 480-685-4948 Fax: \_\_\_\_\_

Email: elizabeth@rahamin.com

D. Applicant is: (check one)

1. ( ) Sole Proprietor, attach a resume

2.  Corporation or Limited Liability Company (LLC), attach a copy of the Certificate of Good Standing from the Arizona Corporation Commission or, if a foreign corporation, proof of registration with the Arizona Corporation Commission.

3. ( - ) Other: \_\_\_\_\_ attach appropriate registration/certification.

E. Number of years applicant has been providing this service:

\_\_\_\_\_ 3 years

F. Please list other organizations and agencies that have contracted with the Proposer for professional services. Include name, contact person and telephone number. none

**Responder Response**

G. Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to you?  Yes  No

If yes, please explain in writing:

*Responder Response*

H. Prior Convictions

Have you ever been convicted of a felony?  Yes  No

If yes, please explain in writing.

*Responder Response*

I. Submit a copy of your current professional license/certification.

3 Cost

**Responder shall complete ROQ-150321 Response Form 2 Pricing Sheet. Any response that does not include this completed Pricing Sheet or includes an incomplete Pricing Sheet may cause the entire offer to be deemed unacceptable and therefore non-responsive.**

State of Arizona  
Board of Behavioral Health Examiners

Be It Known That

*Elizabeth B. Rahamim*

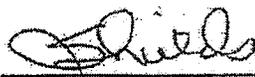
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

*Licensed Clinical Social Worker*

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LCSW-15057

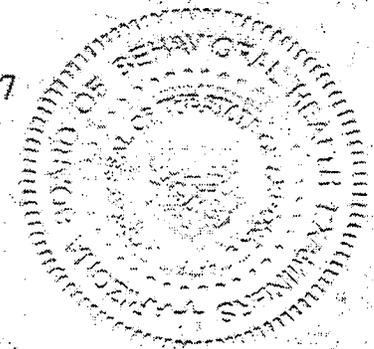
Under its seal and signatures,



Board Chair

Issue Date: April 23, 2014

Expiration Date: February 28, 2017



Account Number: AZ STRA 4920

Date: 2/24/15 Initials: LPD

# CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY

C/O: American Professional Agency, Inc.  
95 Broadway, Amityville, NY 11701  
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

**THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.**

Name and Address of Insured:  
STRATGEGIES FOR SUCCESS  
CONSULTING, PC  
4921 S ALMA SCHOOL ROAD  
CHANDLER AZ 85248

Additional Named Insureds:  
ELIZABETH B. RAHAMIM

Type of Work Covered: SOCIAL WORKERS / PROFESSIONAL SOCIAL WORKER

Location of Operations: N/A  
(If different than address listed above)

Claim History: None

Retroactive date is 03/01/2015

| Coverages                  | Policy Number | Effective Date | Expiration Date | Limits of Liability    |
|----------------------------|---------------|----------------|-----------------|------------------------|
| PROFESSIONAL/<br>LIABILITY | 560-000025268 | 3/01/15        | 3/01/16         | 1,000,000<br>3,000,000 |

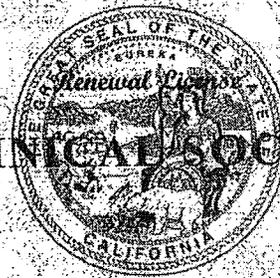
**NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.**

Comments:

This Certificate Issued to:

Name: STRATGEGIES FOR SUCCESS  
CONSULTING, PC  
Address: 4921 S ALMA SCHOOL ROAD  
CHANDLER AZ 85248  
APA 00138 00 (06/2014)

  
\_\_\_\_\_  
Authorized Representative



Board of Behavioral Sciences  
1625 N. Market Blvd. Suite S-200  
Sacramento, CA 95834  
(916) 574-7830

# LICENSED CLINICAL SOCIAL WORKER

License No. LCSW21882

Valid Until: 02/29/2016

Certificate No. 14470

ELIZABETH BERGMAN RAHAMIM  
4921 S ALMA SCHOOL RD  
CHANDLER, AZ 85248

In accordance with the provisions of Division 2, Chapter 14 of the Business and Professions Code, the person named hereon is issued a Licensed Clinical Social Worker renewal license.

-----NON-TRANSFERABLE-----

-----POST IN PUBLIC VIEW-----

WBSLCS 12/31/07

# Professional Training Center, Inc.

## Certificate of Achievement

### DOT/SAP Re-Qualification Training

Awarded to **Elizabeth Rahamim**

CEU Approvals: RC Certification Boards  
Ohio: 14-006-CSD 12 RCH (C,S 12.0 D 6.0)\*  
MCST011410 12 CPE Social Worker  
MCST011410 12 CPE Counselor  
MCST011410 12 MFT  
Michigan MCBAP 12 contact hours

Date and Place: Las Vegas, NV December December 7-8, 2011



Trainer: William L. Mock, Ph.D., LISW, LICDC, SAP



Attendee Signature

Replacement

Professional Training Center, 34660 E. Capel Road, Columbia Station, OH 44028 216 299 9506

*\*This training meets the requirements of these boards for 6.0 hours of Supervision and 3.0 hours of Ethics RCH/CPE's*

# Professional Training Center, Inc.

## Certificate of Achievement

### DOT/SAP Qualification Training

Awarded to **Elizabeth Rahamim**

CEU Approvals: RC Certification Boards  
Ohio: 14-006-CSD 12 RCH (C,S 12.0 D 6.0)\*  
MCST011410 12 CPE Social Worker  
MCST011410 12 CPE Counselor  
MCST011410 12 MFT  
Michigan MCBAP 12 contact hours  
Date and Place: Las Vegas, NV December 10-11, 2008

  
Trainer: William L. Mock, Ph.D., LISW, LICDC, SAP

  
Attendee Signature

Replacement

Professional Training Center, 34660 E. Capel Road, Columbia Station, OH 44028 216 299 9506

*\*This training meets the requirements of these boards for 6.0 hours of Supervision and 3.0 hours of Ethics RCH/CPE's*

# Professional Training Center, Inc.

William L. Mock, PhD, LISW, LICDC, SAP

December 12, 2008

Replacement 4/30/14

Elizabeth Rahamim  
Attn: Strategies for Success  
4921 S. Alma School Road  
Chandler, AZ 85248

Dear Ms. Rahamin:

Congratulations, you have passed the IC&RC DOT / SAP written examination given in Las Vegas on December 12, 2008.

Please keep a copy of this letter for your records and personal portfolio as it documents successful completion of the DOT exam requirements.

Sincerely yours,



William Mock, Ph.D., LISW, LICDC, SAP

# University of Southern California

The Trustees of the University by action of the authority vested  
in them and on the recommendation of the faculty of

## The School of Social Work

have conferred the degree of

## Master of Social Work

on

**Elizabeth Gordon Weyman**

Given at Los Angeles, California, on the eighth day of May, in the year  
one thousand nine hundred and twenty-eight

*Stanley Sample*  
President of the Board of Trustees

*Robert M. ...*  
President of the Faculty



\* *Elizabeth Rahamim, LCSW, SAP*

Az LCSW#:1505, CA License #21882, Qualified DOT-SAP

Ph: (480)252-5152 Fax: (480)685-4948 cell: (480)433-4932

e-mail: [elizabeth@saptherapist.com](mailto:elizabeth@saptherapist.com) [www.saptherapist.com](http://www.saptherapist.com)

4921 South Alma School Road, Chandler AZ 85248

## Experience

### **June 2012-Current**

A Private practitioner providing EAP (Employee Assistance Program) consulting services, DOT-SAP Services and short-term/long-term Individual, Couples and Family counseling. This includes but is not limited to providing psychosocial assessments, counseling, assessment and referral services for mental health, substance abuse and interpersonal concerns. Also provide management consultations on employee performance problems, corporate training seminars and Critical Incident Stress Debriefing Services.

February, 2002-July, 2010, in California, resumed March, 2011 in Chandler Arizona, after obtaining AZ license to practice independently as an LCSW.

## **Strategies for Success, Garden Grove, CA**

### **Strategies for Success, Chandler, AZ**

#### *Psychotherapist and Employee Assistance Consultant*

A Private practitioner providing EAP (Employee Assistance Program) consulting services, DOT-SAP Services and short-term/long-term Individual, Couples and Family counseling. This includes but is not limited to providing psychosocial assessments, counseling, assessment

and referral services for mental health, substance abuse and interpersonal concerns. Also provide management consultations on employee performance problems, corporate training seminars and Critical Incident Stress Debriefing Services.

**February, 2002-July, 2010, In California**

**Rehab Without Walls**

*Team Social Worker*

Worked on a per-diem basis for Rehab Without Walls, a Gentiva Health Services program. Provided in home and in community services for patients and their families who have experienced a traumatic brain injury and/or a spinal-cord injury. Worked as a part of the patient's treatment team to improve functioning and collaborate to integrate the patient into the community and home environment as much as possible in a collaborative approach with other disciplines.

**Gentiva Health Services and Maxim Healthcare services**

*Home Health Social Worker*

Worked on a per-diem basis providing in-home evaluations and counseling, as well as coordinated linkage to public and private financial, medical and community resources. The persons served were primarily home bound and/or had recently been discharged from an inpatient facility.

**December, 2000 to**

**February, 2002**

**Employee Support**

**Systems Company**

Orange, CA

*Supervisor of Case Managers*

Supervised Case Management staff in Employee Assistance Program for all aspects of EAP services,

including Department Of Transportation compliance monitoring of clients and highrisk, suicidal, homicidal and psychotic high risk clients. Provided assessments and consultations to EAP clients and managers regarding work performance issues, substance abuse issues and personal problems. Provided management consultations, crisis intervention, including Critical Incident Stress Debriefings and diffusings for client companies following an on-site injury, death or other crisis occurring in the work setting.

**June, 1999 to  
November,  
2000  
County of  
Orange,  
Santa Ana,  
CA**

*Behavioral Healthcare Coordinator*

Assessment of worker employability as pertains to mental health and substance abuse barriers. Provided individual, family and group psychotherapy to welfare recipients who prepared to return to work who were in need of mental health and/or substance abuse treatment. Provided consultations to welfare case managers, referred to inpatient and outpatient detox programs, referred for psychiatric evaluations that were covered by client's insurance plans when necessary. Provided ongoing individual, couples and Family Psychotherapy as part of a return to work treatment plan, if applicable. Also referred to other community resources as needed, assessed for disability, referred and coordinated disability income application process, if deemed unable to work due to disabilities. Provided ongoing and short-term employment-focused individual and group therapy addressing the above concerns.

**September, 1998 to June, 1999**

**Royale Therapeutic  
Residential Treatment  
Santa Ana, CA**

*Psychiatric Social Worker*

Treatment team coordinator for caseload of 16 patients in inpatient, locked, county-contracted psychiatric hospital. Usual patient stay, 3-6 months, usually on legal hold. Conducted psychosocial assessments, crisis intervention and discharge planning. Worked with community resources, families and various governmental agencies. Provided individual, group and family therapy. Also provided recommendations for court of need for conservatorship for clients, as well as for needed level of care based on client's level of functioning.

**August, 1997 to April 1998**

**Cedars-Sinai Medical Center EAP (Employee Assistance Program) Los Angeles, CA**

*Social Work Intern*

Provided psychosocial assessments, short-term therapy, crisis intervention, assessment and referral, hospital-wide programming, assisted with employee and management trainings, employee health fair, for 9000 employees at the hospital.

## **Education**

**Matriculated May, 1998**

**University of Southern California, School  
of Social Work  
Los Angeles, CA**

*Masters of Social Work, Industrial Social Work  
Concentration*

Studied a broad foundation of methodology of providing services with a sense of dignity and respect for all, while applying theoretical framework for solving complex problems.

The Industrial portion covered the above applications in the corporate sector to assist with people in the work setting, covering all areas from Employee Assistance Programs, to Human Resources to Organizational Development.

**Completed May, 1998, as part of a Dual Degree Program Hebrew Union College, Jewish Institute of Religion  
Los Angeles, CA**

*Master of Arts in Nonprofit Management*

Course study focused primarily on the building of administrative skills needed to function professionally in areas of program development, fundraising, budgeting and strategic planning.

**Com  
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*Bachelor of Science*

Completed requirements for both majors of Social Services and Sociology

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*STRATEGIES FOR SUCCESS CONSULTING, P.C.\*\*\***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on June 08 2012.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 19th day of November, 2015, A. D.



  
\_\_\_\_\_  
Jodi A. Jerich, Executive Director

By: \_\_\_\_\_ 1327697

### Court Ordered Evaluation

| Services                 | Total                         |
|--------------------------|-------------------------------|
| Court Ordered Evaluation | \$ <u>N/A</u> per 24 hour day |

### Alcohol and Illegal Substance Abuse

| Services  | Total                        |
|---|------------------------------|
| Initial Intake or Psychiatric evaluation services | \$ <u>275.00</u> each        |
| Crisis Services                                   | \$ <u>N/A</u> per hour       |
| Individual Counseling Services                    | \$ <u>225.00</u> per hour    |
| Medication Monitoring Services                    | \$ <u>N/A</u> per 15 minutes |
| Group Therapy Services                            | \$ <u>55.00</u> per hour     |

### Sex Abuse Treatment

| Services                            | Total                                |
|-------------------------------------|--------------------------------------|
| Individual and Family Therapy       | \$ <u>225.00</u> per hour            |
| Group Therapy                       | \$ <u>55.00</u> per hour, per client |
| Full Psychophysiological evaluation | \$ <u>2500.00</u> each               |
| Abel Screen                         | \$ <u>75.00</u> each                 |
| Abel Re-test                        | \$ <u>75.00</u> each                 |
| MSI-II                              | \$ <u>275.00</u> each                |
| MMPI-II                             | \$ <u>275.00</u> each                |
| Polygraph                           | \$ <u>N/A</u> each                   |
| Plethysmograph (initial)            | \$ <u>N/A</u> each                   |
| Plethysmograph (re-test)            | \$ <u>N/A</u> each                   |

- ~~The County will not reimburse the Contractor for probationer "no shows"~~ *erro (EP)*
- The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.

### Pre-Petition Screening

| Services  | Total  |                |
|---|--------|----------------|
| Crisis Intervention Services                    | \$ N/A | per 15 minutes |
| Crisis Intervention Service<br>(2 person team)* | \$ N/A | per 15 minutes |

\* 2 person team may only be used in non-secured environments.

**\*NOTE: This is all-inclusive. No additional fees will be paid by the County.**

*Elizabeth Rahamim, LCSW, SAP*

Firm/Individual

*[Signature]* *LCSW, SAP 11/19/15*

Authorized Signature and Date

**END OF PRICING SHEET**