



**Brevard Family
Partnership**

Protecting Children, Strengthening Families, Changing Lives.

**Community Based Care of Brevard, Inc.
dba Brevard Family Partnership**

REQUEST FOR INFORMATION (RFI)

FOR

**INDEPENDENT CONTRACTORS FOR BONDING
ASSESSMENT PROVIDERS**

Closing Date: ONGOING

STATEMENT OF PURPOSE

Brevard Family Partnership (BFP) is soliciting information from individuals and/or organizations that have an interest in providing Bonding Assessments. A Bonding Assessment determines the nature and quality of the child's attachments to birth and/or foster parents, often to address the question of who holds the greatest importance in a child's emotional life. The individual and/or organization will be required to offer their findings in court.

OVERVIEW/PROJECT DESCRIPTION

While the following list is not exhaustive of all the requirements, the following are key requirements:

- (1) Master's degree in social work, Psychology, or related field from an accredited institution of higher learning. In addition, the independent contractor must be licensed to practice in the State of Florida.
- (2) Broad experience and clinical skills working with the child welfare population.
- (3) Should be able to prove that you have been trained in the following Trauma Informed Care, Parent Child Interaction, and Therapeutic Supervised Visitation. Or comparable trainings.
- (4) Timely completion of documentation, to include submission of a Response Summary Report within the next business day of the response that includes a summary of the visit along with any identified service recommendations for the family.
- (5) Must have own Professional Liability Insurance in an amount not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in aggregate annual limits.
- (6) Level 2 employment screening results, as specified by Chapter 435, F.S.

Interested parties should respond to the following:

1. Completion of the attached "Provider Information Form".
2. Description of availability for regular business hours or after-hours/weekend calls for service.
3. Provide copies of Professional Liability Insurance coverage.

All submissions shall become the property of Brevard Family Partnership. Submissions should be submitted ONGOING to the attention of Christine Singletary, Compliance Specialist, BFP, 389 Commerce Parkway, Suite 120, Rockledge, FL 32955. Christine.singletary@brevardfp.org. BFP reserves the right to award a contract based on the results received from the posting of this RFI to one, all, or none of the individuals that respond. This RFI should not be construed as a solicitation or as an obligation on the part of BFP.



Brevard Family Partnership – A Community Based Care Agency
2301 W Eau Gallie Blvd., Suite 104
Melbourne, Florida 32935
(321) 752-4650 – Office

Provider Information for Clinicians

Provider Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ EXT: _____ Fax: (____) _____

Email: _____

Professional Degree: _____ University Attended: _____ Year Graduated: _____
CACREP Accredited: Y/N

Professional License: _____ License #: _____ State: _____

Expiration Date: _____

Registered Intern: _____ State: _____ Discipline: RMHCI: _____
RMFTI: _____
LCSWI: _____

Intern #: _____ Expiration Date: _____

If not licensed, please note Licensed Supervisor: _____

Professional Experience: Include dates, types and years of experience (Provide a Narrative)
Attach a resume or curriculum vitae (see letter for narrative requirements)
