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**Karuk Community Health Clinic**

64236 Second Avenue  
Post Office Box 316  
Happy Camp, CA 96039  
Phone: (530) 493-5257  
Fax: (530) 493-5270

# Karuk Tribe

**Karuk Dental Clinic**

64236 Second Avenue  
Post Office Box 1016  
Happy Camp, CA 96039  
Phone: (530) 493-2201  
Fax: (530) 493-5364

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322  
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

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**Request for Proposals****14-RFP-021****For More Information:** Patricia Hobbs, LCSW, Clinical Supervisor, 530-841-3141 Ext: 6304**Proposal Deadline:****MAY 23, 2014**

The Karuk Tribe Department of Child and Family Services requests proposals for the following Scope of Work required for Licensed Clinical Social Worker (LCSW).

**Task One:**

Independently provide assessment, diagnosis, prognosis, counseling and psychotherapy for child adolescent and adult clients. Shall allow for and provide access for alternative Mental Health and Drug/Alcohol treatment, i.e., traditional practices.

**Task Two:**

Shall prepare and maintain client records insuring they are accurate, timely, and meet relevant standards and licensing regulations. Prepare clear, concise and comprehensive case work records, and make sound recommendations on the basis of such information; organize and manage a caseload of approximately 15-25 clients.

**Task Three:**

Shall perform effective psychiatric social work and psychotherapy of a complex nature with individual clients and with groups; retain personal objectively while emphatically dealing with problems of others; develop and maintain cooperative, constructive relationships with tribal clients, their families and members of other professional disciplines, social agencies, and the Department of Child and Family Services.

**Task Four:**

Work closely with the Child and Family Services Department Director and the Clinical Supervisor to ensure compliance with Tribal, Federal, State Laws and/or Grant conditions.

**Responses to this Request for Proposals should include the following:**

- 1) A statement of qualifications, including relevant information, such as number of years' experience, degree and licensure.
- 2) An hourly price, with attached price page for a 6-8 day monthly work schedule. (This can be modified to include specific details you need such as mileage).
- 3) Names and telephone numbers of three professional references.

**Responses must be hand, mail, fax, or email delivered to:**

Sammi Offield   
Contract Compliance Specialist  
Karuk Tribe  
P O Box 1016  
Happy Camp CA 96039-1016  
Phone 530-493-1600 extension 2017  
Fax 530-493-2342  
[soffield@karuk.us](mailto:soffield@karuk.us)

**Indian Preference will apply in the selection process in accordance with the Tribal Employment Rights Ordinance (TERO) and/or Indian Preference Act of 1934 (Title 25, USC, Section 47), based on funding source requirements.**

**All contracts that exceed \$2,500.00 shall be subject to a two percent (2%) Tribal Employment Rights Fee in accordance with the TERO Ordinance.**