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| Type Of Service [ ]  Foster Care [ ]  Adoption Only  [ ]  Behavior Rehabilitation Services (BRS) [ ]  Non BRS |
| NAME OF CPA       | PROVIDER NUMBER       | DATE       |

**Instruction:**

* All positions noted below under **POSITION/TITLE** are required and must be completed.
* Add any/all additional **Agency Management Staff** whether paid or unpaid such as volunteers or interns.
* Add any/all additional **Non-Management Staff** whether paid or unpaid such as volunteers, or interns.
* The same individual may have multiple roles and responsibilities if they meet the staff qualifications for each position.
* Do NOT list individuals who work **exclusively** for the agency’s **DCYF Contracts** such as Family Time, Mental Health Services, etc.
* **RELEVANT EXPERIENCE (for this position):**
* Unpaid experience may count.
* Some positions require serving children directly or working directly with children per WAC.
* Foster parenting may count for the duration of time spent serving children through placement (if the individual did not serve children through placement, foster parenting may not count as experience).
* **SALARY (Monthly/Weekly)**: Indicate amount and whether it is monthly or weekly.
* **TOTAL WORK HOURS (Monthly/Weekly**): Indicate amount and whether it is monthly or weekly.
* Regional Licensors will reconcile this staff roster with the Members/Staff tab in FamLink.

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| **Agency Management** |
| **POSITION/ TITLE** | **NAME****(Last, First)** | **DATE OF BIRTH** | **RELEVANT EXPERIENCE** | **RELEVANT EDUCATION** | **DATE OF HIRE** | **SALARY****(MONTHLY/WEEKLY)** | **TOTAL WORK****HOURS****(MONTHLY/WEEKLY)** |
| **YEARS** | **TYPE****(MANAGEMENT,****ADMINISTRTATION, SUPERVISION, ETC.)** | **DEGREE****(GED/HIGH SCHOOL/COLLEGE/POST COLLEGE)** | **SPECIALIZATION****(MAJOR/MINOR/****CONCENTRATION)** |
| [**110-147-1445**](https://app.leg.wa.gov/WAc/default.aspx?cite=110-147-1445)**Executive Director/****Administrator** |       |       |       |       |       |       |       |       |       |
| [**110-147-1450**](https://app.leg.wa.gov/WAc/default.aspx?cite=110-147-1450) **Program Manager**  |       |       |       |       |       |       |       |       |       |
| **Non-Management Staffing** |
| **POSITION/ TITLE** | **NAME****(Last, First)** | **DATE OF BIRTH** | **RELEVANT EXPERIENCE** | **RELEVANT EDUCATION** | **DATE OF HIRE** | **SALARY****(MONTHLY/WEEKLY) SALARY** | **HOURS PER (MONTHLY/WEEKLY)** |
| **YEARS** | **TYPE****(CHILD CARE, COUNSELING, FOSTERING, ETC.)** | **DEGREE****(GED/HIGH SCHOOL/COLLEGE/POST COLLEGE)** | **SPECIALIZATION****(MAJOR/MINOR/****CONCENTRATION)** |
| **[110-147-1475](https://app.leg.wa.gov/WAc/default.aspx?cite=110-147-1475)****Licensor** |       |       |       |       |       |       |       |       |       |
| [**110-147-1455**](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1455)**Case Manager** |       |       |       |       |       |       |       |       |       |
| [**110-147-1460**](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1460)**Case Aide** |       |       |       |       |       |       |       |       |       |
| **[110-147-1470](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1470)****Consultant** |       |       |       |       |       |       |       |       |       |
| **[110-147-1490](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1490)****Volunteers/interns working directly with children** |       |       |       |       |       |       |       |       |       |
| [**110-147-1465**](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1465)**Health Care Staff** |       |       |       |       |       |       |       |       |       |
| [**110-147-1480**](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1480)**Additional Support** |       |       |       |       |       |       |       |       |       |
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