|  |  |  |
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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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