Thank you for taking the time to review and complete this form. The HVSA asks all LIA’s to complete this form as part of new LIA onboarding, new HVSA awards and annually (as needed), in order to ensure that all agencies and staff receive critical home visiting communications and contracting updates. After reviewing and completing this form, please email to [dcyf.homevisiting@dcyf.wa.gov](file:///C%3A/Users/nina.evers/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/LS3OXL5E/dcyf.homevisiting%40dcyf.wa.gov) and cc: nina.evers@dcyf.wa.gov.

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| **Section I: Organization Details - *DCYF Staff Use Only* - *Please review for any incorrect information)*** |
| ORGANIZATION NAME: | MODEL | AWARD DATE | AWARD AMOUNT |
| TYPE OF AWARD [ ]  New to HVSA [ ]  Expansion [ ]  Contract Amendment [ ]  Other:        |
| HOME VISITING PROGRAM NAME:  |
| **PROGRAM****STAFFING FUNDED** | CURRENT NUMBERFTE’S:  | NEW HVSA OR EXPANSION NUMBER FTE’S:  | TOTAL FTE’S: |
| **PROGRAM FAMILY SLOTS FUNDED** | CURRENT NUMBER FAMILIES:  | NEW NUMBER FAMILIES:  | TOTAL NUMBER FAMILIES: |
| **POPULATION SERVED** |  |
| **COUNTY(S) SERVED** | CURRENT COUNTY(S): | NEW COUNTY(S): |  |

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| **Section II: Organization Leadership Information** |
| A. Chief Executive Information - Signatory on the Contract Agreement*.* |
| FIRST NAME | LAST NAME | PHONE NUMBER | E-MAIL |
| TITLE:  |
| B. Home Visiting Manager Information - Person who supervises the Supervisor. |
| FIRST NAME | LAST NAME | PHONE NUMBER | E-MAIL |
| C. Fiscal Contact - Person responsible for Contract Budgeting if different than Names listed above. |
| FIRST NAME | LAST NAME | PHONE NUMBER | E-MAIL |
| TITLE:  |
| D. Home Visiting Supervisor 1 - Person responsible for supervising home visitors. |
| FIRST NAME | LAST NAME | PHONE NUMBER | E-MAIL |
| TITLE:  |
| Do you carry a caseload? [ ]  Yes [ ]  NoHow many home visitors do you supervise?    If yes, number assigned:       |
| E. Home Visiting Supervisor 2 – Person responsible for supervising home visitors. (if more than one)  |
| FIRST NAME | LAST NAME | PHONE NUMBER | E-MAIL |
| TITLE:  | Do you carry a caseload? [ ]  Yes [ ]  NoIf yes, number assigned:       |
|  | How many home visitors do you supervise?       |

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| **Section III. Additional Program Questions** |

1. Is the Home Visiting Supervisor the same person who provides Reflective Supervision to Home Visitors?
	1. [ ]  YES [ ]  No If no, please explain:
2. Does your Home Visiting Supervisor receive regular Reflective Supervision Themselves? (1-2 times per month)
	1. [ ]  YES [ ]  No
3. Home Visitor Names: If you would like your home visitors to receive the monthly Home Visiting Newsletter which includes trainings and home visiting news, please list their names and information below:

| Home Visitor Name | Email address |
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| Agency Form Submitted by |  | Date |