



HVSA Local Implementing Agency Contact Update Form

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 and cc: nina.evers@dcyf.wa.gov.

Section I: Organization Details - DCYF Staff Use Only - Please review for any incorrect information)			
ORGANIZATION NAME	MODEL	AWARD DATE	AWARD AMOUNT
TYPE OF AWARD <input type="checkbox"/> New to HVSA <input type="checkbox"/> Expansion <input type="checkbox"/> Contract Amendment <input type="checkbox"/> Other:			
HOME VISITING PROGRAM NAME:			
PROGRAM STAFFING FUNDED	CURRENT NUMBER FTES:	NEW HVSA OR EXPANSION NUMBER FTES:	TOTAL FTES:
PROGRAM FAMILY SLOTS FUNDED	CURRENT NUMBER FAMILIES:	NEW NUMBER FAMILIES:	TOTAL NUMBER FAMILIES:
POPULATION SERVED			
COUNTY(S) SERVED	CURRENT COUNTY(S):	NEW COUNTY(S):	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, number assigned:		How many home visitors do you supervise?	

Section III. Additional Program Questions

- A. Is the Home Visiting Supervisor the same person who provides Reflective Supervision to Home Visitors?
 - a. YES No If no, please explain: _____

- B. Does your Home Visiting Supervisor receive regular Reflective Supervision Themselves? (1-2 times per month)
 - a. YES No

- C. 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

_____ Agency Form Submitted by

_____ Date