**PROVIDER CONTACT INFORMATION**

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| **Provider Agency Name:**  Street Address:  City, Zip:  Phone:  Fax:  E-Mail: |  |
| **Administrative Contact Name:**  **Administrative Contact Title**:  Street Address:  City, Zip:  Phone:  Fax:  E-Mail: |  |
| **Fiscal Contact Name:**  **Fiscal Contact Title:**  Street Address:  City, Zip:  Phone:  Fax:  E-Mail: |  |
| **Program Contact Name:**  **Program Contact Title:**  Street Address:  City, Zip:  Phone:  Fax:  E-Mail: |  |

**FOR ALL AGENCIES SERVING FAMILIES (HOME VISITING AND COORDINATED INTAKE)**

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| 1. **Target Population**   (include factors such as age, Medicaid eligibility, geographical boundaries, MIECHV Target Population and parenting status, e.g. first time or all parents) |  |
| 1. **Geographic Area**   Describe the geographic area to be served; please indicate any changes from SFY18. |  |
| 1. Race/ Ethnicity/ Languages   Most recent ethnic, racial, and linguistic characteristics of the community served. |  |
| 1. **Supporting Data**   Most recent statistical data regarding the target population. **(**e.g., how many families meet the descriptors of the target population – for example, percentage of families who meet each MIECHV Target Population) |  |
| 1. **Staffing**   How many FTEs and which positions do your MIECHV funds support? Are any MIECHV positions currently vacant? If so, please explain. |  |

**FOR HOME VISITING AGENCIES ONLY**

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| 1. **Home Visiting Model**   Is this a change from SFY18? If yes, explain. |  |
| 1. **Program Enhancements**   (e.g., Doula, Infant Mental Health, Mothers and Babies) |  |
| 1. **Caseload of Family Slots** The caseload of family slots (associated with the maximum service capacity) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. |  |
| 1. **Current Caseload of Family Slots at the end of 2nd Quarter SFY18** | Number of current MIECHV cases:\_\_\_\_\_\_\_\_  Caseload of Family Slots/Current Caseload of Family Slots=\_\_\_\_\_\_% |
| 1. **Acceptance Rate**   For the first 2 quarters of SFY18, please provide the percentage of the total number of eligible families referred, who enrolled in HV and completed at least one home visit. |  |
| 1. **Client Demographics**   Ethnic/racial and age distribution of the current MIECHV caseload. Please also include the percentage of non-English speaking families. |  |
| 1. **Activities**   Parental support activities, recruitment, community awareness events, other than home visits, provided by MIECHV staff (e.g. Parent Support groups, Happiest Baby training, health fair). |  |
| 1. **Referral Partners**   List the main community partners who will refer families from the target population. If you are receiving 100% of your referrals from Coordinated Intake, please note this. Please indicate if this is a change from SFY18. |  |

**FOR COORDINATED INTAKE AGENCIES ONLY**

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| 1. **Families Screened in SFY 18**   Number of CIATs completed for your collaborative in SFY18 to date. |  |
| 1. **SFY19 Proposed Families to be Screened**   Proposed number of CIATs to be completed for your collaborative in SFY19.  . |  |
| 1. **SFY19 Proposed Outreach Activities**   Please describe your planned outreach and recruitment activities, community awareness events, etc. |  |
| 1. **CI Process**   Briefly describe your coordinated intake process. Does it serve as the single point of entry for MIECHV and non-MIECHV home visiting in your community? |  |
| 1. Policy and Procedure Manual   Do you have a written draft of your MIECHV collaborative’s policy/ procedure manual? If yes, please attach a copy. If not, will a draft be available for review by August 1, 2018 by OECD and IDHS? |  |

**Other MIECHV Provider Narrative\***

**\*Does not apply to home visiting service providers. For those providers who provide services other than home visiting (i.e. professional development, pilot projects, evaluation), please provide a brief description of services you have provided for MIECHV in the past (if applicable) and a brief description of your plan for services to MEICHV in FY19**