INSTRUMENT 3  
  
REQUEST FOR Organizational chart and STAFFING INFORMATION

To: [DIRECTOR OF STATE/LOCAL APPROACH]

Subject: AMCS: Request for staffing information

Dear [DIRECTOR OF STATE/LOCAL APPROACH]:

We are delighted that you have agreed to participate in the Assessing Models of Coordinated Services for Low-Income Children and Their Families (AMCS) one-hour telephone interview on [SCHEDULED DATE]. To help us make the discussion as informative as possible, we are requesting two documents ahead of time:

* First, could you please send us an organizational chart for [STATE/LOCAL APPROACH NAME], if available? This will help us better understand your organizational structure so that we can tailor our telephone discussion. If you do not have an organizational chart, you do not need to create one.
* Second, please find attached a staffing information table we’d like you to complete before the interview. In this table, please list the individuals (between two and five staff members) that you plan to have join the call. Ideally, staff would represent both leadership and staff who are knowledge of the day-to-day operations of the coordinated services approach. This will help provide contextual information for us ahead of the interview.

Please return the completed staffing information table, as well as the organizational chart (if available), by [DATE]. We anticipate this will take 30 minutes to complete. Your participation is voluntary, and what share will be considered private to the extent provided by law. For your records, we have also attached the completed profile shared previously. Please reach out to us with any questions. We look forward to speaking with you soon!

Sincerely,

[NAME]

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AMCS

Request for Staffing Information

INSTRUCTIONS:

**We would like to know about the staff who will be joining the telephone interview. For each staff member who will participate, please list their name, their role, and the length of time they’ve worked with the coordinated services approach.**

| **A** | **B** | **C** |
| --- | --- | --- |
| **Staff Member Name** | **Staff Member Title/Role** | **Length of Time Worked with the Approach** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

|  |
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