

## FLASH-V Eligibility Assessment Form Instructions

Thank you for taking the time to complete the FLASH-V Eligibility Assessment Form.

This form will take approximately 30 minutes to complete.

Your participation in this study is voluntary and information will be kept private to the degree permitted.

The goal of this form is to identify MIECHV funded local implementing agencies (LIAs) and centralized intake agencies.

The FLASH-V project aims to understand how LIAs are making decisions regarding which families will be offered services.

Instructions for completing both tabs of the FLASH-V Eligibility Assessment Form:

*\* Select "Enable Content" in the yellow bar at the top of the spreadsheet in order to complete this form.*

### (1) Local Implementing Agencies

Columns A and B are prepopulated with information about your state's MIECHV funded LIAs.

For each LIA, please enter the applicable information into columns C-H.

If you select "No" in column C, automated "Not applicable" text will appear in columns D-G.

For all LIAs, column H can be used to provide any notes about the LIA that are pertinent to the study.

If an LIA is listed incorrectly on this form, or is no longer being funded by MIECHV, please feel free to notify the study team.

### (2) Centralized Intake Agencies

Columns A and B are prepopulated with information about your state's MIECHV funded LIAs.

For each LIA, please enter the applicable information into columns C-F.

If you select "No" in column C, automated "Not applicable" text will appear in columns D and E.

For all LIAs, column F can be used to provide any notes about the LIA's centralized intake agency.

## FLASH-V Eligibility Assessment Form Definitions

LIAs that are eligible to participate in FLASH-V =

LIAs that typically have a higher number of families interested in services than they have the capacity to serve.

Examples of LIAs that would be eligible for the study:

- (1) An LIA that typically has only 3-5 open slots, but receives about 10 new eligible referrals.
- (2) An LIA that has no open slots, but maintains a waitlist of eligible families.
- (3) An LIA that has no open slots, but receives eligible referrals to fill an open slot in the near future.
- (4) An LIA that has very little turnover in families, but continues to receive eligible referrals.

Examples of LIAs that would NOT be eligible for the study:

- (1) An LIA that typically can serve all eligible families that are referred to its home visiting program (e.g., due to a staff shortage, leaving the program with no open slots at that point-in-time.)
- (2) An LIA that stops accepting incoming referrals from referral partners when it has no open slots.

Centralized Intake Definition =

Centralized intake, also referred to as “coordinated intake,” “common intake,” or “central intake,” pro  
to or can request home visiting services and potentially other services in the community

*An agency may not conduct or sponsor, and a person is not required t*

by the technology used.

cies in your state that may be eligible to participate in FLASH-V.

ervices.

i because we will not be reaching out to these LIAs for participation in FLASH-V.

the FLASH-V project.

make corrections and/or strikethrough the row. If an LIA is missing, please feel free to add them to the bottom of tl

nd E because we will not be reaching out to these centralized intake agencies for participation in FLASH-V.

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rogram. (Note: This may include an LIA that experiences a one-time staff

en slots

vides a single entry point through which families are referred

*o respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number*

he spreadsheet.

r for this information collection is 0970-0356 and the expiration date is 03/31/2018.













**FLASH-V Eligibility Assessment Form - Centralized Intake Agency Information**

Name of local implementing agency (LIA)	Model(s) implemented by LIA	Is this LIA part of a centralized intake agency? (See instructions tab for definitions.)	Name of primary contact person at centralized intake agency	Email address of primary contact person at centralized intake agency
LIA 1	HFA, NFP	Yes	Susan Brown	brown@ci1.org
LIA 2	HIPPY	No	Not applicable	Not applicable
LIA 3	PAT	Yes	John Jackson	jackson@ci2.edu
LIA 4	EHS, HFA	Yes	Maria Thomas	thomas@ci3.gov
LIA 5	NFP, PAT	No	Not applicable	Not applicable

**Please include any notes about this centralized intake agency that may be pertinent to this project, including any concerns about the study team reaching out to this agency for participation in FLASH-V at this time**

*Centralized intake agency is going through a change in leadership. They just recently hired a new Executive Director.*

*Centralized intake agency is swamped with referrals during the summer, so they may not have time to participate.*

**FLASH-V Eligibility Assessment Form - Centra**

Are any of your state's MIECHV funded LIAs p  
“common intake,” or “central intake.” A centr  
to or can request home visiting services and p

If yes, please provide the following informati

<b>Name of primary contact person at centralized intake agency</b>	<b>Email address of primary contact person at centralized intake agency</b>
<i>Susan Brown</i>	<i>brown@ci1.org</i>
<i>John Jackson</i>	<i>jackson@ci2.edu</i>

**Centralized Intake Agency Information**

participating in a centralized intake agency (also referred to as “coordinating centralized intake agency provides a single entry point through which families can access potentially other services in the community)?

Number of centralized intake agency in your state that refers families to

**Please include any notes about this centralized intake agency that may be pertinent to this project, including any concerns about the study team reaching out to this agency for participation in FLASH-V at this time**

*Centralized intake agency is going through a change in leadership. They just recently hired a new Executive Director.*

*Centralized intake agency is swamped with referrals during the summer, so they may not have time to participate.*




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es are referred

o MIECHV funded LIAs.

If available, please provide
<b>Name of LIA(s) participating in centralized intake agency</b>
<i>LIA 1, LIA 2, LIA 3</i>
<i>LIA 4, LIA 5</i>

<b>the following information:</b>
<b>Model(s) implemented by LIA(s) participating in centralized intake agency</b>
<i>HFA, NFP, EHS</i>
<i>PAT, HFA</i>