**[Optional: Insert Organization Letterhead]**

**Authorization to Share Information**

# **Description of Home Visiting Services Account Program.**

# Either before their child’s birth or in their child’s first few years of life, Washington’s Home Visiting Services Account (HVSA) Program voluntarily matches families with trained home visitors who provide information and support related to the healthy development of the family’s child, the parent-child relationship, and importance of early learning in the home. The HVSA Program is supported by both state and federal funding.

# **Description of Home Visiting Services Account Program Evaluation.**

As a part of the HVSA Program, the home visiting services are evaluated to determine how they are working and meeting the needs of communities and families like yours and others around the state. For the purpose of the evaluation to better understand what works for families in the home visiting program, it is necessary for [Insert Name of Organization & Program, i.e. Apple Valley Services Parents as Teachers program] to share your family and child’s health and social information with Department of Children Youth and Families, Department of Health and Department of Social and Health Services and other State agencies [NFP/PAT may also insert NFP ETO and Visit Tracker, respectively].

**Description of Information Released with Authorization.**

Any medical, social, or economic information about me or my family members that is shared with the State of Washington will be kept confidential under both state and federal law. Your authorization will allow information such as your name, your child’s name, date of birth, and your address be shared with the agencies listed above. The names and addresses will allow DCYF to link home visiting data with other service data to better understand the array of services a family is receiving or not receiving compared to other similar families to better plan for future services.

**Acknowledgement and Authorization**

I understand that the Department of Children Youth and Families (DCYF) contracts with [Insert Name of Organization & Program] to provide home visiting services to my family. In return, DCYF requires [Insert Name of Organization & Program] to submit information on the services and assessments my family received or did not receive to the State of Washington.

**I approve/ I do not approve** *(****circle one****)* including my name, my child’s name, date of birth and my address in addition to other information described above. I acknowledge that I may revoke my approval at any time during participation in home visiting services and may continue participation. I have read this consent form and understand its contents. I understand that I have a right to receive a copy of this form upon my request.

If I have any questions in the future about any aspect of the program or how the information I provide may be used, I can contact my home visitor or their supervisor [insert program phone number here]. If I feel my information is not being used within the authority described here, I can contact the Department of Children Youth and Families to request a grievance hearing by emailing [home.visiting@dcyf.wa.gov](http://home.visiting@dcyf.wa.gov).

Participant’s Printed Name Signature Date

Parent/Legal Guardian’s Printed Name Signature Date

*(Only applicable if participant is under age 18)*

**Information and Instructions for HVSA Contracted Programs:**

**WHY:** Collecting this information from HVSA Contracted Programs is intended to support in-depth program planning and evaluation for the following purposes:

* Understand where home visiting services are currently provided (and to whom – age groups, demographic groups, etc.) and where there are gaps.
* Understand the experience of families in general and specific risk factors overall, by region, etc.
* Evaluate the impact home visiting is having on children and families (alongside and without other early learning services). For example – how is home visiting impacting kindergarten readiness and other educational outcomes? At this time, we have no way of determining this for home visiting programs except by citing prior national research.
* Corroborate research on home visiting, which will help us understand how home visiting is currently impacting better parent child interactions and less Child Protective Services (CPS) involvement – this evaluation helps us understand whether this is true.

**WHAT**: This form has two purposes, first to parents and caregivers acknowledge their information will be shared with the State of Washington. Second, it documents consent to share direct identifiers (names, addresses) with the State of Washington. Only the first page needs to be signed for each family enrolled in the HVSA Contracted Program and maintained in their individual file. This text can be added to a program consent form or as a standalone document.

**HOW & WHEN:** Home visitors should introduce the authorization to families within the first three home visits, as data collection will be a routine function of participating in the home visiting program. Here is a sample script that home visitors may use to present the authorization to release information:

*“As an ongoing part of our work in home visiting, we need and want to know what is or isn’t working for families. In Washington State, our home visiting program contributes data on all families to the state to evaluate how home visiting is working for families and how the program is or isn’t meeting its goals. This helps us better deliver services currently, which may help more families access this program in the future. Both participation and sharing of your information is voluntary, this form documents whether you agree to share information or not.”*

When asked about what kinds of information will be shared, you:

* Parent and child’s birth date, and other demographics such as race, languages spoken, self-reported income;
* Service utilization information, including enrollment and discharge, services received, home visits, and referrals made;
* Screening and assessment results such as developmental screening for the child;
* Linkage to participation in other public services, including but not limited to DCYF programs and Child Protective Services; and
* MIECHV or HVSA performance and quality assurance indicators, including screenings, breastfeeding length, and others.
* Your name, your child’s name and your address is also being asked to be shared. This information is needed to collect some measures that show how well home visiting programs are doing and will assist DCYF in planning for additional services families are not receiving.

When asked about how the information will be used, you can provide the following purposes:

* To evaluate and improve the home visiting services, understanding how the program is or isn’t meeting its goals and family’s needs.
* To meet reporting requirements of funding sources, and
* Confidential Information will not be publically available per Washington State Public Records Act [RCW 42.56.230(2)(a)(ii) and (iii](http://app.leg.wa.gov/RCW/default.aspx?cite=42.56.230)), as confidential information for children and their family members or guardians enrolled in early learning services is exempt from public disclosure.
* If the participant has questions or concerns about the program, concerns should be first directed to program supervisor or manager and then to the Department of Children Youth and Families.