Thank you for your interest in contracting to deliver Combined In-Home Services (CIHS) to families and children involved with DCYF. For DCYF to consider contracting with your agency to deliver CIHS, please complete and return this inquiry to the Regional Service Array Consultant.

Name:

Name of Agency/Business:

1. What services are you interested in providing for DCYF?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Safe Care |  | Parent-Child Interaction Therapy (PCIT) |
|  | Incredible Years (IY) |  | Positive Parenting Program (Triple P) |
|  | Functional Family Therapy (FFT) |  | Promoting First Relationships (PFR) |
|  | Family Preservation Services (FPS) |  | Crisis Family Intervention (CFI) |

1. Do you have a current WA State Business License? Which city/county is the business license issued to?

1. What counties are you willing and able to serve?
2. Where do you plan to have staff located in relation to service(s) indicated on question one?

1. Describe your current business activities:

* How long have you been in operation?

* What services do you provide?

* Any current or previous involvement as a DCYF contracted provider or with a DCYF contracted service provider?