**APPENDIX C**

**SERVICE RESPONSE FORM**

**PROVIDER (AGENCY) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LANGUAGES:** List all languages you are able to provide services in:

**SERVICE EXPECTATIONS:**

1. Describe Provider’s experience with the target population. Also include information about Provider’s knowledge of and experience with families involved in the child welfare system.
2. Describe Provider’s experience with coaching and skill building in order to effect positive outcomes for children and families.
3. Detail Provider’s experience, knowledge and education (or combination thereof) in the following:
	1. Family engagement
	2. Wraparound principles
	3. Trauma informed care
	4. Skill training with directed practice
	5. Engaging ongoing support in natural communities
	6. Community resources and ability to collaborate
	7. Child development
	8. Skill building
	9. Ability to incorporate FFPSA models
4. Describe how Provider will meet the service requirements detailed in this RFA. If Provider intends to utilize an Evidence Based Practice (EBP) within their service provision, please explain in detail.
5. What strategies will be utilized to ensure compliance with the identified service performance outcome measures?