



COUNTY PROGRAM AGREEMENT

Early Intervention Program (EIP)

DSHS Agreement Number
1463-15147

This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement on General Terms and Conditions, which is incorporated by reference.

Program Agreement Number
0603-
County Agreement Number

DSHS ADMINISTRATION
Childrens Administration

DSHS DIVISION
Division of Children and Family Services

DSHS INDEX NUMBER
1231

DSHS CONTRACT CODE
2048CS-63

DSHS CONTACT NAME AND TITLE
Rachel Denney
Contract Manager

DSHS CONTACT ADDRESS
1115 Washington St SE Olympia, WA 98504

DSHS CONTACT TELEPHONE
(360)902-8031

DSHS CONTACT FAX

DSHS CONTACT E-MAIL
rachel.denney@dshs.wa.gov

COUNTY NAME
Pacific County

COUNTY ADDRESS
1216 West Robert Bush Drive
Post Office Box 26
South Bend, WA 98586

COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER
916001356

COUNTY CONTACT NAME
Mary Goelz

COUNTY CONTACT TELEPHONE
(360) 875-9349

COUNTY CONTACT FAX
(360) 875-9352

COUNTY CONTACT E-MAIL
mgoelz@co.pacific.wa.us

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?
No

CFDA NUMBERS

PROGRAM AGREEMENT START DATE
07/01/2014

PROGRAM AGREEMENT END DATE
06/30/2015

MAXIMUM PROGRAM AGREEMENT AMOUNT
\$11,096.00

EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this County Program Agreement by reference:

Exhibits (specify): **Exhibit A – Data Security Requirements; Exhibit B– Statement of Work; Exhibit C – Program Requirements; Exhibit D– Exit Code Definition; and** **Exhibit E – Budget**

Contract Purpose: The purpose of these services is to control threats to child safety so children can remain safely in their own homes, while continuing to support families. These services at a minimum will:

- Place the child and their safety as the center of focus for service delivery
- Assess the child's safety to remain in the home on an ongoing basis
- Engage families in the focus to reduce safety threats
- Work to increase safe parenting skills; and
- Require immediate communication with the Children's Administration about safety threats to the child.

By their signatures below, the parties agree to the terms and conditions of this County Program Agreement and all documents incorporated by reference. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement shall be deemed to exist or bind the parties. The parties signing below certify that they are authorized to sign this Program Agreement.

COUNTY SIGNATURE(S)

PRINTED NAME(S) AND TITLE(S)

DATE(S) SIGNED

DSHS SIGNATURE

PRINTED NAME AND TITLE
Rachel Denney, Regional Contract Manager

DATE SIGNED