**IFSC Annual Update Form**

Directions: Review the IFSC Annual Fee Policy. Complete this form for all programs and all organizations. For example, if one organization operates multiple programs, each program requires one form. If there is one program operated by multiple organizations that collaborate for credentialing purposes, each organization requires one form.

Please contact the [IFSC Coordinator](mailto:ifstanprogram@lsiowa.org) with questions.

|  |  |
| --- | --- |
| **Program Information** | |
| Organization Name | Click here to enter text. |
| Program Name | Click here to enter text. |
| Mailing Address | Click here to enter text. |
| City | Click here to enter text. |
| State | Click here to enter text. |
| Zip | Click here to enter text. |
| Program Contact | Click here to enter text. |
| Email Address | Click here to enter text. |
| Phone Number | Click here to enter text. |
| Type of Program  (select one) | Long Term Home Visitation with Group Component  Long Term Home Visitation with NO Group Component  Group Based Parent Education  Short Term Home Visitation |
| Counties Served | Click here to enter text. |
| Planned Family Service Capacity for Program | Click here to enter text. |
| Typical Caseload Size | Click here to enter text. |

|  |  |
| --- | --- |
| **Program Staff Information** | |
| Number of Family Support Professionals Providing Direct Service to Families | Click here to enter text. |
| Number of Family Support Supervisors Providing Supervision to Family Support Professionals and **DO NOT** carry a case load | Click here to enter text. |
| Number of Family Support Supervisors Providing Supervision to Family Support Professionals and **DO** carry a caseload | Click here to enter text. |

**----------------------------------- For Multiple Programs or Multiple Organizations -----------------------------------**

|  |  |  |
| --- | --- | --- |
| **Multiple Programs Operated by One Organization** | | |
| Peer Review Type | One Peer Review conducted for multiple programs operated by one organization | |
| List all programs operated by the organization | | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **One Program Operated by Multiple Organizations\*\*** | | |
| Peer Review Type  (select one) | One combined Peer Review conducted for the program and all organizations  One individual Peer Review conducted for each organization in the program | |
| List all collaborating organizations | | Click here to enter text. |

\*\*Only applicable in situations where multiple organizations are collaborating and administering the same program. See IFSC Annual Fee Policy for more information.

**--------------------------------------------To be completed by the IFSC Coordinator--------------------------------------------**

|  |  |
| --- | --- |
| **Tier Assignment** | |
| Date Annual Update Form Received | Click here to enter text. |
| Tier Assignment | Tier 1 - $350.00  Tier 2 - $450.00  Tier 3 - $550.00 |
| Applicable Discounts | 10% discount for multiple programs in one organization  10% discount for one program administered by multiple organizations |
| Invoice Total | Click here to enter text. |
| Date Invoice Sent | Click here to enter text. |
| Date Payment Received | Click here to enter text. |