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***Thank you for your interest in becoming an Ohio Kinship and Adoption Navigator (OhioKAN) site!*** *This introductory section provides an overview of the application process and what happens after you* [*submit your application here*](https://ohiokan.kinnectohio.org/regional-site-application/)*. If you have not done so, please view the OhioKAN Regional Site Selection Webinar at* [***https://ohiokan.kinnectohio.org/webinars***](https://ohiokan.kinnectohio.org/webinars)*for more detailed information.*

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# OhioKAN Mission & Values

Kinnect, in partnership with Stakeholders from across the state and the Ohio Department of Job and Family Services, has developed a statewide kinship and adoption navigator program, OhioKAN. The mission of OhioKAN is to provide a statewide, flexible, and responsive kinship and adoption navigator program designed to assist children, caregivers, and families. OhioKAN takes an inclusive, engaging, and genuine approach to partner with families to strengthen their networks. Kinnect and program staff believe that families are inherently capable of finding solutions to the circumstances and challenges they face.

# What does it mean to be an OhioKAN site?

Interested community-based, public, and private agencies should complete the application below to be considered to be an OhioKAN program site. Selected applicants will employ a full time OhioKAN Navigator. The Navigators will work with kinship (as defined in R.C. 5101.85) and adoptive families providing support and case management according to the program model to improve family functioning and maintain stability for youth. The sites will receive training, coaching, program materials, technical assistance, and evaluation support provided by Kinnect staff to offer the OhioKAN program in their region. Sites must consistently provide the OhioKAN model to fidelity. Interested applicants should review the “Affirmations” page at the end of this application to see what becoming an OhioKAN site entails.

# How do I submit our application?

Once you have completed your application, you can submit your application electronically by visiting our OhioKAN Application portal here: <https://ohiokan.kinnectohio.org/regional-site-application/>

# What happens after I submit?

Kinnect staff will review all submitted applications for completeness, making sure full applications move forward in the review process. Kinnect may contact an applicant with missing information to ensure applications are complete.

A statewide external review committee will be formed to review submitted applications. Reviewers will score the application using a rubric noting alignment with OhioKAN values and goals, and overall agency and program structure. This external review committee will remain anonymous but will offer local insight to agency partnerships and presence within the designated region.

The review committee will submit scored applications to Kinnect for final review and decision for OhioKAN sites.

# How else will my application be used?

Applications will be used to inform Kinnect and their partners to identify and inform training needs, coaching support, and technical assistance opportunities. Kinnect will support sites to build capacity of implementing organizations to successfully offer OhioKAN to fidelity.

# Where can I go if I have additional questions?

If you have questions for how to complete this application, please email [ohiokan@kinnectohio.org](mailto:ohiokan@kinnectohio.org) or visit our OhioKAN Application Portal: <https://ohiokan.kinnectohio.org/regional-site-application/>

*The Application Begins on the Next Page*

# Step 1: Agency Information

|  |  |
| --- | --- |
| Organization Name: |  |
| Organization Point-of-Contact: |  |
| Point-of-Contact phone number and email: |  |
| Organization address: |  |
| County: |  |
| OhioKAN Regions(s) applying for (map below): |  |
| Desired Number of Navigators: *If applying for more than one region, please  indicate how many Navigators per region applying for* |  |
| Year Organization was founded: |  |
| Agency\* Budget: |  |
| Agency\* Staff Size: |  |
| Total children/individuals served last program year: |  |
| Does your site currently provide kinship or post-adoptive family services? | Yes / No |

\* *if the applying agency is part of a larger organization, please answer these questions as the local site, rather than the larger organization.*

A close up of a map

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# Step 2: Agency Overview

Provide a brief overview of your agency. If your agency is part of a larger state or National organization, share an overview of the entire agency. Include: Mission, values, population served, services provided, etc. (500 word maximum)

*Your answer should go here. This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you! This is an example of 500 words. Please limit your answer to this space. Thank you!* ***We appreciate you following these guidelines.***

# Step 3: Program Level

1. Why is your organization applying for the OhioKAN program at this time? (300 word maximum)
2. Why do you think the OhioKAN program is a good fit for your organization? What about the OhioKAN program is in alignment with your organization’s mission, values? (300 word maximum)
3. If your agency provides kinship and/or post-adoptive services, describe the types of services provided and how long your organization has been serving those families. Include if you plan to continue providing these services, in addition to OhioKAN, if selected as a site. If you do not provide services to kinship and post-adoptive families, how might OhioKAN align with current services? (500 word maximum)
4. Where will the OhioKAN Navigator work on a daily basis? Please provide details of the office space they would have, the team they will work with (if applicable), access to technology, supplies, and other necessary work items? (300 word maximum)
5. Tell us about your strategy for filling the role of the OhioKAN Navigator. What strengths, challenges and/or opportunities will you encounter in your effort to recruit someone to fill the role of the OhioKAN Navigator (e.g. union regulations, HR strengths or challenges) (300 word maximum)

# Agency Level

1. Describe your agency’s general approach to supervision and performance management. How would the OhioKAN Navigator position fit within your agency’s approach to supervision? Is a supervisor currently in place to support Navigator(s) at your agency? (300 word maximum)
2. Describe any previous experience your agency has at implementing an evidence-based program. Include which evidence-based programs your agency is currently using. (300 word maximum)
3. Describe any previous experience your agency has collecting standardized data, or participating in rigorous evaluation, continuous quality improvement, or quality assurance. (300 word maximum)
4. What internal challenges and barriers do you anticipate should your agency be selected as an OhioKAN site? What strategies can be employed to address these challenges? (300 word maximum)
5. What concerns/challenges do you have about participating in a statewide program with rigorous evaluation? (300 word maximum)
6. Does your agency train staff on trauma informed care? If so, please describe which staff receive training, if there is specific model that is trained, how frequently the training is offered, and any other information regarding trauma informed care in the organization? (300 word maximum)
   1. Does your agency use a specific evidenced based trauma informed model for working with clients (i.e. Trauma Focused Cognitive Behavioral Therapy, Child-Parent Psychotherapy)? If so, please describe.
7. What salary range would your agency request for your full-time OhioKAN navigator? (100 word maximum)

Community Level 

1. In what ways does your organization partner or collaborate with other community and/or governmental organizations (i.e. committee meetings, collaborative projects, MOU’s, shared spaces). (300 word maximum)
2. Give an example of a program or service that your organization provides that requires collaboration with another organization. (300 word maximum)
3. Describe how you anticipate collaborating with other sites or distributing Navigators throughout the OhioKAN region to ensure equal access to services for kinship and post-adoptive families. (500 word maximum)

Final Comments 

Is there anything else you would like us to know? (300 word maximum)

# *For Additional Reference*

Please find additional documents, including our *OhioKAN Theory of Change Roadmap*, for reference at our OhioKAN online application portal:

<https://ohiokan.kinnectohio.org>

# Affirmations

By signing this page, you are affirming your understanding of the minimum requirements an agency must maintain to be in good standing as an OhioKAN Program site.

All OhioKAN sites understand and agree to:

* All of the tenants of the OhioKAN Program Values.
* Maintain a full time Navigator who will follow the OhioKAN model and will have no other responsibilities in the agency.
* Navigator(s) maintaining all records in SACWIS, and other data systems as needed, and will not require maintenance of OhioKAN records elsewhere at the agency.
* Allow Navigator(s) and Supervisor to participate in all required OhioKAN trainings and Learning Communities.
* Navigator salary and benefits be paid at the typical rate of other employees in the agency, and that Kinnect will provide a reimbursement payment upon timely receipt of invoice.
* Assume responsibility of all human resources activities of the Navigator, but any disciplinary actions, resignations, and salary adjustments must be communicated to your state and regional OhioKAN leadership.
* Implement the OhioKAN model as developed and maintain fidelity to the model. Any difficulties implementing, maintaining fidelity, or adaptations to the model must be communicated to OhioKAN leadership.
* Willingly participate in evaluation and continuous quality improvement activities, including timely data entry and provision of reports as needed.

By signing below, I agree that my agency will be able to meet these minimum requirements, and that further requirements will be addressed through a contract process if chosen as an OhioKAN site.

Signature Date

Name and Title: