**Florida MIECHV Local Implementing Agency Memorandum of Understanding Checklist**

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| --- | --- | --- |
| **Agency Name:** | | |
| **Role of Agency: □ Developmental Services □ Mental Health □ Domestic Violence Center □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Required Component** | **Status** | **Comments** |
| Roles and Responsibilities of both agencies |  |  |
| A description of the types of services provided |  |  |
| Confidentiality and information sharing |  |  |
| Procedures for cross-training staff from both agencies |  |  |
| Procedures for the referral processes for both agencies |  |  |
| A designated position dedicated to being a point person for each agency |  |  |
| Term in effect and review/renewal process |  |  |
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