STANDARD FOR MANDATORY REFERRAL OF CHILDREN, BIRTH TO 3, FOR INFANT TODDLER PROGRAM (ITP) SERVICES ON ALL CHILD ABUSE AND NEGLECT REPORTS DISPOSITIONED AS SUBSTANTIATED

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding the referral of children, birth to three years of age, for Infant Toddler Program (ITP) services, for all reports of child abuse and neglect dispositioned as substantiated. CFS standards are intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all applicable laws, rules, and policies. Standards will also provide a measurement for program accountability.

INTRODUCTION

The provision of early intervention services supports the Department's mission to promote and protect the health and safety of Idahoans. A key component of the promotion of the health and safety of Idahoans is the provision of services to ensure the healthy growth and development of all children. Research tells us that infants and toddlers raised in homes where abuse and neglect are present are at a significantly greater risk of developmental delays than children raised in homes without abuse and neglect.

Based on that finding, amendments were made to the Child Abuse and Protection and Treatment Act (CAPTA, Public Law 108-36) in June of 2004. Under these amendments each state is required to develop procedures for the referral of every child under the age of 3 years who is a victim of substantiated child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA).

IDHW is the lead agency, and the Infant Toddler Program (ITP) is the lead program for children birth to three years of age that qualify for early intervention services under federal education law (Part C of IDEA). From that lead position, the ITP coordinates a comprehensive, interagency, multi-disciplinary system that enables eligible children with developmental delays and their families to receive needed services and supports in a timely manner.

Coming from a family-centered practice approach, both Child and Family Services and the Infant Toddler Program are committed to involvement of parents and other caregivers in services to the maximum extent to which they are able, interested, motivated or legally required to participate.

TERMS

(1) Acting as the Parent

Someone "acting as a parent" for purposes of consent to ITP services are limited to the following circumstances:

WHEN ---Child is in the custody or guardianship of the Department **and** child's parents are deceased, permanently absent or their parental rights have been terminated.

WHO ---The child's resource (foster or adoptive) parent may "act as a parent" for purposes of consent to early intervention services if, and only if, they meet following qualifications:

- Has an ongoing, long term parental relationship with the child, **and**
- Is willing to make decisions required of parents under this act, **and**
- Has no interest that would conflict with the interests of the child.

If the resource parent meets the above qualifications, they may "act as a parent" and no surrogate is necessary. If the resource parent does not meet the qualifications, ITP must move to appoint a surrogate.

NOTE ---For children <u>not</u> in the Department's custody or guardianship who are living at home with a primary caretaker other than a parent (i.e. grandmother, aunt and uncle) that primary caretaker may consent to Early Intervention Services "acting as a parent."

(2) Consent for Assessment and Treatment

The consent form to be signed by any parent(s) whose child is in the Department's custody and is placed in foster care. This signed consent gives the Department the ability to access certain services on behalf of a child in the event that parent(s) are unable to be located at the time services are needed. Medical consent is located on the Child Welfare SharePoint forms page.

If this form is used in the parents' absence to complete evaluations or develop an IFSP, when the parents are located, they will be asked to consent to the specific evaluations or services in the Individualized Family Services Plan (IFSP) which was developed around the needs of their child during their absence.

(3) Court Case

Case in which a magistrate judge has jurisdiction over a child protection matter. There are two types of court cases: (1) Child is placed into the **protective custody** of the Department and lives in an out-of-home placement such as family foster care, group home or institution; (2) Child is under the **protective supervision** of the Department and resides in their own home with Department and court oversight.

(4) Disposition

All reports of child abuse and neglect are prioritized for how quickly a worker must respond and make contact with the child/family. After a safety assessment is completed, the worker makes a decision as to whether or not the allegations are true or untrue based on the information they have gathered during their assessment. The report is then dispositioned as **Substantiated** (allegations of abuse/neglect are determined to be valid) or **Unsubstantiated** (allegations of abuse/neglect are determined to be invalid or there is inadequate information to determine whether the allegations are valid or not).

(5) Early Intervention Services

According to 34 CFR 303.13 early intervention services means services that:

- Are designed to meet the developmental needs of each child who is eligible under the state definition of eligibility for Part C of IDEA and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided in natural environments, to the maximum extent appropriate;
- Are provided under public agency supervision, by qualified personnel, in conformity with an individualized family service plan, and at no cost unless subject to fees according to a sliding fee schedule; and
- Meet State standards.

(6) Need to Know

When different Department programs have a common client, staff may share information on a "need to know" basis according to Department rules. What can be provided is information about the child and family to enable other program staff to effectively work with the common client. Information shared outside the Department will require a Release of Information signed by the family.

(7) Parental Consent

Federally required written permission given by a parent or someone qualified to "act as a parent" to gain access to ITP services, both assessment and specific treatment services.

(8) Surrogate Parent

An individual who is appointed by the ITP (or the court in a court supervised case) to consent for early intervention services when a parent has retained their parental rights, but (1) has not signed a Consent for Assessment and Treatment and (2) is not able to be located at the time despite diligent efforts to do so.

To be appointed, a surrogate parent must meet the following qualifications according to 34 CFR 303.422:

- Have no interest that conflicts with the interests of the child; **and**
- Not be an employee of any state agency; **and**

- Not be employed by a public or private agency which provides early intervention services to the child or to any family members of the child; **and**
- Have knowledge and skill that ensure adequate representation of the child.

A child's resource parent(s) may be appointed as a surrogate if they meet the above qualifications. ITP processes appointments of surrogates. The need to appoint a surrogate should be discussed with the child's CFS worker as they may have input on who might best be appointed as a surrogate.

IMPLEMENTING THE STANDARD

This standard outlines the procedures for referral by CFS to the Idaho Infant Toddler Program of every child, birth to three years of age, who is a victim of a substantiated report of child abuse or neglect.

The Infant Toddler Program is, by law, a voluntary program and has very specific regulations on who may consent for services and how frequently those consents must be obtained. Families involved with Child and Family Services may be under court-ordered case plans that can complicate the issues around consent for services. This standard covers referral procedures in both non-court and court-involved cases as well as who can and cannot consent for ITP services.

In all cases, consent for services from a child's parents must be diligently sought. It is only in rare and in very specific circumstances that consent can be given by someone other than the child's parent(s).

PROCEDURES FOR REFERRAL TO ITP

Referrals for evaluation and determination of eligibility for early intervention services may be made at any time by a community provider such as a physician, health care professional, Parents as Teachers, Early Head Start, child protection, or other community programs working to serve children and their families.

When a referral is made to the Infant Toddler Program by CFS, the Referral and Application Form (found at the end of this standard) is required. The CFS worker completes the Referral and Application Form with the family and obtains the parent(s) consent for early intervention services.

> Note: In instances where the CFS worker is unable to complete the Referral and Application Form with the family or obtain the parent(s) signature (consent), the CFS worker completes the referral information on the Referral and Application Form as thoroughly as possible and submits the referral to ITP.

TYPES of CFS CASES and REFERRAL REQUIREMENTS (Refer to flowchart)

Column A. Unsubstantiated and No CFS Case Opened. These situations involving suspected developmental delays in children birth to three years of age may come to CFS attention as a result of an I&R (Information and Referral) or an unsubstantiated report. Because there is no substantiation, a referral to ITP is not required. What is required is that the CFS worker gives the parent or referent information about the ITP. Packets of referral information are available from local CFS offices.

CFS social worker responsibilities: Refer to flowchart Column A, Box 1, 2

- When a CFS worker becomes aware of a child age birth to three years of age who may have developmental issues or delays, the CFS worker will give the parent or referent information about the Infant Toddler Program and document the action in iCARE. No further CFS action is required.

ITP worker responsibilities: Refer to flowchart Column A, Box 2

- Parents may or may not contact ITP about services. If not contacted by parents, ITP is not required to take any further action

Column C. Substantiated Report and No Case Opened. When a report of child abuse or neglect is dispositioned in iCARE as substantiated on a child birth to three years of age, the CFS safety assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS social worker responsibilities: Refer to flowchart Column C, Box 1, 2

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law;
- Complete the Referral and Application Form **with the family**. The referral portion must be submitted to ITP within **2 working days** of entering a substantiated disposition into iCARE;
- If unable to obtain consent for early intervention services from the parent(s), the consent portion at the bottom of the Referral and Application Form will need to be completed by the ITP worker when they meet with the family;
- The Referral and Application Form can also be found in the parent ITP information packets;
- Document actions in iCARE;
- No further CFS action required at this time. CFS worker may ask ITP to advise them of whether or not the family is able to be located and engaged; and
- If this matter comes to CFS's attention at a future date, ITP will be contacted regarding the family's follow through with services.

ITP worker responsibilities: Refer to flowchart Column C, Box 3, 4

- ITP worker makes diligent efforts to locate child/parent to initiate an evaluation;
- If unable to locate or engage with parent, the ITP worker will document the efforts for future reference; and
- If evaluation(s) are conducted and child meets ITP eligibility criteria, an Individualized Family Services Plan (IFSP) will be developed.

Column B. Substantiated Report with Open Case (no court involvement). When a report of child abuse or neglect is dispositioned in iCARE as substantiated on a child birth to three years of age, the CFS safety assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS social worker responsibilities (substantiated, open case, no court). Refer to flowchart Column B, Box 1, 4, 7, 8

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law;
- Complete and submit the Referral and Application Form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into iCARE;
- Assist the family in completing an application, including consent (included on the bottom portion of the Referral and Application Form) for early intervention services;
- If the ITP intake results indicate the child is eligible for services, the CFS worker may participate in the IFSP development and will assure that the child's needs are included in the CFS service plan;
- Involve the family in service planning;
- Monitor and evaluate family's follow through with their plan;
- Document attempts to engage family and their participation in services;
- Periodic exchange of information with ITP regarding progress is required;
- When considering closure, complete reassessment of safety, staff case with family and ITP for closure. Family may choose to continue ITP services without CFS involvement. There is no need to continue an open case with CFS in order for child to receive ITP services;
- Close case and report closure to ITP.

ITP worker responsibilities: Refer to flowchart Column B, Box 3, 7, 8

- Make diligent efforts to locate family from information contained in CFS referral. Typically this would involve 3 attempts to contact, including one of them in writing. If, after 1 or 2 contacts, the ITP worker is unable to locate the family, check back with CFS worker to determine if family residence has changed or if parents will be coming to the office for a visit or other meeting and then complete attempts to contact;
- If efforts to contact/engage are unsuccessful, please report this to CFS case manager;

- If efforts are successful, complete an intake with the child/family. Information from the CFS worker and the parent or caregiver will be used in the evaluation process;
- Appropriate tools will be used to assess the child's developmental status. This includes screening or evaluation of social/emotional functioning and behavioral aspects of the child's development;
- If completed, evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA;
- **If child is found <u>not</u> eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in the way of age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers;
- **If child is found eligible** for services, develop an Individualized Family Services Plan (IFSP) with family;
- CFS worker may be included in development of IFSP, if not, communicate content of IFSP to the CFS worker so that the child's needs and services may be reflected in the CFS service plan;
- Periodic exchange of information, at least every 6 months, with CFS regarding family's participation and progress. Regular contact should be included in the service coordination objectives;
- Document parental participation and child's progress; and
- ITP services may continue beyond the involvement of CFS, or if the child meets developmental goals, may be terminated prior to closure of the CFS case.

<u>Column B. Substantiated Report with Open Court Case (either Protective Custody or Protective Supervision)</u>. When a report of child abuse or neglect is dispositioned in iCARE as substantiated on a child birth to three years of age, the CFS safety assessment worker will make a referral directly to the Idaho Infant Toddler Program within **<u>two working days of entry of the disposition</u>.** The referral will be made to determine the need for services through Idaho's early intervention system.

<u>CFS social worker responsibilities (substantiated, open, court case)</u>: Refer to flowchart Column B, Box 1, 2, 4, 5, 6, 7, 8

- **(with protective custody)** Parent or legal guardian should sign Consent to Assessment and Treatment form which allows specific services including ITP to be provided when/if the parent is unavailable to consent for a specific service at the time it is needed;
- Inform the child's family that a referral to the Infant Toddler Program is required by federal law whenever a report is substantiated;

- Complete and submit the Referral and Application Form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into iCARE;
- Assist the family in completing an application, including consent (included on the bottom portion of the Referral and Application Form) for early intervention services;
- Provide any relevant information (i.e. address, phone number) or updates to the Infant Toddler Program to minimize the number of times parent(s) must give the same information to different staff;
- Assist the ITP worker in locating parents when/if it becomes difficult;
- Following ITP intake and assessment, if child is found eligible for early intervention services, CFS worker is to attend and involve family in the development of the Individualized Family Services Plan (IFSP);
- The services in the IFSP will be reflected in the family's CFS service plan (case plan). The service plan is submitted to the court for approval. The service plan is one of the primary ways that the court is informed of the child's needs;
- The CFS worker will attend an IFSP staffing at least once every six months. If either program needs the advice of the Infant Toddler Program's multi-disciplinary team (MDT) more frequently in order to better monitor the service plan and report to the court, he/she should contact the child's ITP service coordinator to set up a meeting;
- It is appropriate and permissible for the CFS worker to share with the Infant Toddler Program's MDT what progress is being made by the parents, especially as it relates to any of the child's developmental needs and family reunification;
- When ITP services are in the court ordered plan and the parent(s) refuses to follow through, CFS worker will inform the court of parental non-compliance; and
- Ongoing communication between CFS and ITP is imperative.

<u>ITP worker responsibilities</u>: Refer to flowchart Column B, Box 3, 6, 8

- Make diligent efforts to locate and engage family in ITP intake and assessment through 3 attempts to contact, one of them in writing;
- If unable to locate the family, contact CFS worker and develop a plan for moving ahead with the assessment;
- Complete an intake. Information from the CFS worker and the parent or caregiver will be used in the assessment process. Appropriate assessment tools will be used to determine the child's developmental status. This includes screening or evaluation social/emotional functioning and behavioral aspects of the child's development;
- If completed, evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA;
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each ineligible child will be referred for Developmental Monitoring with the use of the Ages and Stages

Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers;

- **If child is found eligible** for early intervention services, an Individualized Family Service Plan (IFSP) will be developed with the family and/or the established caregivers. The CFS case manager is to be involved in the planning meeting. When developmental concerns are identified and need to be addressed as part of the child's well-being, the ITP worker and/or service coordinator should be involved in CFS case plan development. The service coordinator will be assigned to assist with the coordination of services relevant to the child's developmental needs;
- Periodic exchange of information with CFS regarding family's participation and progress including written reports to the court or court testimony;
- Document parental participation and child's progress; and
- ITP services may need to continue beyond the involvement of CFS, or if child meets developmental goals, services may be terminated prior to closure of the CFS case.

CONSENT ISSUES

- If there is a court case and parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP evaluation services;

OR

- If a court case and parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP may seek consent from a person acting as a parent. ITP or the judge may initiate the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria;

OR

- If a court case and the parents have had their rights terminated (TPR) or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP or the court initiates the appointment of a surrogate parent.

PERIODIC REVIEW

Each Individualized Family Service Plan will be periodically reviewed with the family and the child's CFS worker, at intervals to be identified in the plan (at least every 6 months) to evaluate the child's and family's progress toward achieving the objectives outlined in the IFSP. The IFSP team will revise the IFSP as needed by developing an addendum or rewriting the plan if additional services or changes in services are required for effective early intervention. It may be necessary for the team to convene on a more frequent basis at the request of the CFS worker, the family, or the service coordinator.

FLOW CHART FOLLOWS

A. Unsubstantiated No CFS case open but developmental concerns	B. Substantiated CFS Open case Court Involvement or No Court	C. Substantiated No CFS case opened
(1) CFS worker gives/sends parent/referent information about ITP and documents the action in iCARE.	(1) CFS worker informs parent of requirement to make a referral to ITP per CAPTA law CFS to make referral to ITP within 2 days of entering a disposition CFS worker makes a written referral to ITP and assists parent in completing an application for services.	(1) CFS worker informs parent of requirement to make a referral to ITP per CAPTA law.
(2) Parents may or may not contact ITP about services. If not contacted by parents, ITP takes no action.	(2) For the child in IDHW custody, the parent or guardian should already have signed a Consent to Assessment and Treatment which allows specific services to be provided when/if the parent is unavailable to consent for an evaluation or specific service at the time it is needed per (1).	(2) CFS worker makes written referral to ITP within 2 days of entering a disposition and may assist parent in completing an application for child to be screened. Document actions.
	(3) ITP makes diligent efforts to locate child/parent to initiate assessment.	(3) ITP makes diligent efforts to locate child/parent to initiate assessment.
	(4) In any open case, include child's needs in service plan.	(4) If ITP is unable to engage with parent, ITP will document efforts for future reference.
	(5) If there is court involvement, inform court of child's needs and the parents' responsibilities with respect to those needs as reflected in the service plan.	

(6) Consent Issues in Court Cases

(a) If ITP services are in the plan and the parent refuses to follow through, inform court of non-compliance.

OR

(b) If parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP services.

OR

(c) If parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP may seek consent from a person "acting as a parent." ITP or the judge may initiate the appointment of a surrogate parent.

OR

(d) If parents have had their rights terminated or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP or the judge may initiate the appointment of a surrogate parent.

(7) CFS and ITP each document information they have about attempts to contact and follow through.

(8) Periodic exchange of information regarding progress is required.
In Court Cases, periodic reports to the court will contain detail about progress of child and parents in following their service plan.

SHADED TEXT APPLIES ONLY TO OPEN COURT CASES

OTHER REQUIRED DOCUMENTATION FOR THIS STANDARD

(1) Idaho Infant Toddler Program Referral and Application including consent
(Referral and Application form is attached to this standard and can also be found on the CW SharePoint tab under CW documents.)

(2) Consent for Assessment and Treatment
(This form is the revised CFS medical/surgical authorization form that appears on the Division of Family and Community Services – Child Welfare SharePoint site under forms.)

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.

Idaho Infant Toddler Program

Rev 4/14

Child and Family Services REFERRAL and APPLICATION FORM

Child Information		(Form FT-04-2006)
Child's Name: DOB: ☐ Male ☐ Female	Current address (Street, City and Zip Code)	SS # Medicaid? ☐ Yes ☐ No If yes #
Parent/Caregiver Information		
Mother:	Current address (Street, City and Zip Code)	Phone
Father:	Current address (Street, City and Zip Code)	Phone
Resource Parent:	Address (Street, City and Zip Code)	Phone
Other and Relationship:	Address (Street, City and Zip Code)	Phone
Other Contacts		
Physician:	Address (Street, City and Zip Code)	Phone
CFS Social Worker:	Address (Street, City and Zip Code)	Phone

Relevant Information	
Name of Person Making Referral: Relationship to child: Phone:	**Substantiated Abuse or Neglect Report?** ☐ **Yes** ☐ **No** **Open CFS Case?** ☐ **Yes** ☐ **No** **Court Case?** ☐ **Yes** ☐ **No**
Reason for Department involvement?	
Describe any safety issues (such as contact between parties) which may affect service delivery:	
Any possible developmental concerns noted:	

CONSENT FOR INITIAL EVALUATION(S)

It is the goal of the Infant Toddler Program to involve the family at all levels of decision making. A brief explanation of evaluations that could be completed are on the back of this form. You will be provided a copy of your rights as a parent in the Infant Toddler Program. An explanation of the rights is available in your native language. For children birth to three, you have the right to decline any early intervention service without jeopardizing other early intervention services for your child. You may refuse some evaluations and consent to others.

Please check the box below and complete to give permission for evaluations to be completed.

☐ **I give my consent to conduct the following evaluation(s):** *(refer to list and description on back)* _____ Developmental ____ Medical/Social History ____ Social/Emotional ____ Other:_____ ____ Other:_____	☐ **I do not** give my consent to conduct the following evaluation(s): _____ _____ _____ _____ Note: No initial evaluations will be completed without parental consent.	Region: Date Received: _____

☐ **I give my consent to participate in the Idaho Infant Toddler Program**

_____ _____

Parent/Legal Guardian Signature Date Parent/Legal Guardian Signature Date

Idaho Infant Toddler Program EVALUATION DESCRIPTIONS	
Developmental	Assesses your child's growth in different areas, which may include communication, social and emotional development, fine and gross motor abilities, and other areas of growth.
Medical/Social History	Collects information about your child's medical history.
Social/Emotional	Collects information about your child's social and emotional development. May include rating scales, personal inventories, behavioral observations, and personal interviews.
Communication	Assesses your child's ability to communicate verbally and nonverbally.
Speech	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech.
Language	Assesses your child's receptive (understanding) and expressive (speaking) language skills, including phonology, morphology, syntax, semantics, and pragmatics.
Hearing	Evaluates your child for hearing acuity (ability to hear). Includes pure tone testing, oto-acoustic emissions and impedance testing of middle ear functioning.
Vision	Evaluates your child's visual acuity (ability to see).
Adaptive behavior	Assesses your child's general behaviors at home, school, and community.
Cognitive ability	Assesses your child's ability to learn, problem-solve, comprehend and reason.
Fine and gross motor	Assesses your child's motor (movement) skills and abilities.
Occupational therapy	Assesses your child's fine motor (movement) skills and abilities.
Physical therapy	Assesses your child's gross motor (movement) skills and abilities.
Medical	Determines your child's developmental status and need for services, and may include a physical exam by a physician.
Nursing	Assesses your child's health status and is done by a nurse. This may include identification of health problems.
Nutrition	Reviews your child's nutritional history and dietary intake (what your child eats), growth measurements, feeding skills and feeding problems, food habits and food preferences.

CONTACT INFORMATION

Region	Counties Served	Address	Phone
I (1)	Benewah, Bonner, Boundary, Kootenai, Shoshone	2195 Ironwood Court Coeur d'Alene, ID 83814	(208) 769-2707
II (2)	Clearwater, Idaho, Latah, Lewis, Nez Perce	2606 16th Ave Lewiston, ID 83501	(208) 798-4119
III (3)	Adams, Canyon, Gem, Owyhee, Payette, Washington	823 Park Centre Way Nampa, ID 83651	(208) 465-8460
IV (4)	Ada, Boise, Elmore, Valley	1720 Westgate Dr. Suite D Boise, ID 83704	(208) 334-0902
V (5)	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	803 Harrison St. Twin Falls, ID 83303	(208) 732-2182
VI (6)	Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power	421 Memorial Drive Pocatello, ID 83201	(208) 234-7947
VII (7)	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	150 Shoup St., Ste. 19 Idaho Falls, ID 83402	(208) 528-4060