

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
DDA GovDelivery Communication Request

The Developmental Disabilities Administration (DDA) is using a communications tool through GovDelivery. This tool allows DDA to send email messages to both DDA employees and public subscribers. After messages are sent, reports are generated that will provide information on how many people opened the message and if they clicked on links in the message. This allows DDA to determine if messaging is successful or needs to be changed. Let the [DDA Communications Unit](#) know if you have questions about what type of messaging is appropriate for GovDelivery.

Instructions:

- An Office Chief or regional / RHC designee must approve GovDelivery Communication Requests prior to submission. Routine messages such as meeting or training notices do not require this level of approval.
- **Standard / routine messages** (routine or informational messages) – submit request at least one week in advance.
- **Urgent messages** (information is necessary to be communicated to employees or subscribers within a few days) – submit request at least 48 hours in advance.
- **Emergent messages** (information that must be conveyed to DDA employees or subscribers right away) – submit request at least one hour in advance (when possible).
- Email completed GovDelivery Communication Request form to DDAGovDelReq@dshs.wa.gov.

Message Tips:

- Short and succinct
- Clear and concise; include deadlines or relevant dates
- Plain talk – no fancy words or jargon, limit acronyms
- “5 W’s” - Who, what, where, when, why
- Person first language: use “you”
- Include a clear, direct subject line
- Include relevant websites

Communication Details

1. Who is the audience?

- DDA employees Public subscribers All subscribers (both DDA employees and public subscribers)

Choose provider type(s) if message will be to targeted audience (otherwise leave blank):

- | | |
|---|--|
| <input type="checkbox"/> Adult Family Homes | <input type="checkbox"/> Group Training Homes |
| <input type="checkbox"/> Alternative Living | <input type="checkbox"/> Hospitals |
| <input type="checkbox"/> Child Foster Care | <input type="checkbox"/> Individual Providers |
| <input type="checkbox"/> Child Group Care | <input type="checkbox"/> Licensed Staffed Residential Programs |
| <input type="checkbox"/> Companion Homes | <input type="checkbox"/> Nursing Facilities |
| <input type="checkbox"/> Community Crisis Stabilization Services | <input type="checkbox"/> Overnight Planned Respite Services |
| <input type="checkbox"/> Community Intermediate Care Facility for
Individuals with Intellectual Disabilities | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Community Protection Residential Providers | <input type="checkbox"/> Professional Services Providers |
| <input type="checkbox"/> Companion Homes | <input type="checkbox"/> State Operated Living Alternatives |
| <input type="checkbox"/> Counties and County contracted providers | <input type="checkbox"/> Supported Living |
| <input type="checkbox"/> Group Homes | <input type="checkbox"/> Waiver providers |

Choose county or region if message will be to targeted area (otherwise leave blank):

- **All Region 1 or only:**

<input type="checkbox"/> Adams	<input type="checkbox"/> Douglas	<input type="checkbox"/> Kittitas	<input type="checkbox"/> Spokane
<input type="checkbox"/> Asotin	<input type="checkbox"/> Ferry	<input type="checkbox"/> Klickitat	<input type="checkbox"/> Stevens
<input type="checkbox"/> Benton	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Walla Walla
<input type="checkbox"/> Chelan	<input type="checkbox"/> Garfield	<input type="checkbox"/> Okanogan	<input type="checkbox"/> Whitman
<input type="checkbox"/> Columbia	<input type="checkbox"/> Grant	<input type="checkbox"/> Pend Oreille	<input type="checkbox"/> Yakima
- **All Region 2 or only:**

<input type="checkbox"/> Island	<input type="checkbox"/> San Juan	<input type="checkbox"/> Snohomish
<input type="checkbox"/> King	<input type="checkbox"/> Skagit	<input type="checkbox"/> Whatcom
- **All Region 3 or only:**

<input type="checkbox"/> Clallam	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Mason	<input type="checkbox"/> Skamania
<input type="checkbox"/> Clark	<input type="checkbox"/> Kitsap	<input type="checkbox"/> Pacific	<input type="checkbox"/> Thurston
<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Lewis	<input type="checkbox"/> Pierce	<input type="checkbox"/> Wahkiakum
<input type="checkbox"/> Grays Harbor			

2. Which subscriber list(s) should the message be sent to? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Emergency Alerts | <input type="checkbox"/> Projects |
| <input type="checkbox"/> Employees | <input type="checkbox"/> Advanced Home Care Aide Specialist |
| <input type="checkbox"/> All Employees | <input type="checkbox"/> Consumer Directed Employer |
| <input type="checkbox"/> Trainings and Events for Staff | <input type="checkbox"/> Electronic Visit Verification |
| <input type="checkbox"/> Employee Safety | <input type="checkbox"/> Adult Family Home Meaningful Activities Project |
| <input type="checkbox"/> Employment and Contracting Opportunities | <input type="checkbox"/> Provider Information |
| <input type="checkbox"/> DDA Employment Opportunities | <input type="checkbox"/> Background Checks |
| <input type="checkbox"/> Contracting Opportunities with DDA | <input type="checkbox"/> Billing / Payment Information |
| <input type="checkbox"/> Information | <input type="checkbox"/> Care Provider Bulletins |
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Dear Provider Letters |
| <input type="checkbox"/> Home and Community Based Services | <input type="checkbox"/> Provider Resources |
| <input type="checkbox"/> Legislation | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> News and Announcements | <input type="checkbox"/> Survey Opportunities and Results |
| <input type="checkbox"/> Rules and Policies | <input type="checkbox"/> Trainings and Events |
| <input type="checkbox"/> Publications, Brochures | <input type="checkbox"/> Trainings and Events |
| <input type="checkbox"/> Residential Habilitation Center News and Information | |
| <input type="checkbox"/> Resources | |

3. What is the message?

MESSAGE TITLE

MESSAGE NARRATIVE (INCLUDE SHORT MESSAGE BELOW OR ATTACH WORD DOCUMENT WITH FORM)

- Include hyperlink / action button; if checked, provide link:
- Include attachment; if checked, provide document with Communication Request:
- Include specific contact information; if checked, provide information:

3. When?

What date should the message be sent? _____
DATE

If the message is ready sooner would you like to: Send early or Wait until scheduled date?

Is there a specific deadline related to this message? Yes No

If yes, please explain:

Is this a re-occurring message (i.e., a monthly training announcement)? Yes No

Message Approved By:

NAME AND TITLE OF OFFICE CHIEF OR REGIONAL / RHC DESIGNEE WHO APPROVED THE MESSAGE

Note: Informational or re-occurring messages may not need approval for each message. Contact the Communications Unit staff if you have questions.

Other Analytics

Would you like to receive the analytic results for the message? Yes No

If yes, provide the names of individuals who should receive this information: