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|  | 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](mailto:DDAFeedback@dshs.wa.gov) 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). * Complete the Communication Request on the Communications SharePoint site. Upload the GovDelivery form and any other documents needed for the message. The SharePoint site link is <https://teamshare.dshs.wa.gov/sites/dda/Comm/Lists/CommunicationUnitProjects/NewForm.aspx?Source=https%3A%2F%2Fteamshare%2Edshs%2Ewa%2Egov%2Fsites%2Fdda%2FComm%2FLists%2FCommunicationUnitProjects%2FAllItems%2Easpx&RootFolder>. | | | | |
| **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?** | | | | |
| All DDA employees  Public subscribers  All subscribers (both DDA employees and public subscribers)  **Public Prescribers: Choose provider type(s) if message will be to targeted audience (otherwise leave blank):** | | | | |
| Adult Family Homes  Alternative Living  Child Foster Care  Child Group Care  Companion Homes  Intensive Habilitation Services for Children  Community Protection Residential Providers  Companion Homes  County contracted providers  Group Homes  Group Training Homes | | Hospitals  Individual Providers  Out of Home Services  Nursing Facilities  Overnight Planned Respite Services  Parents  Professional Services Providers  State Operated Living Alternatives  Supported Living  Waiver providers | | |
| **DDA Employees: Choose if the message will be targeted (otherwise leave blank):**  Headquarters  State Operated Community Residential  Residential Habilitation Centers | | | | |
| * **All Region 1 Field Offices or only:**   Adams  Columbia  Garfield  Lincoln  Stevens  Asotin  Douglas  Grant  Okanogan  Walla Walla  Benton  Ferry  Kittitas  Pend Oreille  Whitman  Chelan  Franklin  Klickitat  Spokane  Yakima | | | | |
| * **All Region 2 Field Offices or only:**   Island  San Juan  Snohomish  King  Skagit  Whatcom | | | | |
| * **All Region 3 Field Offices or only:**   Clallam  Cowlitz  Jefferson  Lewis  Pacific  Skamania  Wahkiakum  Clark  Grays Harbor  Kitsap  Mason  Pierce  Thurston | | | | |
| 1. **Which subscriber list(s) should the message be sent to? Check all that apply.** | | | | |
| Emergency Alerts  Employees  All Employees  Trainings and Events for Staff  Employee Safety  Employment and Contracting Opportunities  DDA Employment Opportunities  Contracting Opportunities with DDA  Information  Eligibility  Home and Community Based Services  Legislation  News and Announcements  Rules and Policies  Publications, Brochures  Residential Habilitation Center News and Information  Resources | | | Projects  Advanced Home Care Aide Specialist  Consumer Directed Employer  Electronic Visit Verification  Adult Family Home Meaningful Activities Project  Provider Information  Background Checks  Billing / Payment Information  Care Provider Bulletins  Dear Provider Letters  Provider Resources  Surveys  Survey Opportunities and Results  Trainings and Events  Trainings and Events | |
| **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 TILE 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: | | | | |