

WVHIN Continuance Document

Updated: 06/23/2025

Purpose

The purpose of this document is to serve as notification to the State Agency that the Local Agency Director wishes to continue utilizing the WVHIN. Please detail the following below: who is to access the WVHIN (please include first and last name, email, and phone number) and how they are wanting to use the access using the framework for ML clinic flow in your planning. The LAD must sign and date the form and scan it back to Alanna Foster.

Who needs access (Please include their contact details [First and Last Name, Office Phone Number, Email, Position in the Clinic and Clinic Individuals Typically Work In

Plan of WVHIN usage:

Name

Date