

## 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:

**Christyn Rodeheaver, 304-598-5181, Hospital Liaison, Monongalia, hourly usage**  
**Samantha Harper, 304-598-5181, Hospital Liaison, Monongalia, hourly usage**  
**Stephanie Marshall, 304-366-2387, Hospital Liaison, Marion/Harrison, hourly usage**  
**Will be hiring another Hospital liaison in a few weeks. Will send their name when hired.**

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**Name**

**Date**