



## New Program Application for Approval of Domestic Violence Offender Intervention Program

Application must be complete, including required attachments. Incomplete applications will be returned. Applications must be submitted no later than 30 calendar days prior to the scheduled CODVOIPS meeting. Please use the following checklist to ensure all information is provided:

### NEW PROGRAM APPLICATION CHECKLIST

- \_\_\_\_\_ Front Page-Checklist – Page 1a
- \_\_\_\_\_ Program Information Sheet – Page 2 of application
- \_\_\_\_\_ Terms and Conditions – Page 3 of application
- \_\_\_\_\_ Letters of reference (three required)
  - Three letters of reference from different sources from within the service area of your program are required.** (i.e., Established domestic violence victims' services program, judge, probation officer, prosecutor, Idaho Supreme Court approved domestic assault/battery evaluator, trial court administrator, or other professionals in related field.)
  - Note: Only one reference letter may be obtained from any one source**
- \_\_\_\_\_ Education Documentation *(The required supervised hours must be verified by the supervisor on official company letterhead.)*
  - \_\_\_\_\_ Program Supervisor(s) – Page 4 & Page 5 of application  
*(attach copies of supporting documentation)*
  - \_\_\_\_\_ Direct Service Providers – Page 6 & Page 7 of application  
*(attach copies of supporting documentation)*
  - \_\_\_\_\_ Trainee(s) – Page 8 of application
- \_\_\_\_\_ Signed Statement – Page 12 of application *(One for every program supervisor, direct service provider, and trainee listed on the application.)*
- \_\_\_\_\_ Current *(within previous 6 months)* criminal history/background check for each provider (including trainees) presented in application.  
*(All applicant's program staff are required to complete the national criminal history fingerprint background check through the Idaho Department of Health & Welfare Criminal History Unit. Please visit <https://chu.dhw.idaho.gov/> for complete information on obtaining the criminal background check.)*
- \_\_\_\_\_ Program curriculum outline
- \_\_\_\_\_ Program brochure *(if available)*
- \_\_\_\_\_ Proof of insurance *(adequate liability and professional)*

**Upon verifying completeness of the application, please submit original to:**

Idaho Council on Domestic Violence and Victim Assistance  
Attn: Committee for Oversight of Domestic Violence Offender Intervention Programs  
P.O. Box 83720  
Boise, ID 83720-0036

# APPLICATION FOR APPROVAL

- NEW APPLICATION
- RENEWAL APPLICATION

Date: \_\_\_\_\_

Agency/Organization Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Counties to be served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Program Staff

List the names of the individuals in the following positions:

Program Supervisor(s): \_\_\_\_\_

Direct Service Provider(s): \_\_\_\_\_

Trainee(s): \_\_\_\_\_

Volunteer(s) \_\_\_\_\_

All applicant's program staff including Program Supervisors, Direct Service Providers, and Trainees are required to complete the national criminal history fingerprint background check through the Idaho Department of Health & Welfare Criminal History Unit. Please visit <https://chu.dhw.idaho.gov/> for complete information on obtaining the criminal background check.

I \_\_\_\_\_ hereby certify that the information provided in the application is true and correct  
*Print Name*  
and that my/our Domestic Violence Offender Intervention program meets or exceeds the standards established through the Idaho Council on Domestic Violence and Victim Assistance.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Terms and Conditions**  
**Domestic Violence Offender Intervention Program**

**Name of Program:** \_\_\_\_\_

**Terms and Conditions:**

It is understood and agreed upon by this applicant organization that:

1. The approval status granted as a result of this application is for the purpose set forth herein and in accordance with applicable laws, regulations, and policies of the Idaho Council on Domestic Violence and Victim Assistance and the Committee for Oversight of Domestic Violence Offender Intervention Programs.
2. All program staff have reviewed the Idaho Minimum Standards for Domestic Violence Offender Intervention Programs and adhere to all applicable standards, policies, and procedures.
3. Program approval may require a site visit and the program will be monitored. Drop-in visits may occur as a component of the monitoring process.
4. Site visits may include: review of all records (including client files), session observation, and client and staff interviews.
5. Approval of any Domestic Violence Offender Intervention Program is subject to renewal every three years.
6. A Domestic Violence Offender Intervention Program may be placed on probation or removed from the approved provider list based on failure to continue to meet established minimum standards.
7. Program must submit any personnel changes in their organization in writing to the Committee for Oversight of Domestic Violence Offender Intervention Programs within 30 (thirty) days.
8. The program must update certificates and licenses and forward copies to the Committee.
9. Any omission or misrepresentation in the application process may be cause for denial or revocation of program approval.
10. Programs must immediately notify client and courts if the program is removed from the approved provider list.

I have read the Terms and Conditions and agree to adhere to the above requirements:

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**New Application - Program Supervisor – Education Documentation**  
**Page 2**

**Supervised Treatment Experience (1000 hours total required) “Supervised” means direct on-site observed one-on-one supervision; one hour for every twenty hours for total requirements.**

Requires a minimum of five hundred (500) hours of supervised experience that is directly related to counseling offenders and domestic violence victims, and working with domestic violence victim advocacy services.

<u>Organization Providing Experience</u>	<u>Supervisor Name/Credentials/Contact Information</u>	<u>Total Hours Completed</u>

Requires a minimum of five hundred (500) hours of supervised direct treatment with offenders in an Idaho, or other state approved offender intervention program, which includes a minimum of one hundred (100) hours supervised experience in offender group facilitation.

<u>Organization Providing Experience</u>	<u>Supervisor Name/Credentials/Contact Information</u>	<u>Total Hours Completed</u>

Of the hours listed above for supervised direct treatment with offenders, list the required one hundred (100) hours supervised experience in offender group facilitation.

<u>Organization Providing Experience</u>	<u>Supervisor Name/Credentials/Contact Information</u>	<u>Total Hours Completed</u>



**New Application - Direct Service Provider – Education Documentation**

**Page 2**

Requires a minimum of one hundred (100) hours of supervised direct contact with domestic violence victims through an established advocacy program.

<u>Organization Providing Experience</u>	<u>Supervisor Name/Credentials/Contact Information</u>	<u>Total Hours Completed</u>

Requires a minimum of one hundred and fifty (150) hours of supervised direct treatment contact with offenders.

<u>Organization Providing Experience</u>	<u>Supervisor Name/Credentials/Contact Information</u>	<u>Total Hours Completed</u>

## Additional Offender Intervention Program Staff

**Trainee(s):**

A trainee is a paid or volunteer staff person who has not completed the minimum requirements. A trainee may serve as a co-facilitator of groups with a Direct Service Provider or Program Supervisor, but may not facilitate a group alone. An individual may be considered a trainee for no more than two (2) years unless exceptional circumstances are demonstrated and provisional approval is granted, subject to additional requirements.

**Name of Trainee**

**Start Date**

Name of Trainee	Start Date

## Signed Statement

(One signed statement required for each Program Supervisor, Direct Service Provider, or Trainee)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Program Supervisor, Director Service Provider, or Trainee)

Program Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you ever been convicted of a crime involving violence?  Yes  No

Have you ever been charged with a crime involving violence, moral, or sexual issues?  Yes  No

Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues?  Yes  No

Have you ever been charged with a professional ethics violation?  Yes  No

Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence?  Yes  No

If you answered "Yes" to any of the above questions, please explain.

---

---

---

---

---

---

---

---

Any program staff has an ongoing duty to report, within 72 hours, to their agency any civil or criminal action in which they are named as defendant or respondent with the allegation they used or threatened to use violence. The agency shall forward information regarding the incident to the Idaho Council on Domestic Violence and Victim Assistance within 72 hours of its notification.

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_