



## 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