

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: _____