Idaho Council ON Domestic Violence AND Victim Assistance

Determination of Suitability to Interact with Participating Minors in VOCA-Funded Project

Agency Name:	Grant Fiscal Year:

Individual's Name (First and Last Name)	Relationship to VOCA Project (VOCA-Funded Employee, Volunteer, etc.)	Initial Check or Reexamination Review?	Completed Criminal Background Check (Date Checked)	Sex Offender & Child Abuse Website/Registry (Date Checked)	Final Suitability Determination
	(Select One)	(Select One)			(Select One)
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