NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DOMESTIC VIOLENCE RECERTIFICATION
Please answer ALL of the following using additional paper as needed.

DESCRIPTION OF LOCAL NEED

1. Please identify any existing residential and non-residential domestic violence services in the area (county) and any gaps in service.

2. If the most recent annual occupancy rate for any of the residential programs being recertified is below 30%, please explain any factors that may have contributed to the occupancy rate and explain plans to maintain fiscal viability.

DOCUMENTATION OF COMMUNITY SUPPORT/LINKAGES

1. Describe ongoing efforts to strengthen community linkages with law enforcement, family courts, social service departments, other domestic violence services providers, and other community agencies. Include your role in local Domestic Violence Forces/Coalitions and your program’s relationship with the Local Department of Social Services Domestic Violence Liaison, Child Welfare/CPS staff and adult Protection Services.

PROGRAM DESCRIPTION

1. Please describe eligibility requirements and admission criteria and whether they have changed since previously licensed.
2. For domestic violence programs (mixed population facilities), describe the non-domestic violence population served. Include annual percentage of non-domestic violence clients served. What steps are taken so that non-domestic violence population is not disruptive to provision of services or to the safety and well being of residents who are victims of domestic violence?

3. Through what referral sources do persons gain access to the residential program for victims of domestic violence and explain if this has changed since the previous license.

4. Explain intake procedures and whether they have changed since previously licensed. Include hours of intake, procedures and persons responsible.

5. Where are people referred if:
   a. They are not eligible for residential services
   b. Facility is at capacity
   c. Special needs cannot be met

6. What is the residential length of stay policy for each licensed facility: If this is a change from your previous application, please explain.

7. What are the procedures and referral sources if the length of stay has expired or shelter rules have been violated?

8. What are the agency's procedures and policies, for residents who are unable to locate housing after their residential stay has expired?
- Children’s Services
  - Education
  - Assisting/Arranging Child Care/Supervision
  - Recreation/Social Activities
  - Children’s Counseling

- Medical Services (may be provided by contract or other agreement)
  - Transportation
  - Support Groups
  - Community Outreach/Education
  - Follow-up Services

- Specify any additional services provided directly to victims of domestic violence or their children (ex: Legal Services)
9. Describe procedures and policies for reporting child abuse and maltreatment and explain if there have been any changes since the previous license.

10. List the names and titles of the persons responsible for making these reports.

11. Describe procedures and policies for handling complaints and grievances against the program or staff.

12. For each program to be recertified, explain how meals are provided and title of persons responsible. Also indicate the method of provision for special dietary needs and for emergency foods and explain if this has changed since previous license.

13. Describe the methods used for maintaining confidentiality of:
   a. Case records
   b. Residents
   c. Facility location

14. Describe methods of maintaining security and confidentiality of phone services (i.e. Caller ID, *69, etc.).

15. Describe any breaches to confidentiality, security or other extraordinary incidents in the past year.
SERVICES

For each of the services listed, please explain policies and procedures including title of persons responsible for direct service provision, hours that services are available, location of service, and methodology. Only medical services and the “Hotline” may be provided via a contract or other linkage. If one of these services is provided by other than an employee of the agency, please identify the service provider. All other services must be provided by your agency. Also, please note if there have been any changes since previous application.

- Hotline

- Information and Referral

- Advocacy (include whether accompaniment is provided and if so, by volunteers or staff)
  - Court/Legal Advocacy
  - Social Service Advocacy
  - Public Assistance Advocacy
  - Housing Advocacy
  - Employment Advocacy
  - Medical Care Assistance (in obtaining)

Counseling (Individual/Adult)
1. Describe how repairs, maintenance and daily cleaning handled at this site, including persons responsible. Incorporate provisions for emergency repairs for after hours and on weekends.

2. If there have been any changes since the last license, describe the residential facility’s smoke detection system, fire safety and evacuation procedures, including evacuation training procedures for staff and residents. Also include schedule for fire drills if a shelter or domestic violence program.

3. Describe the security system (security plan) at the residential facility regarding the physical safety of residents on a 24-hour basis. (For example, staff coverage, installation of mechanical devices, safety locks on doors and specific admittance procedures for staff and residents). Include specific security needs and issues particular to the site and how physical safety of residents is addressed in response to these needs and issues. Describe any upgrades/changes since the last license and the reason for the upgrades.

4. Describe the extent the facility location is known to the community and what safeguards are taken as a result.

5. Describe the site admittance procedure. If staff are not present while residents are there, what steps are taken so that specific admittance procedures are followed?

6. Describe any other uses of the building in which the facility is located and how this affects security, and/or maintaining confidentiality of the site.
1. Describe how you recruited compensated and volunteer staff who are representative of the cultural values and ethnic composition of the community being served. If there is a significant non-English speaking population, include how you recruit staff that speaks the language of this population.

2. What provisions are made for emergency coverage in the event of staff illness or other absence? Please be specific.

3. Describe the orientation given to employees and volunteers including the subject matter covered, when the orientation occurs, who does the orientation and their qualifications. If a Safe Home Network, also describe orientation for Safe Home Providers.

4. Describe the training given to employees and volunteers including the subject matter to be covered, when and how often the training occurs, who provides the training, the qualifications of the trainer(s), and duration of the training. If a Safe Home Network, include discussion of training and support for safe home providers.

5. Describe any training received by the Board of Directors.
WAIVERS

1. If the applicant is requesting a waiver to any non-statutory requirements of the Domestic Violence Residential Services regulations, identify the regulation and the reason the waiver is sought.

2. Describe the alternative plan for each waiver requested and how that alternative plan will satisfy the intended purpose of the regulatory requirements for which the waiver is requested.

CORPORATE AUTHORITY

Enter the date the corporation’s authority to provide residential domestic violence service expires.

RATE SETTING

Enter date fiscal report was sent to rate setting.

Signature of individual to sign for Applicant Organization or Corporation

Date

Name

Title

Please list any other issues or concerns in the space below
ATTACHMENTS for Recertification Form

The following must be submitted to the Regional Office along with the recertification package:

Attachment A: Personnel Profile
Attachment B: Volunteer Profile
Attachment C: Board of Directors Profile

☐ Certificate of Incorporation and any amendments thereto
☐ Filing receipt from the Secretary of State
☐ Proof of Federal Tax Exempt Status
☐ Program Rules
☐ Written agreement with residents [refer to 18 NYCRR 452.9(a)]
☐ Job descriptions for each staff position including projected salaries, education, experience and other required qualifications.
☐ Resumes for the Residential Program Director and all employed staff
☐ Organizational chart (including description of pattern of supervision)
☐ Copy of personnel policies and practices
☐ Staff orientation policies
☐ A sample of all forms used by the program including admission and medical forms
☐ Emergency disaster plan

Domestic Violence Shelters and Domestic Violence Programs ONLY

☐ Evidence of inspection and approval from applicable local authorities regarding compliance with health, sanitation, fire safety and building codes.
☐ A diagrammatic floor plan of the facility labeled with planned use of each area, plumbing fixtures and means of egress, together with the facility’s security plan and procedures.

The following Domestic Violence fiscal reporting forms must also be submitted:

☐ A copy of the most recent financial report prepared by a CPA
OR
☐ Most recent State and Federal tax returns

NOTE: If the RO verifies with the DV agency that existing documentation on file with the RO is current, there is no need for the DV agency to resubmit documentation for recertification.
Complete this form for each staff member of the program. Be sure to identify the person who will be responsible for reporting suspected cases of child abuse/neglect.

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<th>Name</th>
<th>Position/Title</th>
<th>Tasks/Responsibilities</th>
<th>Training Received (inc. # of hours)</th>
<th>Experience/Licenses/Qualifications</th>
<th>Work Schedule</th>
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Complete this form for each volunteer working the project. This form should be completed only for those volunteer position listed in service methods and project activities and should not list individual safe home providers.

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The number of directors constituting the entire board must be not less than three [Not-For-Profit Corp. L. 702 sub (a)]. OCFS advises a manageable number of Board Directors to assure maximum working effectiveness.

Of this number OCFS recommends Board composition to include individuals with experience in, or access to, legal matters, financial management, real estate knowledge, “consumer” representation and administrative capability.

No member of the Board of Directors is, at the time of this application or will be thereafter, the chief administrative officer, executive director or any employee of the corporation.

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<th>Current Occupation</th>
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Date ____________________________ Chairperson, Board of Directors ____________________________