



OKLAHOMA OFFICE OF ATTORNEY GENERAL

ALL CERTIFIED PROGRAMS MUST COMPLY WITH THE STANDARDS AND CRITERIA SET FORTH IN THE OKLAHOMA ADMINISTRATIVE CODE (OAC):

- DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING VICTIM SERVICES PROGRAMS SET FORTH IN OAC TITLE 75, CHAPTER 1 AND CHAPTER 15
- BATTERERS INTERVENTION PROGRAMS SET FORTH IN OAC TITLE 75, CHAPTER 1 AND CHAPTER 25
- ADULT HUMAN SEX TRAFFICKING PROGRAMS SET FORTH IN OAC TITLE 75, CHAPTER 1 AND CHAPTER 30

INITIAL APPLICATION RENEWAL APPLICATION

AGENCY NAME: _____ NAME OF DIRECTOR: _____

PHONE NUMBER: _____ DIRECTOR'S EMAIL: _____

DATE OF APPLICATION: _____

PLEASE SUBMIT APPLICATION AND \$150.00 CHECK PER CERTIFICATION TYPE TO:

VICTIMS SERVICES UNIT

OKLAHOMA OFFICE OF THE ATTORNEY GENERAL

313 N.E. 21ST STREET

OKLAHOMA CITY, OK 73105

CERTIFICATION TYPE:

DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING VICTIM SERVICES PROGRAM

MUST PROVIDE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING. MINIMUM SERVICES PROVISION MUST INCLUDE: SHELTER, SAFETY PLANNING, ADVOCACY, COUNSELING OR SUPPORT SERVICES, VICTIM RECOVERY, TWENTY-FOUR CRISIS HOTLINE WITH DIRECT ACCESS TO CRISIS ADVOCATES, CRISIS INTERVENTION, COURT ADVOCACY, EMERGENCY TRANSPORTATION, ARRANGEMENT FOR SAFE SHELTER OR EMERGENCY HOUSING, FOOD, CLOTHING AND INCIDENTALS NEEDED BY VICTIMS AND DEPENDENTS.

PLEASE CHECK ADDITIONAL DV/SA/STALKING VICTIM SERVICES OFFERED:

TRANSITIONAL LIVING SERVICES

MEANS TEMPORARY, INDEPENDENT LIVING PROGRAMS WITH SUPPORT SERVICES PROVIDED BY THE STAFF OR VOLUNTEERS OF THE SPONSORING DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING PROGRAM. THESE SERVICES ARE EXTENSIONS OF DOMESTIC VIOLENCE SHELTER SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND/OR STALKING AND THEIR DEPENDENTS. THESE SERVICES PERMIT VICTIMS TO DEVELOP THEIR FINANCIAL CAPACITY AND OTHER MEANS TO LIVE INDEPENDENTLY.

SAFE HOME SERVICES

MEANS PRIVATE DWELLINGS AVAILABLE FOR THE TEMPORARY HOUSING OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING TO ENSURE SAFETY OF VICTIMS AND ANY DEPENDENTS UNTIL OTHER HOUSING ARRANGEMENTS CAN BE MADE.

ADULT HUMAN SEX TRAFFICKING PROGRAM

MUST PROVIDE SERVICES TO VICTIMS OF ADULT HUMAN SEX TRAFFICKING. PROGRAMS SHALL SERVE RESIDENTIAL AND NON-RESIDENTIAL VICTIMS OF HUMAN SEX TRAFFICKING AND OFFER CRISIS INTERVENTION SERVICES INCLUDING TWENTY-FOUR HOUR HOTLINE WITH DIRECT ACCESS TO CRISIS ADVOCATES, SCREENINGS FOR IMMEDIATE NEEDS, SAFETY PLANNING, ADVOCACY, COURT ADVOCACY, EMERGENCY TRANSPORTATION, ARRANGEMENT FOR SAFE SHELTER, FOOD, CLOTHING AND INCIDENTALS NEEDED BY VICTIMS AND THEIR DEPENDENTS.

BATTERERS INTERVENTION PROGRAM

MUST PROVIDE GROUP TO BATTERERS IN A 52-WEEK PROGRAM BASED ON A CURRICULUM THAT IS SPECIFICALLY DEVELOPED FOR BATTERERS INTERVENTION AND THAT FOCUSES ON VICTIM SAFETY AND THE ELIMINATION OF VIOLENCE WITHIN THE HOME. GROUP SERVICES SHALL BE THE PRIMARY MODALITY. ANGER MANAGEMENT DOES NOT CONSTITUTE BATTERERS INTERVENTION.

PLEASE COMPLETE ALL APPLICABLE LOCATION INFORMATION:

| EXECUTIVE OFFICE MAILING ADDRESS | EXECUTIVE OFFICE PHYSICAL ADDRESS |
|----------------------------------|-----------------------------------|
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |

| SHELTER PHYSICAL ADDRESS: (WILL BE KEPT CONFIDENTIAL) | SATELLITE LOCATION ADDRESS: |
|--|---------------------------------------|
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |
| SAFE HOME LOCATION ADDRESS: | TRANSITIONAL LIVING LOCATION ADDRESS: |
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |

| ADULT HUMAN SEX TRAFFICKING SERVICES LOCATION: | ADDITIONAL LOCATION- PLEASE NAME |
|--|----------------------------------|
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |

| BIP SERVICES LOCATION ADDRESS: | SATELLITE LOCATION ADDRESS: |
|--------------------------------|-----------------------------|
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |

| | |
|---|---|
| ADDITIONAL SATELLITE LOCATION ADDRESS: | ADDITIONAL SATELLITE LOCATION ADDRESS: |
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |
| ADDITIONAL SATELLITE LOCATION ADDRESS: | ADDITIONAL SATELLITE LOCATION ADDRESS: |
| STREET: | STREET: |
| CITY: | CITY: |
| ZIP CODE: | ZIP CODE: |

ALL APPLICANTS: THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE APPLICATION:

1. A NON-REFUNDABLE FEE IN THE AMOUNT OF \$150.00 (CHECK OR MONEY ORDER) PAYABLE TO THE OFFICE OF ATTORNEY GENERAL
2. APPROVED FIRE INSPECTIONS FROM THE STATE OR LOCAL FIRE MARSHALL OR LOCAL FIRE DEPARTMENT FOR EACH SITE/SATELLITE LOCATION COVERING THE CURRENT YEAR AND TWO YEARS PRIOR (NEW APPLICANTS NEED ONLY SUBMIT INSPECTION FOR CURRENT YEAR)
3. CURRENT BALANCE SHEET
4. INCOME AND EXPENSE STATEMENT
5. IRS DETERMINATION LETTER, IF APPLICABLE
6. DOCUMENTS OF INCORPORATION OR REGISTRATION AS A BUSINESS ENTITY, AMENDMENTS
7. CERTIFICATE ISSUED BY THE SECRETARY OF STATE
8. PROGRAM DESCRIPTION
9. ORGANIZATIONAL CHART
10. LIST OF BOARD MEMBERS, INCLUDING ADDRESSES AND PHONE NUMBERS
11. MISSION STATEMENT AND PROGRAM GOALS
12. GOVERNING AUTHORITY MINUTES FOR THE CURRENT YEAR AND TWO YEARS PRIOR APPROVING (NEW APPLICANTS NEED ONLY SUBMIT MINUTES FOR CURRENT YEAR):
 - a. PROGRAM POLICIES AND PROCEDURES
 - b. PROGRAM GOALS (ATTACH COPY OF PROGRAM GOALS)
 - c. PROGRAM EVALUATION (ATTACH COPY OF PROGRAM EVALUATION)
13. FOR FACILITIES USING WATER FROM A NON-PUBLIC WATER SUPPLY SUCH AS A WELL, PROVIDE CURRENT AND APPROVED WATER INSPECTION FOR EACH SITE/SATELLITE LOCATION
14. BY-LAWS OR COMPARABLE DOCUMENTS

THE FOLLOWING DOCUMENTATION FOR NEW APPLICANTS MUST ACCOMPANY THE APPLICATION:

1. **A DETAILED DESCRIPTION OF PARTICIPATION IN TRAINING RELEVANT TO THE CERTIFICATION FOR WHICH YOU ARE APPLYING**
2. **THREE (3) PROGRAM REFERENCES (ACCEPTABLE REFERENCES INCLUDE: FUNDERS, LICENSING OR CERTIFICATION AGENCIES, AND/OR AGENCIES THAT REFER TO THE AGENCY'S PROGRAM)**
3. **A LIST OF ANY COMPLAINTS LODGED AGAINST THE AGENCY OR AGENCY STAFF WITH ANY PROFESSIONAL LICENSING BOARD, AND/OR ANY LICENSING/CERTIFICATION AGENCY**
4. **A DETAILED DESCRIPTION OF ALL OTHER SERVICES PROVIDED AT AGENCY**
5. **A DETAILED DESCRIPTION OF ANY CURRENT SERVICES PROVIDED TO PERPETRATORS AND/OR VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING OR HUMAN SEX TRAFFICKING**
6. **ANY AND ALL AGENCY MARKETING MATERIALS (INCLUDING PROPOSED MATERIALS FOR USE RELATED TO DV/SA/STALKING VICTIM SERVICES PROGRAM)**
7. **PROPOSED PROGRAM DESCRIPTION OF THE PROGRAM, INCLUDING PHILOSOPHY OF THE PROGRAM**
8. **MISSION STATEMENT AND PROGRAM GOALS OF THE PROGRAM**
9. **A COPY OF PROPOSED PROGRAM POLICY AND PROCEDURES MANUAL REFLECTING THE APPLICABLE STANDARDS AND CRITERIA AS SET FORTH IN TITLE 75 CHAPTERS 1, 15, 25, AND 30**
10. **A COPY OF ALL PROPOSED PROGRAM FORMS INTENDED FOR USE WITH REFERRED PROGRAM PARTICIPANTS**
11. **A COPY OF PROPOSED ANNUAL PROGRAM EVALUATION TEMPLATE**
12. **FOR BIP APPLICANTS: AN OUTLINE OF THE TOPICS TO BE PRESENTED EACH WEEK FOR 52 WEEKLY SESSIONS**

BY SIGNING, I AGREE THAT I HAVE READ THE APPLICABLE STANDARDS AND CRITERIA AS SET FORTH IN OAC TITLE 75, CHAPTERS 1, 15, 25, AND 30. I ALSO AGREE THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF BOARD PRESIDENT

DATE: _____

SIGNATURE OF EXECUTIVE DIRECTOR

DATE: _____