

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NEW APPLICATION FOR DOMESTIC VIOLENCE
RESIDENTIAL PROGRAMS**

Date Submitted: _____

Program Identification

1. Name and mailing address of Applicant Organization (*exactly as it appears in Certificate of Incorporation*):

Web Address: _____

County of Applicant Organization: _____

Agency Phone: _____ Fax: _____

2. Name of Executive Director: _____

3. Name of Director of Residential: _____

Programs for Victims of Domestic Violence: _____

Phone Number: _____ Email Address: _____

4. Type of Residential Program for Victims of Domestic Violence:

- a. Domestic Violence Shelter
- b. Domestic Violence Program
- c. Domestic Violence Sponsoring Agency
- d. Safe Home Network

5. Do you have a domestic violence non-residential program? Yes No

6. Corporation Status:

- a. Not-for-profit
- b. Not-for-profit pending
- c. Public agency

7. If domestic violence shelter or domestic violence program,

a. Domestic violence shelter or domestic violence program name: _____

b. Site address: _____

c. Capacity: _____

8. If domestic violence sponsoring agency,

a. Name: _____

b. Business address: _____

c. Total number of safe dwellings that the domestic violence sponsoring agency proposes to operate: _____

d. Maximum capacity of each dwelling and county: _____

e. Maximum number of persons to be served: _____

9. If safe home network,

a. Safe home network name: _____

b. Business address: _____

c. Total number of safe homes that safe home network intends to operate: _____

Please answer all of the following questions using additional pages as needed.

DESCRIPTION OF LOCAL NEED

1. Describe geographic area served by the residential program for victims of domestic violence and any unique service needs of the target population (*language, culture, ethnicity*).

2. List and describe all other agencies in the county that provide services to victims of domestic violence.

3. Briefly describe the local need for the residential program (including supporting data) and any service gaps for victims of domestic violence.

DOCUMENTATION OF LOCAL SUPPORT

Describe community support/linkages with law enforcement, courts, social service districts, other domestic violence programs, other community agencies. Include efforts to collaborate with local task forces, coalitions, community response teams. Attach letters of support, if available.

PROGRAM DESCRIPTION

1. What are the eligibility requirements/admission criteria for each residential program for victims of domestic violence to be licensed?

2. For domestic violence programs (mixed population facilities), describe the non-domestic violence population eligibility criteria.

What plans will be implemented so those non-domestic violence residents are not disruptive to services, safety, or 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?

4. What are the intake procedures, including persons responsible and location of face-to-face interviews?

5. During what hours is the residential program for victims of domestic violence open for intake?

If your residential program for victims of domestic violence is not open for intake on a 24-hour basis, please specify the procedures for requests for domestic violence residential services during off-hours.

6. Where will people be referred if:

- a. They are not eligible for residential services _____
- b. Facility is at capacity _____
- c. Special needs cannot be met _____

7. What is the length of stay policy for each facility to be licensed?

8. What are the procedures and policies for residents who are unable to locate housing after the residential stay has expired?

9. Describe the procedures and policies of your agency for reporting child abuse and maltreatment (*include approach to be used to address this issue with clients*).

10. Describe your procedures and policies for handling non-Child Protective Services complaints, grievances and incidents.

11. For each residential program, explain how meals are provided, including title of persons responsible. Also indicate the method of provision for those with special dietary needs and for emergency foods as needed.

12. Describe the methods used for maintaining confidentiality of :

- a. Case records _____
- b. Residents _____
- c. Facility location _____

13. For a Safe Home Network, describe your procedures and policies for recruiting, selecting and approving safe homes.

14. For Domestic Violence Sponsoring Agency, describe your procedures and policies for selecting safe dwelling(s).

15. Provide a brief description of the tasks that must be completed to bring the program to the point of operation, including persons responsible and anticipated completion date.

SERVICES

For each of the services listed, please explain policies and procedures including staff positions and titles of those persons responsible for direct service provision, hours that services are available, location of service, and methodology. If services are not directly provided, please note and list. Only Medical Services and the Hotline may be provided via contract or other linkage. All other services must be provided by your agency.

- Information and Referral

- Advocacy (*include whether accompaniment is provided and if so, by staff and/or volunteers*)
 - Court/Legal Advocacy

- Social Service Advocacy

- Public Assistance Advocacy

- Housing Advocacy

- Employment Advocacy

- Medical Care Assistance (*in obtaining*)

- Counseling (Individual/Adult)

- 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 service provided directly to victims of domestic violence or their children *(e.g. Legal Services)*

PHYSICAL PLANT DESCRIPTION – Safe Home Networks do not complete this section.

- Complete if site is known. Please list address on floor plan.

NOTE: If you operate a residential program at more than one site, please complete a separate “Physical Plant Description” for each site. If you operate a number of facilities within one site, complete only one physical plant description for the entire site. Note where each program will be located.

1. Describe the general location and neighborhood of the proposed residential facility. (*Include description and size of yard/property attached to site.*) Describe accessibility to schools, recreation facilities, social services and other community services.

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2. Describe the physical plant (*apartment complex, single family dwelling, etc.*), the construction type of the building (*wood frame, block*), the number of floors, natural sources of lighting and ventilation in the facility and the means of egress from each floor. Also describe the use of the attic and/or basement utilized by staff and/or residents.

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3. If Domestic Violence Shelter or Domestic Violence Program, describe all areas in the facility and/or grounds that have been designated for the purposes of recreation and/or children’s services.

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4. Describe the residential facility’s fire protection system (*i.e. smoke detection system, fire alarm system, sprinkler system*) and fire safety and evacuation training procedures for staff and residents. Also, include schedule for fire drills if shelter or domestic violence program. Attach a copy of the evacuation plan; indicate means of egress and fire protection equipment.

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5. Describe accessibility for persons with disabilities, if applicable. Include provision for visual and hearing impaired persons, wheelchair accessibility, and other mobility impairments.

6. Describe how repairs, maintenance, and daily cleaning are handled, including title of persons responsible. Incorporate provisions for emergency repairs for after hours and on weekends.

7. Describe plans to provide that the facility is maintained in a state of good repair and sanitation, is kept free of safety hazards and remains in compliance with all applicable local and state codes.

8. Describe the facility's plan to keep medicines and non-prescription drugs secure and out of the reach of children or other adult residents.

9. Describe the comprehensive emergency disaster plan including provisions for obtaining emergency medical care. Attach a copy of the emergency disaster plan.

10. Describe the security system (*security plan*) at the residential facility to provide physical safety of residents (*including children*) on a 24 hour basis (*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 the physical safety of residents is maintained. Describe plans to remove an intruder, if necessary.

11. Describe any other uses of the building in which the facility is located and how this affects security and/or the ability to maintain the confidentiality of the site.

STAFFING

1. Describe your plan to recruit compensated and volunteer staff who are representative of the cultural values, ethnic composition, and language of the community served.

2. Describe any requirements regarding attendance at educational programs.

3. Describe provisions for emergency coverage in the event of staff illness or other absence.

4. Describe the orientation plans for employees and volunteers including the subject matter covered, when the orientation will occur, persons responsible for providing the orientation and their qualifications. If a Safe Home Network, also describe orientation for Safe Home Providers.

- 5. Describe the training given to employees and volunteers including the subject matter to be covered, when and how often the training will occur, who will provide the training, the qualifications of the trainer(s), and duration of the training. If a Safe Home Network, include information about training for Safe Home Providers.

- 6. Describe any training received by the Board of Directors.

ALTERNATIVE PLAN

- 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 requirement for which the waiver is requested.

CORPORATE AUTHORITY

Enter the date the corporation's authority to provide residential domestic violence services expires. _____

RATE SETTING

Enter the date agency sent fiscal report to rate setting. _____

Signature of individual to sign for Applicant Organization or Corporation X	Date:
Name:	
Title:	

ATTACHMENTS for Application Form

The following must be submitted to the Regional Office along with the application 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
- Letter of support from Social Service District/HRA where facility is located, including whether county will be paying food add-on
- 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 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:

They may be obtained from the OCFS State Aid Rates Unit, via phone (518) 474-1361 or e-mail request. Forms should be completed using projected amounts.

OCFS-DV-2651 Residential Program Bed Night Statistics
OCFS-DV-2652 Report of Actual Expenditures
OCFS-DV-2654 Report of Actual Income
OCFS-DV-2668 Employee Distribution by Job Classification
OCFS-DV-2856 Charges from Parent Organization
OCFS-DV-3307 Purchase of Services Schedule
OCFS-DV-3308 Report of Allocation Methods

- A copy of the most recent financial report prepared by a CPA, or most recent State and Federal tax returns, or if organization has been in existence for less than a year and neither is available, a statement of the organization's assets and liabilities signed by an officer of the organization.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
BOARD OF DIRECTORS PROFILE

Attachment C

	Name and Address	Current Occupation	Position on Board	Community Affiliations
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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 of 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.

Date

Chairperson, Board of Directors