

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DOMESTIC VIOLENCE NEW APPLICATION

Please answer ALL of the following using additional paper 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 for 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?

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 (ex: 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.

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 of utilized by staff and/or residents.

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

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.

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

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 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 rate setting via phone (518-473-4197) or email 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 less than one year and neither is available, a statement of the organization's assets and liabilities signed by an officer of the organization

NEW YORK STATE
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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 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