

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**DOMESTIC VIOLENCE OPERATING CERTIFICATE
APPLICATION REQUEST**

APPLICATION TYPE:

- New Program
- Re -certification
- Agency Incorporation/Amendment
- Program Change

APPLICANT (AGENCY) (As it Appears on Certificate of Incorporation Col)	PROGRAM SITE
---	---------------------

Agency Name: Executive Director: Street Address: City, State, Zip: Business Telephone: Fax Number: E-Mail: County:	Name: Program Code (recertification/change only) Contact: Street Address: City, State, Zip: Telephone: Fax Number: E-Mail: County:
---	--

PROGRAM TYPE	ADDRESS TO APPEAR ON OC
---------------------	--------------------------------

<input type="checkbox"/> Domestic Violence Shelter <input type="checkbox"/> Domestic Violence Program <input type="checkbox"/> Safe Home Network <input type="checkbox"/> Domestic Violence Sponsoring Agency (Safe Dwellings)	<input type="checkbox"/> 1. Business address (if different from 2 or 3): Street address: City, State, Zip: Business telephone: Business fax: Business e-mail: <input type="checkbox"/> 2. Same as agency Certificate of Incorporation (Col) address. <input type="checkbox"/> 3. Same as program site address (use only if no business or Col address is available)
--	--

PROGRAM CHANGE	PROGRAM INFORMATION
-----------------------	----------------------------

<input type="checkbox"/> Address Change <input type="checkbox"/> Closing Program <input type="checkbox"/> Bed Capacity Change + - New Capacity <input type="checkbox"/> Change of Corporate Name <input type="checkbox"/> Re-issuance of Lost Certificate <input type="checkbox"/> Purchase/transfer/assignment/lease of residential program	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Total Capacity: (Shelters or Programs) </td> <td style="width: 50%; padding: 5px;"> Ownership <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Expiration of DV Corporate Authority </td> </tr> <tr> <td style="padding: 5px;"> Expiration Date: </td> <td style="padding: 5px;"> Safe Home Network (Maximum Number of Homes) </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Number of Safe Dwellings: Maximum Capacity of Each Dwelling: </td> </tr> </table>	Total Capacity: (Shelters or Programs)	Ownership <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Expiration of DV Corporate Authority	Expiration Date:	Safe Home Network (Maximum Number of Homes)	Number of Safe Dwellings: Maximum Capacity of Each Dwelling:	
Total Capacity: (Shelters or Programs)	Ownership <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Expiration of DV Corporate Authority						
Expiration Date:	Safe Home Network (Maximum Number of Homes)						
Number of Safe Dwellings: Maximum Capacity of Each Dwelling:							

REGIONAL OFFICE INFORMATION (official use only)

Regional Office RO Contact Telephone Number Fax Number Date Sent to Home Office HO Contact	<input type="checkbox"/> Has agency sent CPA report (yearly requirement) <input type="checkbox"/> Waiver Approval (if required) <input type="checkbox"/> Regional Office has reviewed all required documentation
COMPLIANCE STATEMENT (official use only)	
The Agency program and site are in compliance with all applicable statutes and regulations, including staffing requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS

(Section expands to 700 characters)