



OKLAHOMA OFFICE OF ATTORNEY GENERAL

Application for Certification for Domestic Violence, Sexual Assault & Stalking and Batterers Intervention Programs

Initial Application

Renewal Application

All Certified Programs must comply with the Standards and Criteria for Domestic Violence, Sexual Assault & Stalking Programs set forth in OAC Title 75, Chapter 1 and Chapter 15, 25 (Oklahoma Administrative Code)

A. Agency Name: _____

B. Name of Director: _____

C. Phone Number: _____ D. Email: _____

E. Certification Type:

Domestic Violence, Sexual Assault & Stalking Shelter Program

Program must provide services to victims of domestic violence, sexual assault and stalking. Minimum services provision must include: victim 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, participation with area sexual assault response team, cooperation with law-enforcement and referral services. Programs must comply with all Standards and Criteria set forth in OAC Title 75, Chapter 1 and Chapter 15.

Domestic Violence, Sexual Assault & Stalking Crisis Intervention Program

Program must provide services to victims of domestic violence, sexual assault and stalking. Minimum services provision must include: victim 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, participation with area sexual assault response team, cooperation with law-enforcement and referral services. Programs must comply with all Standards and Criteria set forth in OAC Title 75, Chapter 1 and Chapter 15.

Batterers Intervention Program must provide group and individual services 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.**

F.

Executive Office Mailing Address:

Executive Office Physical Address:

Shelter Physical Address: (Will be kept confidential)

Crisis Center Physical Address (Will be kept confidential)

Additional Locations:

Satellite Location Address:

Satellite Location Address:

Batterers Program Location Address:

Court Advocacy Location Address:

Safe Home Location Address:

Transitional Living Location Address:

G. 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. Program Description
4. Organizational Chart
5. List of board members, including addresses and phone numbers
6. Mission Statement and Program Goals
7. Governing Authority minutes for the current year and two years prior approving:
 Program Goals (attach copy of program goals)
 Program Evaluation
(New applicants need only submit minutes for current year)
8. 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
9. By-Laws or comparable documents

H. The following documentation for NEW APPLICANTS must accompany the application:

1. Current Balance Sheet
2. Income and Expense Statement
3. IRS determination letter, if applicable
4. Governing Authority minutes approving Policy and Procedures
5. Documents of incorporation or registration as a business entity, amendments
6. Certificate issued by the Secretary of State
7. By-Laws or comparable documents

By signing, I agree that **I have read the Standards and Criteria for Domestic Violence, Sexual Assault Programs** in Title 75, Chapters 1, 15 and 25 and 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

**Submit application to:
Victims Services Unit**
Oklahoma Office of the Attorney General
313 NE 21st Street
Oklahoma City, OK 73105