

**Application for Domestic Violence Intervention Program (DVIP)**

In 2002, the N.C. Council for Women was granted the authority to approve the Domestic Violence Intervention Program utilized by the North Carolina court system. The program re-educates all domestic violence defendants on their behavior and helps them develop different methods of interacting with intimate partners and family members.

Your application will be reviewed by the Domestic Violence Offender Management Committee. Entities applying will be notified of their approval, denial, or need for clarification/deficiencies. Any **deficiencies shall be corrected before the application is approved.**

**Application forms must be submitted to** dvip@doa.nc.gov

**on February 1st or August 1st.**



**DOMESTIC VIOLENCE INTERVENTION PROGRAM**

**APPLICATION COVER SHEET**

DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. PROVIDER IDENTIFICATION:**

Name of Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Office Address (if different from the delivery site listed below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for this address and phone number to be made public? Yes No

Website (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director if different from Agency Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address for Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program IRS Status: Non-profit Private-for-profit Public Gov.

Gender of Clients Served: Males only Females only Both

Spanish-speaking services for Latino clients? Yes No

Will you provide non-English services (including ASL)?  Yes [ ]  No [ ]

**B. DELIVERY SITE(s):** List individual county names and office addresses, including the Judicial District, of each site where DVIP groups will be held.

1. County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial District: \_\_\_\_\_\_ Judicial District: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. County: \_\_\_\_\_\_\_\_\_\_ 4. County: \_\_\_\_\_\_\_\_\_\_

Judicial District: \_\_\_\_\_ Judicial District: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Domestic Violence Intervention Program**

**Statement of Understanding**

I understand and agree with the following regarding the information I have submitted for this application to the North Carolina Domestic Violence Commission/Council for Women and Youth Involvement (NC DVC/CFW&YI):

1. The information in my application may be used to create a database of information on the availability of certified Domestic Violence Intervention Programs in the State of North Carolina.

1. Inclusion in the database as a certified DVIP does not create an entitlement or guarantee of referrals.

1. If approved, I will promptly submit quarterly statistical reports on or before each required due date.

1. If approved I agree to be audited for compliance with Domestic Violence Intervention Program Rules and Recommendations set forth in N.C. Administrative Code*.*

Signature of Agency Director: Date:

 **(Signed under penalty of perjury)**

**C. DOMESTIC VIOLENCE INTERVENTION PROGRAM PHILOSOPHY**

State the agency Domestic Violence Intervention Program philosophy.

# MEMORANDUM OF UNDERSTANDING

Submit a Memorandum of Understanding (MOU) from each county where service will be provided. An MOU is an agreement between the applying DVIP and the Domestic Violence victim service provider in each county where the DVIP will operate. The MOU is a signed agreement between both agencies that establishes a process for providing services to the victim to aid in their safety.

List the name(s) of the domestic violence service agency signing the MOU. If the program will operate in more than one county, complete an MOU for each county where service will be provided.

**NOTE:** A draft MOU is available on the CFW & YI website at <https://ncadmin.nc.gov/advocacy/women/abuser-treatment-program>and is included at the end of this application.

## E) THREE (3) LETTERS OF SUPPORT FROM EACH COUNTY

Submit three letters of support from each county where DVIP service will be provided. These letters may come from among the following: a local domestic violence task force or coalition; a local department of social services, district attorney's office, law enforcement agency, or other governmental agency that is directly associated with domestic violence.

## F) VERIFICATION OF CURRICULUM TRAINING/EXPERIENCE FOR ALL DVIP STAFF

List all DVIP staff name(s) with job title, and provide documentation (such as certification and course completion) of Domestic Violence (DV) training or equivalent experience. Please indicate which staff are directly trained in the DVIP curriculum and include their curriculum training certificate.

**G) Budget pages**

**All paperwork must have the number assigned to each attachment.**

1. **INTAKE**

• State the agency policy and procedure for conducting the comprehensive client intake and assessment.

 Provide a copy of the full intake tool and any associated intake documents

## 2) LETHALITY, FREQUENCY OF ASSESSMENT AND ONGOING REFERRAL

• State the agency policy and procedure for conducting the lethality assessment, how frequently the assessment is conducted, and any referral process to be used

* Provide a copy of the assessment and lethality tool
* Provide a copy of any referral form(s) used
* If a different lethality tool is used for ongoing assessments, please provide a copy. If same tool is used, please indicate in policy.
1. **VICTIM SAFETY**

• State the agency policy and procedure regarding victim safety

* Provide copies of any materials that will be shared with the victim.
* Provide copy of victim contact letter.

1. **PROGRAM STRUCTURE**

• State the agency policy and procedure pertaining to treatment, group composition, program length, and fees.

 Provide any forms, letters, or other documents given to the participant, including participant contract or agreement.

## DOMESTIC VIOLENCE INTERVENTION PROGRAM CURRICULUM

• State the agency policy and procedure for establishing and complying with a chosen curriculum, including the name of the curriculum used.

 Provide the curriculum syllabus for the 26 week course work indicating the topics and content covered each week and demonstrating compliance with the eleven (11) topic areas listed in the rules.

1. **PARTICIPANT TERMINATION**

• State the agency policy and procedure for terminating participants from further participation in the program.

 Provide any forms, letters, or other documents that will be used when this situation occurs.

1. **PROGRAM ASSESSMENT**

• State the agency policy and procedure addressing program assessment.

1. **PROVISIONS OF DIRECT SERVICES**/ **CONTINUING EDUCATION**
* State the policy and procedure for determining qualification for all staff**,** consultants, or volunteers delivering direct services to participants.
	+ Provide the pre-service and continuing education plan for staff, consultants, and volunteers.
	+ Provide the name and qualification/curriculum training/or experience for each staff member that will be providing these services.
* State the agency policy addressing situations in which individuals have committed domestic violence and the agency guidelines for determining whether the conduct undermines the integrity of the program or will interfere with the individual’s performance.

1. **PARTICIPANT CONFIDENTIALITY**
* State the agency policy and procedure regarding participant confidentiality.
	+ Provide a copy of the confidentiality form
	+ Provide the waiver of confidentiality form if not included in the above
	+ Provide the form/letter used to communicate with the victim concerning the participant’s acceptance or rejection for enrollment.
* State the agency policy and procedure regarding group confidentiality.

1. **VICTIM CONFIDENTIALITY**
* State the agency policy and procedure concerning victim information, both written and verbal, and how this information will be safeguarded.
* State the agency policy and procedure to be utilized when the victim tells a DVIP staff member that the participant has committed a new offense.

1. **RIGHT TO ACCESS**

## RECORD-KEEPING, DOCUMENTATION, AND REPORTS

* State the policy documenting that the program will maintain documents and records demonstrating compliance with the requirements imposed by these rules.

1. **EQUAL OPPORTUNITY**
* State the agency Equal Opportunity policy

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