**Georgia Department of Community Supervision  
Georgia Commission on Family Violence**



**Application for Initial Certification for   
 Family Violence Intervention Programs**

Initial Certification Applications for Programs are accepted on July 1 and January 1 annually. No application will be considered unless all of the items below have been submitted to the Georgia Commission on Family Violence.

* Completed Application (pages 2-17)
* Non-refundable $250 Application Fee per judicial circuit. Make Check or Money Order out to the Georgia Commission on Family Violence and include with your application.
* Verification of Lawful Presence
* Copy of current victim liaison contract
* Copy of intake/orientation paperwork for participants
* Copy of participant contract
* Copy of Victim Contact Request or its equivalent
* Copy of forms used to notify probation and referral source of a participant’s completion or termination
* Proof of general liability insurance of at least $1,000,000 (one million dollars) for your FVIP program
* **Please complete the additional background check forms and submit with application.**

Submit the completed application to the address below:

**Due to mail delays, we request that you send an electronic copy of your application to Nadege.delva@dcs.ga.gov**

An invoice will be sent to you to pay with a credit card. If you would like to pay with a check, mail payment to:

**Georgia Commission on Family Violence**

**Attn: FVIP Initial Provider Certification**

**2 Martin Luther King Jr. Drive, Ste 866 East Tower**

**Atlanta, Ga 30334**

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| **Program Information** |
| ***Legal Name of Organization/Program/Business:*** |
| ***Doing Business As (DBA):*** |
| ***Name of Affiliated, Attached or Umbrella Organizations:*** |
| ***Organization/Program/Business Email:*** |
| ***Organization/Program/Business Phone:*** |
| ***Physical Address (Street, City, State, Zip):*** |
| ***Mailing Address (Street, City, State, Zip):*** |
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| ***Organization/Program/Business Website:*** |
| ***Is Organization/Program/Business approved or certified to provide any other court-ordered classes?***   * Alcohol & Drug/Non-DUI * Alcohol & Drug/Clinical DUI * Alcohol & Drug Awareness * Anger Management * ASAM Level 1 * Shoplifting/Theft Prevention * Other (please list) |

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| **Program Mission Statement**  *Each applicant shall submit in their application their program’s mission statement or a statement of intent addressing the role of the FVIP in their organization.* |
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| **Owner/Executive Director’s Information** |
| ***Owner or ED’s Legal Name: (First, Middle, Last)*** |
| ***Nickname/Alias/Goes By:*** |
| ***Date of Birth:*** |
| ***Social Security Number:*** |
| ***Email:*** |
| ***Phone (Work):*** |
| ***Phone (Cell):*** |
| ***Mailing Address (Street, City, State, Zip):*** |
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| ***Disclosure of Businesses & Ownership Ventures:*** |

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| ***Owner or ED’s Race:***   * African-American/Black * Asian/Pacific Islander * White/Caucasian * Hispanic/Latino/a * Native American * Alaska Native/Pacific Islander * Multi-Racial * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Owner or ED’s Gender:***   * Man * Woman * Transgender | ***Owner or ED’s Education Level:***   * Less than high school * Some high school * High school graduate/GED * Attended college * College graduate (2 year) * College graduate (4 year) * Technical school graduate * Some graduate school * Master’s degree * Doctorate/Professional degree * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Owner/Executive Director’s Background, History, Experience**  *Each applicant shall submit information on the program owner’s, operator’s and/or designee’s background, history, interest and experience addressing family violence and domestic violence.* |
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| **Primary Contact’s Information (if different from Owner/ED)** |
| ***Primary Contact’s Legal Name: (First, Middle, Last)*** |
| ***Nickname/Alias/Goes By:*** |
| ***Date of Birth:*** |
| ***Social Security Number:*** |
| ***Email:*** |
| ***Phone (Work):*** |
| ***Phone (Cell):*** |
| ***Mailing Address (Street, City, State, Zip):*** |
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| ***Disclosure of Businesses & Ownership Ventures:*** |

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| ***Primary Contact’s Race:***   * African-American/Black * Asian/Pacific Islander * White/Caucasian * Hispanic/Latino/a * Native American * Alaska Native/Pacific Islander * Multi-Racial * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Primary Contact’s Gender:***   * Man * Woman * Transgender | ***Primary Contact’s Education Level:***   * Less than high school * Some high school * High school graduate/GED * Attended college * College graduate (2 year) * College graduate (4 year) * Technical school graduate * Some graduate school * Master’s degree * Doctorate/Professional degree * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Primary Contact’s Background, History, Experience**  *Each applicant shall submit information on the program owner’s, operator’s and/or designee’s background, history, interest and experience addressing family violence and domestic violence.* |
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| **Designee’s Information (if applicable)**  *Owners may assign responsibilities of attending local Family Violence Task Force Meetings to a designee. Designees may not be a facilitator or manager of the Family Violence Intervention Program.* |
| ***Designee’s Legal Name: (First, Middle, Last)*** |
| ***Nickname/Alias/Goes By:*** |
| ***Date of Birth:*** |
| ***Social Security Number:*** |
| ***Email:*** |
| ***Phone (Work):*** |
| ***Phone (Cell):*** |
| ***Mailing Address (Street, City, State, Zip):*** |
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| ***Disclosure of Businesses & Ownership Ventures:*** |

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| ***Designee’s Race:***   * African-American/Black * Asian/Pacific Islander * White/Caucasian * Hispanic/Latino/a * Native American * Alaska Native/Pacific Islander * Multi-Racial * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Designee’s Gender:***   * Man * Woman * Transgender | ***Designee’s Education Level:***   * Less than high school * Some high school * High school graduate/GED * Attended college * College graduate (2 year) * College graduate (4 year) * Technical school graduate * Some graduate school * Master’s degree * Doctorate/Professional degree * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Designee’s Background, History, Experience**  *Each applicant shall submit information on the program owner’s, operator’s and/or designee’s background, history, interest and experience addressing family violence and domestic violence.* |
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| **Owner/ED and Designee Agreement (if applicable)**  *Owners may assign responsibilities of attending local Family Violence Task Force Meetings to a designee. Designees may not be a facilitator or manager of the Family Violence Intervention Program.* |
| ***If the Program Owner or Executive Director assigns a Designee, both parties agree that the Program Owner or Executive Director and Designee are responsible for the Designee attending local Family Violence Task Force meetings. Designees are responsible for upholding all Family Violence Intervention Programs Rules while acting on behalf of the Program.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Class Locations** *Programs will be assessed a $250 certification fee for each judicial circuit in which they operate.* | |
| **Judicial Circuit** | **Class Address** |
| ***Atlanta Judicial Circuit*** | ***999 Atlanta Street, Atlanta, GA 55555*** |
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| **Class Schedule**  *Please complete the following grid with your class locations, class day and times, class type and certified facilitators assigned to facilitate that class.* | | | | | |
| **Address** | **Time(s)** | **Day** | **Type** | **Language** | **Certified Facilitator** |
| ***999 Atlanta Street***  ***Atlanta, GA 55555*** | ***9:00 AM - 10:30 AM*** | ***Monday*** | ***Men*** | ***English*** | ***Polly A. Proved*** |
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| **Class Fee Schedule and Indigent Reduction Plan**  *Please complete the following grids. FVIPs are required to submit to the Georgia Commission on Family Violence and all referral sources a Class Fee Schedule and Indigent Fee Reduction Plan*. *FVIPs shall not charge participants a fee that exceeds $60.00 per class or $120 for orientation and/or application interview.* |

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| ***Your Class Fee Schedule*** | |
| **Enrollment Fee** |  |
| **Class Fee** |  |

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| ***Your Indigent Fee Reduction Plan*** | | |
| **Determination** | **Enrollment Fee** | **Class Fee** |
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| ***Sample Indigent Fee Reduction Plan***  *This is a sample designed to provide an idea of how you can structure your indigent fee plan. Please fill out the grid above with your indigent fee plan.* | | |
| **Federal Poverty Level (FPL)** | **Enrollment Fee** | **Class Fee** |
| <100% FPL | $25 | $15 |
| 100 - 200% FPL | $50 | $30 |
| 200 - 300% | $75 | $45 |
| >300% FPL | $100 | $60 |

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| **Principles of Practice**  *Each applicant shall submit a signed copy of the Principles of Practice. FVIPs shall adhere to the following Principles of Practice, incorporate them into their program’s policy and procedure manual, submit a signed copy to the Commission upon recertification, and prominently display them in the program facility.* |
| 1. FVIP providers are advocates for victims of family and domestic violence who work to hold participants accountable for their acts of family and domestic violence. The highest priorities of FVIP providers are the safety, rights, and confidentiality of victims. 2. FVIP providers advocate that offenders of family and domestic violence be held accountable. FVIP providers should never collude with participants, minimize, tolerate or justify abusive and unacceptable behavior. 3. FVIP providers consult with victim advocates to ensure quality programming. 4. FVIP providers consistently act and communicate in ways that do not perpetuate discriminatory behavior, attitudes, or bias. FVIP providers treat all with dignity. 5. FVIP providers are not advocates or legal witnesses on behalf of participants and shall use caution when responding to requests for assessments, impressions, opinions, information, or testimony. FVIP providers will not state or imply that program completion will result in non-abusive behaviors or victim safety. 6. Anger management programs, couples counseling, and psychotherapy are not appropriate interventions for family and domestic violence and may place the victim at heightened risk. Ending violence and abuse and ensuring victim safety takes precedence over efforts to save relationships. 7. Educational group sessions must be the primary approach to family and domestic violence intervention. Substance abuse treatment, addictions treatment, and individual treatment are not appropriate interventions for family and domestic violence. However, providers may find participants benefit from these interventions separately, but only in addition to participation in an FVIP. 8. FVIPs alone do not create accountability. FVIP providers collaborate with community partners and participate in a larger coordinated community response to family and domestic violence.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Background Check Requirement** |
| *Program owners, operators, and designees shall provide the Commission documentation and details of any of the following:*  *i. Conviction, guilty plea, or nolo contendere plea for any felony or misdemeanor.*  *ii. Adjudication of guilt withheld for a felony or misdemeanor, including first offender act and conditional discharge sentencing.*  *iii. Current charges of a violation of law.*  *iv. Reports to the Department of Family and Children’s Services for child abuse or neglect.*  *v. Protective orders issued against them, or bond conditions resulting from an arrest.*  *vi. A finding of family or domestic violence made in divorce, custody, or visitation proceedings.*  *vii. Any sanctions and revocations imposed by any professional licensing boards.* |
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| **Background Check Authorization**  *Designees must also completed this form, if applicable.* |
| *I hereby authorize the Georgia Commission on Family Violence, OCGA 19-13-31, to receive all criminal history information pertaining to me anytime during the course of my certification as an FVIP owner/operator/designee in Georgia. I understand that convictions revealed from these background investigations may be used as a basis for removing me from consideration for FVIP certification. The Georgia Commission on Family Violence and the Department of Community Supervision reserve the right to perform criminal history and driver history checks of FVIP facilitators, owners, and directors at any time during their certification period.*  *Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(First) (Middle) (Last)*  *Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Name of all employers)*  *Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Street)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(City) (State) (Zip Code)*  *Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* |
| *GCFV Use Only:*   * *No criminal history found through GCIC system check.* * *Criminal history found that prohibits certification.* * *Criminal history found that does not prohibit certification* |

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| **Program Curriculum** |
| *(1) All FVIPs shall establish and comply with a written curriculum. Written curriculums must follow an educational model and include content for weekly sessions. FVIPs shall make all written curriculum available to the Commission and victim liaisons upon request. Best practice curriculums are included in the Department SOP.*  *Curriculums must adhere to the following principles regarding family and domestic violence:*  *(a) Power and Control. Program topics must follow a model that identifies and challenges family and domestic violence as an overall system of physical and emotional abuse where the participant chooses to use tactics of power and control over the victim. (b) Beliefs and Social Context. Program topics shall consistently identify and challenge participants’ personal beliefs and social contexts that support those beliefs and encourage the use of power and control tactics over the victim. (c) Effects. Program topics shall consistently identify and hold the participant accountable for the physical and emotional effects of the participant’s violence and abuse on victims, including children.*  *(2) Curriculums shall address the following:*  *(a) Identification of all forms of physical, emotional, economic, verbal and sexual abuse, and violence against an intimate partner; (b) Impact of family and domestic violence on the victim and the abuser, including short and long term effects; (c) Impact of family and domestic violence on children, including children who are abused and children who witness family or domestic violence, including short and long term effects; (d) Identification of family and domestic violence as primarily a learned behavior; (e) Emphasis on the responsibility of the batterer for his or her violence and abuse; (f) Identification of personal beliefs and societal and cultural values that legitimize and sustain violence and oppression, including sporadic and systematic acts of retribution and punishment; (g) Alternatives to violence and controlling behaviors; (h) Identification and promotion of relationship dynamics based on equality;*  *(i) Attempts to improve participants’ ability to identify, articulate, and express emotions in a nonthreatening manner;*  *(j) Promotion of accountability, self-examination, negotiation, and fairness; (k) Strategies to help participants develop and improve their support systems that promote and encourage a violence-free life; (l) The relationship between substance abuse, mental illness, and family and domestic violence; and (m) Identification of the behavioral, emotional, and physical cues that precede escalating violence.*  *(3) The Commission recognizes that men and women often use violence differently and that interventions for men and women need to be structured differently. Most curriculums are specifically designed for men who batter their intimate women partners. A different curriculum shall be used or developed by an FVIP providing classes to women who use violence against their intimate partners.* |
| Please list any and all curriculums for men’s classes that you use or have received training on: |
| Please list any and all curriculums for women’s classes that you use or have received training on: |
| ***I attest that the curriculums I use to facilitate FVIP classes meet the minimum requirements. I will make any curriculums available to the Commission and Victim Liaison upon request.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Victim Liaison Requirement**  *Applicants shall submit a current contract with a victim liaison. FVIPs are required to have a contract with a victim liaison at all times during the course of their certification. The victim liaison shall be a paid, subcontracted domestic violence advocate from a CJCC-certified program or Commission-approved program. FVIPs must notify the Commission if there is any change in the victim liaison.* |
| ***Victim Liaison Organization:*** |
| ***Is the organization a CJCC-Certified Domestic Violence Program?:*** |
| ***Primary Victim Liaison Contact Name:*** |
| ***Primary Victim Liaison Contact Phone*** |
| ***Primary Victim Liaison Contact Email:*** |
| ***Primary Victim Liaison Contact Gender:***   * Man * Woman * Transgender |

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| **Minimum Victim Liaison Contact** |
| Enrollment: A Victim Contact Request Form must be sent to the victim liaison within five (5) calendar days of a participant’s enrollment or re-enrollment in the FVIP. |
| Transfer: Transfer of a participant to another program will not be permitted unless the transfer has been approved by the court, other referral source, or the Commission. If approved, the FVIP the participant is transferring from shall notify the victim liaison of the participant’s transfer within four (4) calendar days. FVIPs who accept transferred participants must complete all procedures required of new participants. |
| Completion: Within four (4) calendar days, FVIPs must notify all referral sources, including the courts, the Department (if applicable), the State Board of Pardons and Paroles (if applicable), and the victim (via the victim liaison), of a participant’s completion of an FVIP. |
| Termination: If a participant is terminated due to violence or threats of violence, the FVIP shall immediately contact all referral sources, including the courts, the Department (if applicable), the State Board of Pardons and Paroles (if applicable), and the victim (via the victim liaison). Within two (2) calendar days of terminating a participant, the FVIP shall notify all referral sources, including the courts, the Department (if applicable), the State Board of Pardons and Paroles (if applicable), and the victim (via the victim liaison) of a participant’s termination from an FVIP. If an FVIP has determined that a participant will be terminated, the FVIP will notify the victim liaison with a notice of intent to terminate two (2) calendar days prior to terminating the participant, when possible. |
| Duty to Warn: An FVIP may initiate contact with victims of family and domestic violence only through the victim liaison unless FVIP staff has a legal duty to warn the victim of immediate danger. FVIPs have a legal duty to warn the victim of immediate danger: The participant threatened to harm the victim, their child(ren) or other persons; The participant threatened to harm self; The facilitator’s reasonable belief that the victim is in immediate danger. |
| ***I have read and agree to the required minimum victim liaison contact for FVIPs.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Program Structure Requirements** |
| **Program Orientation Requirements**  *(a) Certified facilitators will conduct an orientation and/or application interview with candidates. Neither the orientation nor the application interview will count toward the twenty-four (24) class requirement. The orientation and/or application interview shall include determining previous incidents of abuse, identifying the source of referral, and obtaining victim contact information.*  *(b) Certified facilitators shall require candidates to provide copies of any police reports, protection orders, probation conditions, and any other court orders related to their case prior to starting FVIP classes.*  *(c) Certified facilitators may use assessment tools for evaluating candidates for the appropriateness of FVIP classes.*  *(d) Certified facilitators may not use evaluation tools or clinical assessments for the purposes of predicting a candidate’s or participant’s future use of violence or propensity for violence.*  *(e) Certified facilitators shall assess candidates for accessibility requirements under state law.* |
| **Required Class Structure**  *(a) FVIPs shall require each participant to attend a minimum of twenty-four (24) weekly group classes. Participants may not attend more than one (1) class per week.*  *(b) Classes shall be at least ninety (90) minutes in length. Administrative duties, including taking attendance and collecting fees, are prohibited during the ninety (90) minutes of instruction time. Breaks shall not be included in the ninety (90) minutes.*  *(c) A certified facilitator may not hold a class with more than eight (8) participants if only one (1) certified facilitator is present. Two (2) certified facilitators may co-facilitate a class not to exceed sixteen (16) participants.*  *(d) Participants may not have more than three (3) absences. A fourth absence must result in automatic termination from the FVIP.*  *(e) Participants arriving late to class may attend class but not receive credit, and no payment shall be charged or received by the FVIP. If a participant is late to class three (3) times, it shall counted as one (1) absence.*  *(f) Transfer of a participant to another program will not be permitted unless the transfer has been approved by the court, other referral source, or the Commission. If approved, the FVIP the participant is transferring from shall notify the victim liaison of the participant’s transfer within four (4) calendar days. FVIPs who accept transferred participants must complete all procedures required of new participants.*  *(g) All participants in a class must be of the same gender identity.*  *(h) Intimate or ex-intimate partners are not allowed to participate in the same class.*  *(i) Participants must attend class in-person. No online classes will be approved.* |
| **Prohibited Class Activities**  *(a) FVIPs shall not give participants credit for anger management, DUI, or any other class for attending an FVIP class, nor shall an FVIP give participants credit for attending an anger management, DUI or any other class.*  *(b) FVIPs shall not allow participants to provide personal favors in lieu of class fees or attendance.*  *(c) FVIPs shall not require or permit victims to attend or participate in orientation, application interview, class, or FVIP activities in any way.*  *(d) FVIPs shall not permit participants to violate any FVIP rules, procedures, or participant contract requirements without escalating consequences up to and including termination from the program.* |
| ***I have read and agree to the program structure requirements.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Participant Contract and Program Completion Requirements** |
| *FVIPs shall require each participant to sign a contract before being permitted entry into the program. The contract must require the participant to do the following:.*  i. Immediately stop all violence and abuse towards the victim and others;  ii. Remove from the place of residence all firearms;  iii. Remove from the place of residence any weapons used to harm or threaten the victim;  iv. Respect any effort by the victim to leave the relationship;  v. Attend twenty-four (24) ninety (90) minute group classes at the rate of one (1) class per week, arrive on time, participate regularly, pay all required fees, complete all assignments, and adhere to the contract;  vi. Complete the program where the participant originally enrolled unless approval to transfer FVIPs is obtained from the court, other referral source, or the Commission;  vii. Be drug and alcohol free during all classes;  viii. Acknowledge that FVIPs do not limit confidentiality and may release information to victims, victim liaisons, referring courts, law enforcement, Commission staff and monitors, the Department, the Board of Pardons and Paroles and others;  ix. Acknowledge the FVIP’s duty to warn policy, mandatory reporting requirements, victim contact policies, programmatic response to continued violence and consequences of breaking the FVIP’s participant contract. |
| ***I have read and agree to the participant contract and program completion requirements.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Reporting and Recordkeeping Requirements** |
| **Monthly Reporting and Payment Requirements to the Commission**  *FVIPs shall report to the Commission the following information once a month through the Commission designated reporting system:*  *1. New and updated locations where classes are being held.*  *2. New and updated class schedules, including the day, time, type of class, and certified facilitator(s) assigned to the class.*  *3. Participants must be entered into the reporting system by the tenth day of the following month for which they enrolled or re-enrolled in the program.*  *4. Participants who have completed, transferred or been terminated from the program by the tenth day of the following month.*  *5. FVIPs must report if they had no new participants for the previous month.* |
| **Participant Fee Requirements**  *1. Each FVIP will be assessed a $20.00 fee for each participant that is payable to the Commission within thirty (30) calendar days of issuance of an invoice. The Program shall enter the participant into the Commission designated reporting system by the tenth day of the following month when the participant enrolled.*  *2. If a participant re-enrolls in an FVIP after being previously terminated by that FVIP, the FVIP shall be assessed an additional $20.00 fee for the participant payable to the Commission within thirty (30) calendar days of receiving an invoice. The FVIP shall enter the participant into the reporting system by the tenth day of the following month when the participant re-enrolled.*  *3. If payment is not submitted within thirty (30) calendar days, the FVIP shall be charged the following late fees: 1. After forty-five (45) calendar days, a $30 late fee will be added to the outstanding invoice. 2. After sixty (60) calendar days, a $60 late fee will be added to the outstanding invoice. 3. After ninety (90) calendar days, a $120 late fee will be added to the outstanding invoice.* |
| **Recordkeeping Requirements**  *A record of the following shall be kept by the Program for all participants for three (3) years. The Commission has the authority to review these documents upon request.*  *1. Participant Intake and Application Forms*  *2. Participant Assessment Forms*  *3. Victim Liaison Contacts & Notifications*  *4. Referral Contacts & Notifications*  *5. Participant Attendance Records*  *6. Participant Payment to the FVIP*  *7. Participant Reporting and Payment to the Commission* |
| ***I have read and agree to the reporting and recordkeeping requirements.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date |

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| **Verification of Lawful Presence** |
| *Consistent with the Illegal Immigration Reform and Enforcement Act of 2011 (O.C.G.A. § 50-36-1(e)), effective January 1, 2012, persons applying for certification or certification renewal on behalf of a Family Violence Intervention Program (FVIP) with the Georgia Commission on Family Violence must verify their lawful presence in the United States.*  *Therefore, before your FVIP certification can be issued or renewed, you as the FVIP program owner, or an authorized agent of the owner, are required to:*  *1. Provide a copy of a secure and verifiable document issued to you by a state or federal jurisdiction or recognized by the United States government and that is verifiable by federal or state law enforcement, intelligence, or homeland security agencies. A listing of acceptable secure and verifiable documents, as determined by the Office of the Attorney General, Georgia, can be found here:* [*https://law.georgia.gov/sites/law.georgia.gov/files/related\_files/site\_page/Secure%20and%20Verifiable%20Documents%20Under%20O.C.G.A.%2050-36-2.pdf*](https://law.georgia.gov/sites/law.georgia.gov/files/related_files/site_page/Secure%20and%20Verifiable%20Documents%20Under%20O.C.G.A.%2050-36-2.pdf)  *2. Execute a signed and sworn affidavit verifying your lawful presence in the United States. Please use the following affidavit for this purpose. The two documents above, as described within this section, must be submitted to the Georgia Commission on Family Violence along with all other application materials in order for your FVIP program to be certified or renewed.* |

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| **O.C.G.A. § 50-36-1(e)(2) Affidavit** |
| *By executing this affidavit under oath, as an applicant for initial certification or renewal of certification on behalf of (entity name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as referenced in O.C.G.A. § 50-36-1, from the Georgia Commission on Family Violence, the undersigned applicant verifies one of the following with respect to my application for a public benefit:*  *1) \_\_\_\_\_\_\_\_\_ I am a United States citizen.*  *2) \_\_\_\_\_\_\_\_\_ I am a legal permanent resident of the United States.*  *3) \_\_\_\_\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*  *The undersigned applicant also hereby verifies that he or she is 18 years of age or older, is the FVIP program owner, or an authorized agent of the owner, and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.*  *The secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*  *In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.*  *Executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state).* |

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

Signature of Applicant

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

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE \_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

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

NOTARY PUBLIC

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| **Acknowledgements** | |
| **Initial** | **Acknowledgement** |
|  | **Adherence to Program Standards, Policies, and Procedures**  *I have read the updated Family Violence Intervention Program Rules in their entirety and agree that the FVIP will adhere to all program standards, policies, and procedures contained therein that apply to this organization’s certification as an FVIP.* |
|  | **Limitations on Eligibility for Certification**  *I am not and have never been a perpetrator of family or domestic violence. I do not have any family violence charges within the past five (5) years. If I have been charged with family or domestic violence within five (5) years, I will show proof that I have successfully completed a certified FVIP within that last two (2) years.*  *I am not under any form of community supervision, administrative or otherwise, by any law enforcement agency or county, state or federal authority. This includes, but is not limited to, any form of misdemeanor or felony probation, pre-trial diversion, or parole.*  *My status as owner, executive director, or designee of an FVIP program poses no actual, potential, or apparent conflict of interest. I am in no position to exert undue influence, exploit, or take undue advantage of any participants.* |
|  | **Notification to GCFV of Criminal History and Orders of Protection**  *I will report to the Commission by the next business day after release any arrest.I will report to the Commission any temporary protection or stalking orders of which they are a respondent by the next business day after service of the order.* |
|  | **Certification Dates**  *I understand that programs receive a two (2) year certification period.* |
|  | **Participation in Local Coordinated Community Response**  *I will participate in the Community Task Force on Family Violence and be a part of the coordinated community response to domestic violence in every judicial circuit in which my program is certified. Evidence of my participation in two (2) coordinated community response meetings annually will be submitted to the Commission upon recertification. If no such body exists, I will attend other family violence community meetings for this requirement or may request from the Commission these hours be met through domestic violence court observations, law enforcement ride-alongs, or volunteering with a domestic violence advocacy program.* |
|  | **Current Mailing and Email Address**  *I will submit and maintain my current mailing address and email address with the Commission as any and all correspondence will be sent to the mailing address and email address on file.* |
| ***I have read and agree to all above statements and acknowledgments.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Program Owner or ED Signature of Program Owner or ED Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Name of Designee (if applicable) Signature of Designee (if applicable) Date | |