

GEORGIA DEPARTMENT OF COMMUNITY SUPERVISION



GEORGIA COMMISSION ON FAMILY VIOLENCE Application for Family Violence Intervention Program Certification or Recertification

2016-2017

APPLICATION FOR FVIP CERTIFICATION OR RECERTIFICATION

DIRECTIONS:

Please use this checklist as your guide to complete the following documents. Please submit the completed application to following address:

**Georgia Commission on Family Violence
Attn: FVIP Certification and Monitoring
270 Washington St. SW, Suite 5145
Atlanta, GA 30334**

Please note: No application will be considered until all of the items below have been submitted to the Georgia Commission on Family Violence.

- ___ A nonrefundable check for \$150.00 made payable to the Georgia Commission on Family Violence for each Judicial Circuit in which the FVIP intends to operate;
- ___ A signed, completed Application Form on **pages 3-4** for each Judicial Circuit in which the FVIP intends to operate;
- ___ A signed Receipt of Victim Contact Standard Operating Procedure (SOP) Acknowledgement Statement on **page 5** for each Judicial Circuit in which the FVIP intends to operate. Please contact the Office of Certification and Monitoring to obtain a copy of the Victim Contact SOP;
- ___ A signed Receipt of Rules of Board of Community Supervision (Chapter 125-4-9) Acknowledgement Statement on **page 6** for each Judicial Circuit in which the FVIP intends to operate;
- ___ Verification of Lawful Presence and verifiable documentation **pages 7-8**
- ___ An up-to-date list on **page 9** of all your FVIP facilitators, facilitator trainees, and supervisors sorted by FVIP location. Please provide one of the following for each facilitator and facilitator trainee:
 - For recently hired facilitators or trainees, please complete the Summary of Qualifications for Newly Hired Facilitators and GCIC Consent forms, **pages 10-14**;
 - or
 - For facilitators or trainees whose qualifications were previously submitted to GDC and accepted, please complete the Summary of Continuing Education Requirements for Facilitators Previously Registered with GDC on **pages 15-16** and GCIC Consent forms.
- ___ A copy of each of the following documents:
 - The most up-to-date contract between your FVIP and your victim liaison's CJCC-certified shelter or GCFV-approved victim advocacy organization as detailed in the Victim Contact SOP. Please provide a copy for each Judicial Circuit in which the FVIP intends to operate;
 - The contract all participants are required to sign (Board of Community Supervision Rules, Chapter 125-4-9-.09(a));
 - The forms your FVIP uses to notify probation and your Victim Liaison Organization of an FVIP participants' completion or termination from your FVIP;
 - Proof of **general liability** insurance of at least one million dollars for the FVIP program.



**CERTIFICATION APPLICATION FOR
FAMILY VIOLENCE INTERVENTION PROGRAMS (FVIPS)**
Georgia Department of Community Supervision

NAME OF PROGRAM: _____

NAME OF AFFILIATED, ATTACHED OR UMBRELLA ORGANIZATIONS:

PRIMARY MAILING ADDRESS: _____

PRIMARY OFFICE ADDRESS AS YOU WANT IT LISTED ON CERTIFIED LIST:

PRIMARY CONTACT: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ WEB SITE: _____

OWNER OR EXECUTIVE DIRECTOR: _____

TELEPHONE NUMBER FOR OWNER OR EXECUTIVE DIRECTOR: _____

MAILING ADDRESS FOR OWNER OR EXECUTIVE DIRECTOR:

JUDICIAL CIRCUIT TO BE SERVED: (Please note: A separate application and application fee is required for each Judicial Circuit in which the FVIP intends to operate.)

ADDITIONAL ADDRESSES WHERE CLASSES ARE CONDUCTED WITHIN THIS JUDICIAL CIRCUIT:



TERMS AND CONDITIONS:

It is understood and agreed upon by the undersigned that:

- I have read the enclosed Board Rules for FVIP Certification, Chapter 125-4-9, (“Rules”) and the enclosed Victim Contact Standard Operating Procedure IQ01-0002 (“SOP”) in their entirety and agree that this FVIP will adhere to all program standards, policies, and procedures contained therein that apply to this organization’s certification as an FVIP;
- I understand that the Rules and the Victim Contact SOP apply for all court-ordered FVIP participants. FVIP participants may be court-ordered through either a court sentence for a conviction or as a condition of a protective order.
- My program agrees to collect a one-time \$20 fee from program participants and forward this fee on to GCFV before the tenth day of each month;
- Any proposed changes in the certification process as approved, will be submitted in writing by GCFV and, upon notification to the program, shall be deemed incorporated into and shall become a part of this approval; and,
- This approval is subject to renewal every two years.

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of certification.

Owner or Executive Director (please print)

Owner or Executive Director (signature)

Date



**GEORGIA DEPARTMENT OF COMMUNITY SUPERVISION
VICTIM CONTACT SOP IQ01-0002
ACKNOWLEDGEMENT STATEMENT**

I acknowledge that I have received and read the Department's procedure governing victim contact by family violence intervention volunteers, employees, agents, directors, and owners. I understand that the Department prohibits such contact unless I have a legal duty to warn the victim, and except through a paid, subcontracted victim liaison employed or designated by a CJCC-certified or GCFV-approved domestic violence organization. I further understand that failure to abide by the terms and conditions of the Department's victim contact policy may result in the denial, suspension or revocation of FVIP certification.

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date

(Last revised 11/6/2016)



**GEORGIA DEPARTMENT OF COMMUNITY SUPERVISION
BOARD RULES FOR FVIP CERTIFICATION, CHAPTER 125-4-9
ACKNOWLEDGEMENT STATEMENT**

I acknowledge that I have received and read the Department's Board Rules for FVIP Certification, Chapter 125-4-9. I understand that failure to abide by the terms and conditions of the Department's Board Rules for FVIP Certification, Chapter 125-4-9, by family violence intervention volunteers, employees, agents, directors, or owners may result in the denial, suspension or revocation of FVIP certification.

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date

(Last revised 11/6/2016)



GEORGIA DEPARTMENT OF COMMUNITY SUPERVISION
Verification of Lawful Presence
(Only to be completed by FVIP owner or designee)

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: http://law.ga.gov/vgn/images/portal/cit_1210/63/43/173963603Secure_and_verifiable_document_list%2008.5.11.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.



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.

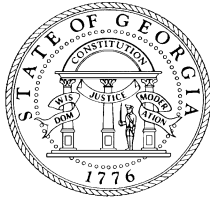
Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC



List of All FVIP Facilitators, Trainees, and Supervisors
Georgia Commission on Family Violence

Date: _____

Name of FVIP: _____

Please print the names of all FVIP facilitators, facilitator trainees, and supervisors serving with your FVIP. If your FVIP operates in multiple Judicial Circuits, please print the Judicial Circuit(s) in which each person works beside their name:

Names:

Circuit(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of my FVIPs certification.

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date



NEWLY HIRED FACILITATOR REGISTRATION FORM

FVIP Facilitator Name: _____

FVIP Facilitator e-mail: _____

Work phone number: _____

FVIP Name: _____

Background:

Answer the following as completely as possible. *If the answer to any of the above questions is "yes," please attach an explanation.* If necessary, use additional sheets to answer only the questions asked.

Have you ever been the recipient of or respondent to any of the following:

- any conviction, guilty plea, or nolo contendere plea for any misdemeanor or felony; ___ Yes ___ No
- any deferred adjudication for any misdemeanor or felony; ___ Yes ___ No
- probation for any misdemeanor or felony; ___ Yes ___ No
- pending charges for any violation of law; ___ Yes ___ No
- any report to the Department of Family and Children's Services for abuse or neglect; ___ Yes ___ No
- bond conditions resulting from any arrest; ___ Yes ___ No
- any imposed protective or restraining orders; or, ___ Yes ___ No
- any finding of domestic violence in a divorce, custody, or visitation case. ___ Yes ___ No

NOTICE: GCFV reserves the right to perform criminal history and driver history checks of FVIP facilitators, owners, and directors at any time during their FVIPs application for certification and certification with GCFV.



**SUMMARY OF INITIAL REQUIREMENTS
FOR NEWLY HIRED FACILITATORS:**

All FVIP facilitators must meet the following training requirements in order to facilitate FVIP classes. Answer the following as completely as possible. If necessary, use additional sheets to answer only the questions asked.

- Do you have an undergraduate degree? ___ Yes ___ No
If “no,” please describe at least two years of equivalent experience you have involving batterers and victims or victim advocates. If “yes,” please list your educational credentials beyond high school.

- Do you have at least 84 hours of direct face-to-face experience facilitating, co-facilitating, or participating as a trainee in a male batterers’ class using a power and control model? ___ Yes ___ No

If yes, please describe your experience:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

- Have you participated in at least 40 hours of coordinated community response to domestic violence, which can include participation in local task force meetings, victim advocacy, policy and protocol development and implementation, and task force development? Yes No

If yes, describe your experience:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

- Have you completed at least 40 hrs of **GCFV-approved** training? Yes No

If “yes,” please complete the following:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

- Have you completed 4 hours of experiential education, including traveling with police on family violence cases, attending court during domestic violence cases, or observing probation officers supervise family violence probationers? Yes No

If yes, please detail your experience:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of my FVIP's certification.

Facilitator's Name

Facilitator's Signature

Date

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date



Georgia Commission on Family Violence

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 employment with any Family Violence Intervention Program (FVIP) OCGA 19-13-13 located 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.

FULL NAME: _____
(Print) (First) (Middle) (Last)

EMPLOYEE: _____
(Name of FVIP(s) where you work)

HOME ADDRESS: _____
(Street)

(City) (State) (Zip Code)

Race: _____ Date of Birth: ____/____/____

Sex: _____ Social Security Number: ____-____-____

(Signature) (Date)

GCFV Use Only:

- No, Criminal history found through GCIC system check.
- Criminal history found that prohibits certification (see attached).
- Criminal history found that does not prohibit certification (see attached).



**SUMMARY OF CONTINUING EDUCATION
AND BACKGROUND REQUIREMENTS FOR
PREVIOUSLY REGISTERED FACILITATORS:**

FVIP Facilitator Name: _____

Work phone number: _____

FVIP Facilitator e-mail: _____

FVIP Name: _____

Background:

Since July 1, 2003, have you received any of the following:

- any conviction, guilty plea, or nolo contendere plea for any misdemeanor or felony; Yes No
- any deferred adjudication for any misdemeanor or felony; Yes No
- probation for any misdemeanor or felony; Yes No
- pending charges for any violation of law; Yes No
- any report to the Department of Family and Children's Services for abuse or neglect; Yes No
- bond conditions resulting from any arrest; Yes No
- any imposed protective or restraining orders; or, Yes No
- any finding of domestic violence in a divorce, custody, or visitation case. Yes No

If the answer to any of the above questions is "yes," please attach a detailed description and explanation.

NOTICE: GCFV reserves the right to perform criminal history checks of FVIP facilitators, owners, and directors at any time during their FVIPs application for certification and certification with GCFV.

All FVIP facilitators who have met initial training requirements must continue to meet the following continuing education requirements in order to facilitate FVIP classes. Answer the following as completely as possible. If necessary, use additional sheets to answer only the questions asked.

- Have you obtained at least 8 hours annually of GCFV-approved facilitator training during the past two years? Yes No

If yes, please detail the training:

Name of Training	Location/Date	Hours	Contact Name, Title, & Ph. #

- Have you participated in at least 4 hours annually of experiential education with other members of the coordinated community response to domestic violence over the past two years? Yes No

If yes, describe your experience:

Describe Experience	Location/Date	Hours	Contact Name, Title, & Ph. #

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of my FVIPs certification.

Facilitator’s Name

Facilitator’s Signature

Date

Owner or Executive Director’s Name

Owner or Executive Director’s Signature

Date

Instructions on Reporting Participants Monthly

Frequency: Monthly Participants' Fee Reports are due to the Georgia Commission on Family Violence every month, by the 10th of the following month. For example, Report for August is due by the 10th of September.

GCFV Portal: Input new participant's on the GCFV Portal. The website is <https://gcfvapps.dcs.ga.gov/FamilyVio/>.

Checks/Money orders Payable to: Please make checks payable to Georgia Commission on Family Violence. Checks made to the Department of Corrections cannot be processed.

Mail check and copy of invoice to: Georgia Commission on Family Violence
270 Washington St, Suite 5145, Atlanta, GA 30334

Amount per participant: \$20.00

Remember! Make checks payable to Georgia Commission on Family Violence

