



## Application for Accreditation Renewal Battering Intervention and Prevention Program (BIPP)

**Please Type or Print Legibly**

**Instructions:** This application must be completed for **renewal accreditation** by a provider or designated representative applying on behalf of a program. Mail your renewal application to TDCJ-CJAD in Austin, Texas at the address provided on the third page of the application. **Incomplete applications will not be processed.**

Complete only one of the categories listed below.			
<b>PROVIDER</b> - Texas Occupational Codes 152 (State Board of Medical Examiners), 501 (Psychologists), 502 (Marriage & Family Therapists), 503 (Licensed Professional Counselors) and 505 (Social Workers)			
Name of Applicant: <i>Last</i>		<i>First</i>	
		<i>M.I.</i>	
Professional License No. (if applicable):		Licensing Agency:	
Business Mailing Address:		City:	County:
		Zip Code:	
Telephone No.:	Fax No.:	Email Address:	
PROGRAM			
Registered Name of Program:			
Is your program? <input type="checkbox"/> Not-for-profit or <input type="checkbox"/> For profit			
If your program is not-for-profit, how long has it been not-for-profit? _____			
Designated Representative: <i>Last</i>		<i>First</i>	
		<i>M.I.</i>	
Professional License No. (if applicable):		Licensing Agency:	
Business Mailing Address:		City:	County:
		Zip Code:	
Telephone No.:	Fax No.:	Email Address:	

For office use only

Date received \_\_\_\_\_

Program Number \_\_\_\_\_

**GROUP(S) SCHEDULE**

(Add additional lines if necessary)

Location: Street Address, City, County (List all locations where services will be provided)	Day	Time

Do you or your program provide groups in a language other than English?  Yes  No  
 If yes, what other languages? \_\_\_\_\_  
 \_\_\_\_\_

**STAFF INFORMATION**

List all staff who work directly with batterers and/or supervise staff who work directly with batterers.

(Add additional lines if necessary)

Name: <i>Last</i> <i>First</i> <i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Name: <i>Last</i> <i>First</i> <i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Name: <i>Last</i> <i>First</i> <i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Name: <i>Last</i> <i>First</i> <i>Middle</i>	Professional License No. & Licensing Agency (if applicable)

Who supervises the staff listed above?

**LEVEL OF FAMILY VIOLENCE SERVICES**

(Please update this information)

Document the level of family violence shelter center(s) or family violence non-residential center(s) available for victims in the county where your program will be providing services. Include name(s) of family violence shelter center(s) or family violence non-residential center(s), county, contact person and phone number.

Family Violence Shelter Center:

County:

Contact Person:

Phone Number:

Family Violence Non-Residential Center:

County:

Contact Person:

Phone Number:

## ANNUAL COOPERATIVE WORKING AGREEMENT

(Please update this information)

Programs or providers applying for accreditation renewal must establish an annual cooperative working agreement with at least one family violence shelter center or family violence non-residential center in the county where services are to be provided. If there is no family violence shelter center or family violence non-residential center in the area, a provider (individual) or program should submit a cooperative working agreement with the nearest family violence shelter center or family violence non-residential center. If there is more than one family violence shelter center in that county, the program or provider must establish a cooperative working agreement with at least one family violence shelter center.

**A copy of the cooperative working agreement must be submitted with your renewal application.**

If the family violence shelter center(s) or family violence non-residential center(s) declines to cooperate, a program or provider must submit documentation of the efforts made to gain a cooperative working agreement.

Submit all required documents with your renewal application:

- Renewal application
- BIPP Accreditation Statement of Understanding
- Updated Cooperative Working Agreement
- Certification of Program Requirements

**Mail** your completed renewal application to:

**Texas Department of Criminal Justice-Community Justice Assistance Division**  
**Attn: BIPP Accreditation**  
**Price Daniel Sr. Bldg.**  
**209 W. 14<sup>th</sup> Street, Suite 400**  
**Austin, TX 78701**

***THERE IS NO FEE REQUIRED FOR ACCREDITATION RENEWAL***



# Texas Department of Criminal Justice Community Justice Assistance Division

## **Battering Intervention and Prevention Program Accreditation Statement of Understanding**

**Please read and sign this form.**

I understand and agree with the following regarding the information I have submitted for this application to the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD):

- 1) The information in my application will be used to create a database of information on the availability of accredited Battering Intervention and Prevention Programs (BIPP) in the State of Texas.
- 2) Inclusion in the database as an accredited BIPP does not create an entitlement or guarantee of referrals. Accreditation by TDCJ-CJAD only guarantees consideration as a referral source for court ordered family violence offenders.
- 3) TDCJ-CJAD may release information regarding the status of my application and information regarding decisions to deny, revoke, or suspend my accreditation status to referring agencies.
- 4) If complaints are filed against me or my services, this application may be placed under review.
- 5) I will submit monthly activity reports to TDCJ-CJAD as required by the guidelines.
- 6) I agree to be audited for compliance with the Battering Intervention and Prevention Accreditation Guidelines.
- 7) I may appeal the decision if accreditation is denied or revoked.
- 8) If my name is included erroneously as an accredited program, TDCJ-CJAD may remove it without due process.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant (type or print legibly): \_\_\_\_\_



# Texas Department of Criminal Justice Community Justice Assistance Division

## **Battering Intervention and Prevention Program Certification of Program Requirements**

**Please read and sign this form.**

I certify that the program is being delivered in accordance with the TDCJ-CJAD BIPP Accreditation Guidelines and that:

- 1) All program policies and procedures have been updated to reflect requirements in the revised BIPP Guidelines dated April 2014.
- 2) The program will have available, for auditing purposes, current policies and procedures, staff training, client files, and any other program documentation required by the Guidelines dated April 2014.

Failure to maintain or make available any of the above documentation may result in the suspension of program accreditation by TDCJ-CJAD.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant (type or print legibly): \_\_\_\_\_

Name of Program: \_\_\_\_\_