



**Application for Accreditation
Battering Intervention and Prevention Program (BIPP)**

Please Type or Print Legibly

Instructions: This application must be completed for new and biannual renewal accreditation by a provider or designated representative applying on behalf of a program. Mail your application and required documents to TDCJ-CJAD in Austin, Texas at the address provided on the last page of the application. There is a one time **\$300** application fee which needs to be submitted in the form of a check or money order payable to the *Texas Department of Criminal Justice* and mailed to Huntsville, Texas at the address provided on the last page of this application. **Incomplete applications will not be processed.**

Complete only one of the categories listed below.			
PROVIDER - Texas Occupational Codes 152 (State Board of Medical Examiners), 501 (Psychologists), 502 (Marriage & Family Therapists), 503 (Licensed Professional Counselors) and 505 (Social Workers) For initial application attach a copy of your license.			
Name of Applicant: <i>Last</i>		Name of Applicant: <i>First</i> <i>M.I.</i>	
Professional License No. (if applicable):		Licensing Agency:	
DOB:	SSN#:	TX DL #: or TX ID #:	
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>		Designated Representative: <i>First</i> <i>M.I.</i>	
Professional License No. (if applicable):		Licensing Agency:	
DOB:	SSN#:	TX DL #: or TX ID #:	
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
<p>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.</p> <p>Family Violence Shelter Center: County: Contact Person: Phone Number:</p> <p>Family Violence Non-Residential Center: County: Contact Person: Phone Number:</p>

ANNUAL COOPERATIVE WORKING AGREEMENT

Programs or providers applying for accreditation 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 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 application:

- Application
- BIPP Accreditation Statement of Understanding
- BIPP Accreditation Guidelines Policy and Procedure Manual
 - The policy and procedure manual must be submitted in the following format:
 - Arranged in a binder
 - Submitted on 8 ½ x 11 paper
 - Font size 12
 - Numbered pages
 - Arranged by guideline number
 - Each guideline **must** begin at the top of a new page followed by supporting documents (i.e. blank forms)
- Cooperative working agreement
- Documentation of training hour requirements (per Guideline #2)
- For current providers: Letter of good standing from one referral entity (per Guideline #2)
- Copy of BIPP Accreditation Remittance Form

Mail your completed application and required documents (including a copy of your BIPP Accreditation Guidelines Policy and Procedure Manual) to:

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

Mail your one time **\$300** application fee in the form of a check or money order payable to *TDCJ*, along with the Accreditation Remittance Form (pg. 5) to:

TDCJ Cashier's Office
 P.O. Box 4015
 Huntsville, TX 77342-4015



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 that the information I have submitted for this application to the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) will be used for the following purpose:

- 1) To create a database of information on the availability of accredited Battering Intervention and Prevention Programs (BIPP) in the State of Texas.
- 2) The 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 will release information regarding the status of my application and information regarding decisions to deny, revoke or suspend my accreditation status to all referring agencies.
- 4) If complaints are filed against me, or my services, this application may be placed under review.
- 5) I agree to submit monthly activity reports to TDCJ-CJAD in a timely manner.
- 6) I agree to be audited for compliance with the Battering Intervention and Prevention Accreditation Guidelines.
- 7) I understand that I may appeal the decision if accreditation is denied or revoked.
- 8) I understand that if my name is included erroneously as an accredited program, TDCJ-CJAD may remove it without due process.

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

Signature of Applicant: _____ Date: _____

Name of Applicant (type or print legibly): _____

**Texas Department of Criminal Justice-
Community Justice Assistance Division
BIPP Accreditation Remittance Form**

Amount: **\$ 300.00**

Check or Money Order #: _____

Program / Provider Name: _____

Contact Name: _____

Phone Number: _____

Please remit the check or money order, along with this form, to:

TDCJ CASHIER'S OFFICE
P.O. BOX 4015
HUNTSVILLE, TX 77342-4015

If assistance is required, contact TDCJ Cashier's Office at (936) 437-6239.