



**Office of the Kansas Attorney General  
Application for Temporary Permit to act as a  
Certified Batterer Intervention Program**

June 13th, 2012

**T**

Temporary Permit

Procedures for Certification

- Providers must make written application and provide copies of all requested documentation to the Office of the Attorney General BIP Unit, for review.
- The temporary permit to act as a certified batterer intervention program is only for those programs providing batterer intervention services, including the Kansas Domestic Violence Offender Assessment to domestic violence offenders.
- The temporary permit is issued for a period of 180 days contingent upon satisfactory reviews. The temporary permit shall expire upon the applicant meeting all of the program requirements and the applicant's program being certified, or upon the expiration date of the temporary permit, whichever occurs first.
- The BIP Unit staff will review the application. Collateral contacts and site visits may be completed for the purpose of evaluating the program.
- The Office of the Attorney General and/or designee will determine if the applicant program meets the criteria for the temporary permit.
- The fee for the temporary permit application is: **\$50.00**, paid to the order of "Office of the Kansas Attorney General"
- Submit a completed application packet, including required attachments, to:

**Office of the Attorney General  
120 SW 10<sup>th</sup> Ave, 2<sup>nd</sup> Floor  
Topeka KS 66612-1597  
Victim Services Division  
Attn: BIP Program Coordinator**

**For Additional information please call: 785-296-3367 to speak with the BIP Coordinator**

Office Use Only	
Date Received:	Required Documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Staff initials:	

<b>Program Information</b>			
Name of Program			
Program Street Address			Judicial District
City		County	Zip code
Telephone No.	Fax No.	Email	

<b>Program Coordinator/Director Information</b>			
Name of Director <i>First Middle Last</i>			Professional License Type and No.
Telephone No.	Fax No.	Email	

<b>Applicant Information</b>
Please select your agency status: <input type="checkbox"/> Federal, State, or Local Government Agency <input type="checkbox"/> For-profit Agency <input type="checkbox"/> Non-profit, Not-For-Profit Organization <input type="checkbox"/> Other: Please Describe:
Please describe the reason for needing a temporary permit.

<b>Assessor/Facilitator Information</b> (Please list all staff providing direct service)	
Name <i>First Middle Last</i>  <i>Educational background:</i> _____ <i>Number of Months/Years facilitating BIP:</i> _____	Professional License Type and No.
Name <i>First Middle Last</i>  <i>Educational background:</i> _____ <i>Number of Months/Years facilitating BIP:</i> _____	Professional License Type and No.
Name <i>First Middle Last</i>  <i>Educational background:</i> _____ <i>Number of Months/Years facilitating BIP:</i> _____	Professional License Type and No.
Name <i>First Middle Last</i>  <i>Educational background:</i> _____ <i>Number of Months/Years facilitating BIP:</i> _____	Professional License Type and No.
Name <i>First Middle Last</i>  <i>Educational background:</i> _____ <i>Number of Months/Years facilitating BIP:</i> _____	Professional License Type and No.

**Instructions: Please fill out the following checklists regarding the specified components of your program.**

**Standards**

**Framework**

1.  Yes  No Program staff have read the *Essential Elements and Standards*, and agree to operate within a framework following the fundamental tenets as described in detail.

**Elements**

2.  Yes  No Program intervention methodology primarily consists of the group processing approach.
3.  Yes  No This program agrees to not provide “family” or “couples” interventions to address battering as the primary intervention and understands that these interventions should never be used in the following circumstances:
- 1) in the beginning stages of the intervention program, or
  - 2) while violence is still occurring.
4.  Yes  No This program understands that violence shall not be condoned under any circumstances and agrees that abusive behaviors, intentional or unintentional, shall be challenged and reported to the court or appropriate authorities.
5.  Yes  No In this program, payment is an indicator of responsibility. The batterer shall assume financial responsibility for the intervention.
6.  Yes  No This program has the option to charge fees based on a batterer’s ability to pay (i.e. sliding scale), thus enabling the batterer to afford the program.

**Program Role in the Community**

**Community-wide Coordination**

7.  Yes  No This program works in cooperation with victim services/domestic violence programs as well as other key agencies such as courts, prosecutors, law enforcement and probation officers.
8.  Yes  No This program is linked with other service providers in order to make appropriate referrals.

**Technical Considerations**

**Selection of Participants**

9.  Yes  No This program will complete the **Kansas Domestic Violence Offender Assessment (KDVOA)** to identify those who use abusive tactics.
10.  Yes  No This program only accepts those participants assessed as appropriate.

**Curriculum**

This program uses the following curriculum for BIP group facilitation: \_\_\_\_\_

**Describe:**

**Batterer Confidentiality and Safety Checks**

11.  Yes  No The information that is available to courts, appropriate authorities, victims, previous victims, partners, and ex-partners includes, but is not limited to: assessment, findings, attendance, any use of violence or threats, reasons for suspension or termination, recommendations, and completion from the program.

12.  Yes  No For case monitoring and safety checks, this program requires a batterer to sign a release to address the following situations:
- Inform the victims and if unavailable, the victim advocate within 24 hours that the batterer is assessed for admission in the program
  - Provide the information for safety purposes to the victim and if unavailable, the victim advocate within 24 hours of assessment.
  - Prior and current treatment agencies to provide information on the batterer
  - Provide information to any person whose safety appears to be at risk from the batterer's potential violence and lethality, i.e. the current and past intimate partner
  - Permitting the program to disclose information to the court or investigative body about a batterer when his/her heir, executors or administrators file suit of complaint against the batterer intervention program which arises out of or is connected with, the intervention rendered or denied to such batterer by the program

**Length of Program**

13.  Yes  No This program is a minimum of 24 weekly group sessions, with intake/assessment and orientation in addition to these sessions.

**Victim Notification**

14.  Yes  No Upon admission of the batterer, this program attempts to notify the victim in a face-to-face interview (if permitted by victim).
15.  Yes  No If unable to notify the victim face-to-face, this program attempts phone and/or mail contact only after assessing victim safety or if the victim does not permit a face to face interview.
16.  Yes  No This program makes at least three attempts to contact the victim and documents these attempts.
17.  Yes  No This program has a written policy which ensures that any potential victim of a batterer in the program is warned regarding any threats to his/her life within at least 24 hours.
18.  Yes  No If the victim cannot be contacted, it is documented that all reasonable avenues have been exhausted.
19.  Yes  No Appropriate reports are made to law enforcement and/or the courts when prudent.

**Victim Involvement**

**Victim Generated Information and Participation**

20.  Yes  No Victims are not obligated to participate in any way in this intervention program with the batterer.
21.  Yes  No If the victim chooses to share information, this information is only used with the documented consent of the victim and after a discussion of safety planning pertaining to the disclosure of that information.
22.  Yes  No The victim has the right to refuse further information about the batterer.

**Personnel Qualifications**

**Employees**

23.  Yes  No BIP staff employed by or who volunteer for this program are violence free.
24.  Yes  No Staff of this program are not currently or formerly a domestic violence batterer unless: the program director is satisfied that the staff member has successfully completed an intervention program and remained violence free. This is accomplished by seeking input from victims/partners and the intervention program that was completed.
25.  Yes  No In this program, direct service staff are free from any criminal convictions, diversions, or similar agreements in his/her life for at least five (5) years and co-facilitators for at least two (2) years.
26.  Yes  No Staff of this program are not a victim of domestic violence unless: the program director is satisfied that the potential staff member has successfully dealt with the issues related to the domestic violence.
27.  Yes  No This program has a policy which seeks to ensure that staff of the program shall not abuse alcohol, use illicit drugs or abuse prescription drugs and never allow alcohol or drugs impair their individual ability to function in a responsible and professional manner while performing work duties.

**Training Requirements for BIP Direct Service Staff**

**Training/Experience of Direct Service staff**

28.  Yes  No Each BIP direct-service staff member has experience and training in interpersonal skills, group dynamics and specific issues in domestic violence as it relates to both victims and batterers.

**Training/experience cont'd...**

29.  Yes  No Direct service staff have:
- A baccalaureate degree OR two (2) years of experience involving direct contact work with victims and/or batterers
  - AND 40 hours of direct, face-to-face co-facilitating experience in batterer intervention groups
  - AND 40 hours of domestic violence specific training that is approved by the accrediting body including, but not limited to: facilitation skills with batterer intervention groups (15 hours), completing the KDVOA (6 hours), completing victim contacts in a batterer intervention program (6 hours). Additional training hours may be completed on: dynamics of domestic violence, legal issues surrounding domestic violence, characteristics of batterers, victim safety and sensitivity to victims
30.  Yes  No Staff completing the KDVOA assessment are licensed by the BSRB.

**Education and Training Requirements for Program Supervisors and Coordinators:**

31.  Yes  No Intervention program supervisors/coordinators have a master's degree in social work, counseling, or a related field OR a bachelor's degree in social work, counseling, or a related field with an additional two years of intensive work experience in domestic violence.
32.  Yes  No Program coordinators/directors are licensed by the BSRB.

**Conflict of Interest**

**Avoidance of Conflict of Interest Issues**

33.  Yes  No BIP staff of this program are neutral and detached from direct power of court referral of batterers to intervention programs.
34.  Yes  No Batterer intervention personnel are not working in other employment that would likely create a conflict of interest.

**Required Attachments Check-list**

**Please submit the following support documentation with your application:**

- **Copies of completion certificates of domestic violence specific continuing education hours for all direct service staff**
- **Professional Licensure documentation**

**I declare that the named program in this application meets all standards for approval by the Office of the Attorney General. By submission of this application, I agree to abide by all laws, rules and regulations that apply to the operation of an approved batterer intervention program. I understand that any omissions, misstatements, or misrepresentations are grounds for denial or withdrawal of approval. I understand that this self-assessment is only one part of the application process and that the Office of the Attorney General and/or designee may contact collateral sources (not limited to: members of a coordinated response team, referral sources, completed participants and their victims, etc...) whose information may be considered in the approval process. By signing this application, I am declaring that all the information given within this application is true and correct.**

**X** \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title of Applicant**