



Application for Accreditation Battering Intervention and Prevention Program (BIPP)

Please Type or Print Legibly

Instructions: This application must be completed for **new accreditation** by a provider or designated representative applying on behalf of a program. Email your application and required documents to TDCJ-CJAD in Austin, Texas at the address provided on the third page of the application. There is a one-time \$300 application fee which is 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 BIPP Accreditation Remittance Form which is to be submitted with the application fee. **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>		<i>First</i>	<i>M.I.</i>
Professional License No. (if applicable):		Licensing Agency:	
Business Mailing Address:		City:	County:
Telephone No.:		Fax No.:	Email Address:
Have you previously applied for BIPP accreditation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has your accreditation ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date: _____			
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:

For office use only
Date Received _____

Program Number: _____

September 2021

Telephone No:	Fax No:	Email Address:
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Has this program previously applied for BIPP accreditation? Yes No
 If yes, has accreditation ever been revoked? Yes No **If yes, provide date:** _____

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

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 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:

COLLABORATIVE EFFORTS

Programs or providers seeking accreditation should demonstrate with a written plan how they have or are establishing a collaborative working relationship with the CSCD and local family violence agencies to work together on ending family violence for each served county.

A copy of the written plan must be submitted with your application.

If the family violence center(s) declines to collaborate, a program or provider must submit documentation of the attempts made to collaborate.

Submit all required documents with your application:

- Application
- BIPP Accreditation Statement of Understanding
- BIPP Accreditation Certification of Program Requirements
- Documentation of collaborative efforts
- 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

Email your completed application and required documents to:

Texas Department of Criminal Justice-Community Justice Assistance Division

CJAD.BIPP@tdcj.texas.gov



Texas Department of Criminal Justice Community Justice Assistance Division Battering Intervention and Prevention Program 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 to create a database of accredited Battering Intervention and Prevention Programs (BIPPs) in the State of Texas. I further understand and agree that:

- 1) If issued accreditation as a BIPP, I will be included in the database as an accredited BIPP that is available for referrals. I also understand and agree that such inclusion in the database does not create an entitlement to or guarantee of referrals.
- 2) 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.
- 3) If complaints are filed against me, or my services, this application may be immediately denied.
- 4) The issuance of a probationary accreditation status by TDCJ-CJAD is not a guarantee that TDCJ-CJAD will issue accreditation to the BIPP I represent. If issued, probationary accreditation may be denied or revoked by the sole discretion of TDCJ-CJAD at any time during the probationary accreditation period.
- 5) I must submit monthly activity reports to TDCJ-CJAD in a timely manner.
- 6) I will cooperate with all audits that TDCJ-CJAD may conduct for compliance with the Battering Intervention and Prevention Accreditation Guidelines.
- 7) The application fee is non-refundable.
- 8) I understand that if my name is included erroneously as an accredited BIPP, TDCJ-CJAD may remove it from the database.

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 reflect requirements in the BIPP Guidelines.
- 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.

Failure to maintain or make available any of the above documentation may result in the program's Accreditation being suspended by TDCJ-CJAD.

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: _____

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, Texas 77342-4015

Please contact TDCJ Cashier's Office for assistance at (936) 437-6248.