



Telephone No:	Fax No:	Email Address:
Has this program previously applied for BIPP accreditation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has accreditation ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide date:</b> _____		
<b>GROUP(S) SCHEDULE</b>		
(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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages? _____		

<b>STAFF INFORMATION</b>	
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?	

<b>LEVEL OF FAMILY VIOLENCE SERVICES</b>
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
- Outline of BIP Program Curriculum
- BIPP Accreditation Statement of Understanding
- BIPP Accreditation Certification of Program Requirements
- Documentation of collaborative efforts
- Documentation of training hours (25 hours BIPP/15 hours Family Violence)
- 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

[BIPPApplications@tdcj.texas.gov](mailto:BIPPApplications@tdcj.texas.gov)



# Texas Department of Criminal Justice Community Justice Assistance Division Battering Intervention and Prevention Program Statement of Understanding

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. Probationary accreditation may not extend beyond one year. If a program does not gain full accreditation status after one year from receiving probationary accreditation, the program's name will be removed from the TDCJ-CJAD website, and the program will no longer be eligible to provide BIPP services.
- 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.
- 9) I have read and agree to the TDCJ-CJAD BIPP Accreditation Policy located at [BIPP\\_Accreditation\\_Process\\_Policy \(texas.gov\)](https://www.tdcj.texas.gov/bipp-accreditation-process-policy).

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.*