



## Battering Intervention and Prevention Program (BIPP)

**Instructions:** This form must be used by a provider, program, or designated representative on behalf of a program to update TDCJ-CJAD on any changes. Email your updates to TDCJ-CJAD in Austin, Texas at the address provided on the last page of the form. Only fill out the sections in need of an update and remember to read and sign the Information Certification section. **TDCJ will not update program changes unless the submitted form is signed.**

### Program Information

TDCJ-CJAD ID #	Registered Program Name
Designated Representative:	
Business Mailing Address:	
City, State Zip Code:	
County:	
Phone #:	Fax No.:
Email Address: <a href="#">Click or tap here to enter text.</a>	

### Contact Information

Executive Director (complete if different from the contact person)
Name:
Email:
Phone:
Mailing Address:

### Change Details

<input type="checkbox"/> Change program name to:	
<input type="checkbox"/> Add new location:	
<input type="checkbox"/> Remove program location at:	
<input type="checkbox"/> Change Designated Representative	
From:	To:
<input type="checkbox"/> *Change of ownership from:	To:
<b><i>*Please ensure supporting documentation is included</i></b>	

Other changes:

## Staff Information

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

Does the new designated representative supervise staff? Yes  No

*If No, who supervises the staff?*

### Staff Member 1

Name	New employee?
Job Title	Hire Date
Licensed professional?	
Date staff began working with participants	

### Staff Member 2

Name	New employee?
Job Title	Hire Date
Licensed professional?	
Date staff began working with participants	

### Staff Member 3

Name	New employee?
Job Title	Hire Date
Licensed professional?	
Date staff began working with participants	

*\*I attest that the designated representative and/or staff has completed all required training prior to working unsupervised with participants.* Yes  No

## Information Certification

**Please read and sign.**

I certify that the program continues to be delivered in accordance with the TDCJ-CJAD BIPP Accreditation Guidelines and information provided is accurate. If applicable, all program policies and procedures have been updated to reflect changes. 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.

Name:

Date:

**Email** your completed update form to:  
Texas Department of Criminal Justice-Community Justice Assistance Division  
[CJAD.BIPP@tdcj.texas.gov](mailto:CJAD.BIPP@tdcj.texas.gov)