



CHECKLIST FOR TIER 2 MEMBERSHIP APPLICATION

We have reviewed the following:

- Membership Information (application, fees, requirements, LCADV info.)
- LCADV Philosophy Statement
- COQA Standards for Domestic Violence Programs in Louisiana
- Membership Benefits
- Roles and Responsibilities of LCADV Member Programs

We have included the following with our application:

- Checklist for Membership Application (this form)
- Application Form
- Mission and Philosophy Statement
- Proof of Legal Authority to Operate in Louisiana (501(c)3 letter if nonprofit)
- Current Board of Directors or Advisory Board List
- Non-Discrimination Policy
- Confidentiality Policy
- Annual Report and/or Agency Brochures
- Documentation regarding Staff Training

Mail One Original Completed Application with attachments to:

Louisiana Coalition Against Domestic Violence
P.O. Box 77308
Baton Rouge, LA 70816

OR

Email Complete Application with attachments to: info@lcadv.org

New Tier 2 Member Program Application

Membership Application Form

Please fill out the membership application form and return it to the LCADV office. By signing the membership application, you are indicating that your program will actively support the LCADV philosophy and unity principles.

(If you have satellite offices, please fill out a separate sheet for each location.)

Date of application: _____

Organization: _____

Contact person: _____

Contact person's title: _____

Contact person's email: _____

Organization mailing address: _____

City: _____ State: _____ Zip: _____

Business phone: _____ Fax: _____

Crisis Phone (if applicable): _____

Is this a 24 hour Crisis Line? _____

Organization web site address: _____

Organization email address: _____

Parish/Areas of Service: _____

(For DV Program Only)

Year Incorporated: _____ Total Operating Budget: _____

Number of Direct Service DV Staff: Full Time _____ Part Time _____ Volunteers _____

Number of Administrative Staff: Full Time _____ Part Time _____ Volunteers _____

Residential Program? Yes _____ No _____

If yes, how many beds does your organization have? _____

Please list any state or national accreditations and the year received:

Application for Tier 2 Membership
Louisiana Coalition Against Domestic Violence

_____, which provides services for victims of
(Name of applicant organization)
domestic violence, hereby applies for tier 2 membership in LCADV and agrees to commit
to all the responsibilities of this membership type.

We confirm that we meet the following minimum requirements of membership:

- We provide outreach, advocacy, or culturally specific services to victims of domestic violence and their dependents. *(Please attach mission statement.)*
- In the spirit of empowerment, we involve the victim/survivor as the primary planners of their own goals and objectives and provide information only to further their understanding of available options. Victim/survivors, therefore, are never mandated to participate in or are excluded from domestic violence services. *(Please attach agency documents that articulate this philosophy.)*
- We have legal authority to operate in Louisiana and maintain a physical office in Louisiana. *(Please attach proof of non-profit status and a list of your board members, or advisory board members if you are a governmental agency.)*
- We have a written policy on non-discrimination that is in agreement with the non-discrimination policy of LCADV. *(Please attach a copy)*
- We have a written policy on confidentiality. *(Please attach a copy.)*
- We are committed to increasing public awareness about domestic violence and to providing viable solutions to address issues of violence.
- We can confirm community support for our agency, a working relationship with the justice system and with the other supporting agencies in the parishes we serve.
- We can provide documentation to confirm that we provide the following services:
(Please attach annual report and/or agency brochures. Your program must meet the relevant COQA standards for any services you provide.)

(Check all that apply)

- _____ Operate a 24-hour crisis line.
- _____ Operate a culturally specific domestic violence program
- _____ Provide advocacy with civil court systems
- _____ Provide advocacy with criminal court systems
- _____ Accompany victims to court
- _____ Provide advocacy with legal counsel
- _____ Provide advocacy with medical community
- _____ Provide advocacy with social service financial and support services

- _____ Provide advocacy with mental health system
- _____ Provide advocacy with law enforcement
- _____ Provide information about and referrals to community self-help groups
- _____ Provide individual counseling for victim
- _____ Provide supportive peer counseling for victims
- _____ Provide safety planning for victims
- _____ Provide children’s programming
- _____ Provide community-based services for victims/survivors in transition
- _____ Provide systems-based services for victims/survivors in transition
- _____ Provide batterers’ intervention program
- _____ Engage in systems advocacy
- _____ Ensure cultural competency
- _____ Operate a supervised visitation center
- _____ Provide transitional housing
- _____ Provide child care
- _____ Provide direct financial support
- _____ Provide Prevention Education Programs
(Please specify: Children _____ Youth _____ Adults _____)
- _____ Participate in local Coordinated Community Response team or Task Force
- _____ Other: _____
- _____ Other: _____

Concerning training of staff and volunteers, we can provide documentation that we are:

(Please attach documentation, e.g. agenda or outline of staff training or sample form of what you use to document staff training)

- _____ Provide a minimum of 40 hours of training for all paid staff prior to working with victims.
- _____ Provide a minimum of 20 hours for volunteers who interact directly with victims.
- _____ Include the components of staff and volunteer training as outlined in the COQA Standards for Domestic Violence Programs in Louisiana
- _____ Provide staff with on-going training opportunities through workshops, Quarterly Meetings and caucuses.
- _____ Utilize a staff performance evaluation process.
(Please attach copy of evaluation tool used)

- We agree to pay the minimum required dues of \$600 due January 1.
- We also pledge to uphold the LCADV Philosophy Statement and Principals of Unity.
- We agree to allow LCADV to conduct a site visit of our facility if so requested.

WE ATTEST THAT ALL ITEMS CHECKED AND ALL DOCUMENTS ATTACHED ARE A TRUE AND ACCURATE REPRESENTATION OF OUR AGENCY.

President of Board Signature

Executive Director Signature

Date Signed

Date Signed

LCADV MEMBERSHIP DOES NOT GUARANTEE FUNDING FROM ANY SOURCE