



**Minimum Standards for Abuse Intervention Programs
Desk Review – Form E**

Date of Review:
Name of Reviewer:

Program Information

Organization/Agency Name:			
Program Name:			
Primary Address:			
City:			
Zip:			
Telephone:			
Website:			
Primary Contact Person:			
Primary Contact Person:	Phone:		
Secondary Contact Person:		Email:	
Secondary Contact Person:	Phone:		

Type of Program

<input type="checkbox"/> Not for Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
---	-------------------------------------	--------------------------------------	--------------------------------------	--

Group Information

Please provide the following information on groups offered by your agency: (a complete list can be attached to this document should you need more space.)

Day(s) of the week	Time(s) of Group	Group Type – Culturally Specific Men’s Women’s Other (Specify)	Address	City

What is the minimum number of sessions required at your program: _____

Describe changes made in your program since certification was granted:

For example, curriculum updates; new policies and procedures implemented; new locations; referrals sources; etc.

Desk Review Documentation Requirements: The following documents/files will be reviewed on site.

- Participant files
 - Confidentiality Notification
 - Participant Contract
 - Expulsion Agreement
 - Complaint Protocol
- Employee Training Logs – Annual CEU’s obtained.
- Employee background checks
- Curriculum used.

Compliance Notes: