



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

<b>Date of Review:</b>
<b>Name of Reviewer:</b>

**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
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**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:**