

State of Nevada
Committee on Domestic Violence

555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101
Phone (702) 486-5714 Fax (702) 486-3768

Request for Additional Program Location

This form is to be completed by certified agencies requesting approval to provide services at an additional location pursuant to NAC 228.100.

Program and Location Information

Program Name: _____

New Location Physical Address: _____
Street / P.O. Box City State Zip

New Location Mailing Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

Email Address: _____

Program Supervisor Information (Any new supervisors require the Approval of New Supervisor form including documentation of ALL formal training and observation hours).

Supervisor's Name: _____

Date Supervisor Was Approved By Committee: _____

Program Legal Information (If any of the following questions are answered "yes" please provide a written detailed explanation of the circumstances and outcome).

Since the date of your program's original certification:

1. Have you or any of your staff been indicted or convicted of a felony?
Yes No
2. Have you or any of your staff been convicted of any crime involving domestic violence?
Yes No
3. Have you or any of your staff been convicted of any crime involving substance abuse?
Yes No
4. Have you or any of your staff been sued or charged with ethics violations?
Yes No
5. Have you or any of your staff been convicted of a crime which demonstrates unfitness to act as a provider or supervisor of treatment?
Yes No

Program Financial Information

Will this program location use a sliding fee scale? Yes No

(NAC 228.106 requires that programs determine the ability of an offender to pay for the program and charges the offender a fee based on a sliding scale that enables the offender to pay for the program, and requires that the program not deny an offender participation solely because of inability to pay for the program)

Current copy of sliding fee scale attached.

Day/Time/Provider Team Information

Provider Team	Days/Times/Type of Groups
Example: John Smith and Jane Doe	Mondays 9 am (men) and 6 pm (women) Thursday 4 pm (Spanish men)
John Smith and Sarah Johnson	Wednesday 4 pm (men)

Declaration

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Print Name of Supervisor

Print Name of Program Manager

Original Signature of Supervisor Date

Original Signature of Program Manager Date

You must fill out this form in its entirety and check this box to indicate that you are aware that incomplete applications will NOT be considered and may be returned to you.

Please send completed application and all supporting materials to:

**Committee on Domestic Violence
c/o Office of the Attorney General
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101**