

BACKGROUND INFORMATION

The New York State (NYS) Rape Crisis Program (RCP) consists of NYS Department of Health (NYSDOH) approved programs that provide confidential, free, and accessible services to victims/survivors of sexual violence. Services available to victims/survivors include 24/7 crisis intervention via telephone hotlines, short-term group and individual counseling, and accompaniment to medical facilities. Other services include information and referrals regarding medical needs, legal options, and law enforcement reporting options, availability of compensation to victims/survivors of crime, and civil and criminal court proceedings and accompaniment. RCPs are supported by rape crisis counselors, commonly referred to as advocates, that complete a 40-hour training, as well as annual continuing education and training.

Currently, there are over 2,300 active rape crisis counselors in NYS. Rape crisis counselors are trained on crisis intervention techniques and communication skills, the dynamics of sexual violence, child abuse, maltreatment, and mandatory reporting, the state criminal justice system, as well as laws pertaining to sexual violence, medical concerns such as sexually transmitted infections, emergency contraception, evidence collection and sexual assault medical forensic exams, and more. RCPs are responsive to the cultural and linguistic needs of the special populations they serve or any individual who may seek their services. The NYSDOH provides approval, reapproval, support, and monitoring for the RCPs, in compliance with New York State Code, Rules, and Regulations Subpart 69-5.

The Benefits of Being an NYSDOH Rape Crisis Program

- The NYSDOH approval of RCPs creates a set of standards for programs responding to sexual violence in NYS. RCPs are meeting NYS standards and providing the minimum required services of an RCP. NYSDOH approval provides consistency of standards across the state for victims/survivors of sexual violence so that these individuals may receive services at any NYSDOH approved RCP regardless of the community where they reside.



- NYSDOH approval of RCPs allows for access to additional funding streams.
- Rape crisis clients within the RCP must be offered confidentiality and privilege, which makes care and services more accessible and equitable.
- RCPs receive direction and information from the NYSDOH, such as in program and training curriculum development.

Thank you for your interest in applying to become a NYSDOH RCP, and for existing RCPs applying for an extension of approval, for your continuing work and efforts serving some of the most vulnerable individuals in New York State.

GENERAL INSTRUCTIONS

The RCP Application for Approval and Reapproval consists of the following six sections:

(I) Contact Information, (II) Description of Services, (III) Monitoring Program Services, (IV) Training of Rape Crisis Counselors, (V) Submission and Attestation, and (VI) Data Survey.

Each mandatory section must be completed in full, providing appropriate attestations and supporting documentation. If more space is needed for any section, email the NYSDOH at rcprpt@health.ny.gov for an additional attachment. Please direct any questions or concerns to rcprpt@health.ny.gov.

Supporting documentation that must be included with the submission of this application includes:

- Section II – Description of Services – If any required services are provided by an entity other than the RCP, proof of this agreement must be provided. Qualifying forms of proof include an MOU, partnership agreement, or letters of support. This information will be reviewed on an individual basis and approved when in the best interest of the community being served.
- Section IV – Training of Rape Crisis Counselors – An attachment of the RCP training program curriculum, including the agenda, outline, and accompanying documents for each section, should be included. The training program curriculum must be clearly labeled with section headers.
- Other items required as part of the application package and covered under Section V – Submission and Attestation include:
 - Written policy regarding client confidentiality and a written protocol for obtaining an agreement signed by each counselor to adhere to the policy.

- A copy of the RCP's statement of non-discrimination.
- A copy of the RCP's policy for quality assurance.
- A copy of the RCP's certification of current training hour requirements.
- A copy of the written assurance for RPCs that are providing services to a specific community or group.

NYS DEPARTMENT OF HEALTH APPROVAL OR REAPPROVAL OF THE RAPE CRISIS PROGRAM

For programs applying to become a **new** RCP:

- Upon submission of the application for approval of a new RCP, the NYSDOH Sexual Violence Prevention Unit (SVPU) will confirm receipt of the application and notify the prospective program that the application is under review.
- An initial review of the application will be completed upon receipt of materials.
- If all materials are received and the application appears complete, the NYSDOH will complete the review and provide a response to the prospective program within 45 days.
- If the application is incomplete, the NYSDOH will submit a written letter with required contingencies. The applicant will have 45 days to send additional requested materials.
- Once review is completed, the applicant will be notified of the final decision via letter of approval, contingencies, or denial. This notification process includes NYS agencies and coalitions that are involved in the funding of RCPs.
- Lastly, all new RCP applicants will be required to complete a virtual or in-person visit with the NYSDOH.

For programs applying for a **three-year extension of approval (reapproval)** of the RCP:

- The NYSDOH SVPU will monitor the reapproval timelines of existing RCPs and, when appropriate, notify programs of the upcoming reapproval period and provide instructions and information.
- Once RCPs have been notified, they will have 45 days to complete the reapproval application.
- Upon submission of the application for reapproval of an RCP, the NYSDOH SVPU will confirm receipt of the application and notify the program that the application is under review.
- An initial review of the application will be completed upon receipt of materials.



- If all materials are received and the application appears complete, the NYSDOH will complete the review and provide a response to the RCP within 45 days.
- If the application is incomplete, the NYSDOH will submit a written letter with required contingencies. The RCP will have 45 days to send additional requested materials.
- Once review is completed, the RCP will be notified of the final decision via letter of reapproval, contingencies (including Corrective Action Plans), or decertification. This notification process includes NYS agencies and coalitions that are involved in the funding of the RCP.

SECTION I: CONTACT INFORMATION

Instructions: Complete this section providing the information for the Rape Crisis Program. If the agency has more than two RCP sites that serves multiple counties and zip codes, please email the NYSDOH at rcprpt@health.ny.gov for an additional attachment to report each RCP.

AGENCY INFORMATION	
Name of Agency:	
Agency Tax ID #:	
Agency Executive Contact:	
Agency Full Address (street, city, state, and zip code):	
Main Agency Phone #:	
24-Hour Hotline Phone #:	
Agency services/mission: Please provide a brief description of the agency services provided.	

<p>Is the agency an NYSOCFS-licensed domestic violence service provider?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is “yes,” please see follow-up question below regarding the SADI.</p>
<p>Sexual Assault Demonstration Initiative (SADI): The SADI was created to enhance sexual assault outreach, services, and community partnerships in dual and/or multi-service programs through both community and organizational assessments. The New York State Coalition Against Sexual Assault (NYSCASA) has derived an NYS-specific SADI. RCPs that are dual/multi-service programs and participate in NYSCASA’s SADI receive support in enhancing advocacy and outreach services and strengthening prevention activities in underserved populations, as well as mitigating vicarious trauma in professionals addressing sexual violence.</p> <p>In the space below, please describe how the agency distinguishes between domestic violence and sexual violence services and in doing so, ensures that everyone may seek services through the agency.</p>	
<p>Training Coordinator: the individual who is responsible for overseeing the training and certification of rape crisis counselors</p>	
<p>Name/Title:</p>	
<p>Telephone:</p>	
<p>Email Address:</p>	

Rape Crisis Program Application Contact Person	
Application Contact Person:	
Telephone:	
Email Address:	
RAPE CRISIS PROGRAM INFORMATION	
1. Project/Site Name:	
Project/Site Manager:	
Project/Site Full Address (street, city, state, and zip code):	
Manager's Telephone:	
Manager's Email Address:	
24-Hour Hotline if unique to site:	

<p>Prioritized service population:</p>	<p>Identify in the space below if your agency or program is culturally specific or providing services prioritized to specific communities or groups of people.</p>
<p>CATCHMENT AREA(S) SERVED: For approval purposes, all Rape Crisis Programs are required to provide services to anyone seeking services within the county where the program is located. Programs may apply to provide services in multiple counties.</p> <p>Programs may further define their targeted catchment area by hospitals, zip codes, law enforcement agencies, or other sociodemographic and geographic characteristics that define their community. In urban areas, this may include consideration of what public transportation is accessible to receive services from the Rape Crisis Program, such as specific subway stations, commuting patterns, and residential locations or living spaces regarding proximity of the physical location of the program. Additionally, please consider the other local Rape Crisis Programs in the area and how the Rape Crisis Programs are coordinating and ensuring there are no gaps or overlaps in response. Rape Crisis Programs servicing the same county are strongly encouraged to have written agreements in place that define their specific catchment areas.</p> <p>The approved catchment area does not prohibit a program from providing services outside of their county or counties.</p> <p>Please note that a response for county is required. If the RCP is serving additional counties outside of the county in which the RCP is located, a justification must be provided. It is optional to add responses for hospitals and/or zip codes. If including data for hospitals and/or zip codes, please provide a justification.</p>	
<p>1. County</p>	
<p>2. Additional counties</p>	

Justification for additional counties indicated:	
3. Hospitals	
Justification for the hospitals indicated:	
4. Zip codes	
Justification for the zip codes indicated:	
5. Other details for catchment area (such as law enforcement agencies)	
Justification for other catchment area details indicated:	
2. Project/Site Name:	
Project/Site Manager:	
Project/Site Full Address (street, city, state, and zip code):	
Manager's Telephone:	

<p>Manager's Email Address:</p>	
<p>24-Hour Hotline if unique to site:</p>	
<p>Prioritized service population:</p>	<p>Identify in the space below if your agency or program is culturally specific or providing services prioritized to specific communities or groups of people.</p>
<p>CATCHMENT AREA(S) SERVED:</p> <p>For approval purposes, all Rape Crisis Programs are required to provide services to anyone seeking services within the county where the program is located. Programs may apply to provide services in multiple counties.</p> <p>Programs may further define their targeted catchment area by hospitals, zip codes, law enforcement agencies, or other sociodemographic and geographic characteristics that define their community. In urban areas, this may include consideration of what public transportation is accessible to receive services from the Rape Crisis Program, such as specific subway stations, commuting patterns, and residential locations or living spaces regarding proximity of the physical location of the program. Additionally, please consider the other local Rape Crisis Programs in the area and how the Rape Crisis Programs are coordinating and ensuring there are no gaps or overlaps in response. Rape Crisis Programs servicing the same county are strongly encouraged to have written agreements in place that define their specific catchment areas.</p> <p>The approved catchment area does not prohibit a program from providing services outside of their county or counties.</p> <p>Please note that a response for county is required. If the RCP is serving additional counties outside of the county in which the RCP is located, a justification must be provided. It is optional to add responses for hospitals and/or zip codes. If including data for hospitals and/or zip codes, please provide a justification.</p>	

1. County	
2. Additional counties	
Justification for additional counties indicated:	
3. Hospitals	
Justification for the hospitals indicated:	
4. Zip codes	
Justification for the zip codes indicated:	
5. Other details for catchment area (such as law enforcement agencies)	
Justification for other catchment area details indicated:	

SECTION II: DESCRIPTION OF SERVICES

Instructions: Complete each section providing the required information for all required services that the Rape Crisis Program delivers.

CLIENT SERVICES

The program must provide services to alleviate the immediate and long-term negative physical and emotional effects of sexual assault and abuse. (10 NYCRR § 69-5.2(a)). However, a program may subcontract or otherwise ensure that the required services are available. Please indicate below what services the program provides or are provided by another entity. Please indicate what services are available 24/7/365 and what services are completed by volunteers.

Check all boxes that apply

- A. Provided Directly by the Rape Crisis Program**
- B. Provided by Another Entity**
- C. Services Available 24/7/365***
- D. RCP Utilizes Volunteers for service(s)**

***Telephone hotline counseling services must be available 24/7/365**

***Rape Crisis Programs may select “provided by another entity” for any of the services listed below. Services provided by another entity will be reviewed on an individual basis and approved when in the best interest of the community being served with proper agreements in place.**

In the space below each required client service, provide further detail regarding how these services are provided. If any services are provided directly by the RCP and provided by another entity, please use this space to describe the differentiation. If more space is needed, please email the NYSDOH at rcprpt@health.ny.gov for an additional attachment.

		A	B	C	D
1. 24-hour access to crisis intervention services including telephone hotline and phone counseling capabilities*		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detail:					
2. In-person individual or group short-term counseling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail:					
3. Community prevention education programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail:					
4. Training of professionals concerning sexual assault issues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail:					

5. Accompaniment of victims and survivors to medical facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail:					
6. Advocacy on behalf of victims within the criminal justice system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail:					
7. Information and referral services, based on established relationships with human service providers, medical personnel, and law enforcement officials.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail:					

CLIENT SERVICES CONTINUED – Services Provided by Another Entity

Instructions: If any of the above boxes under letter B, **Provided by Another Entity**, were checked, complete the following information as well as provide proof of this agreement upon submission of the application as an attachment.

Qualifying forms of proof include an MOU, partnership agreement, or letters of support. This information will be reviewed on an individual basis and approved when in the best interest of the community being served.

If more space is needed for multiple serve agreements, please email the NYS DOH at rcprpt@health.ny.gov for an additional attachment.

Provider Name:	
Type of Provider:	
Full Address:	
Description of agreement:	

REQUIRED CRISIS INTERVENTION TOPIC AREAS

Instructions: Check each box below to attest that the program provides information to clients on the following required topics (10 NYCRR § 69-5.2(b)).
 In the spaces below each required topic, describe the extent at which the Rape Crisis Program is providing this information. For example, are volunteers trained to provide information on sexually transmitted diseases? Is the program providing brochures supplied by another agency?
 For items 5 (Medical care and evidence collection policies and procedures) and 6 (Civil and criminal court proceedings and availability of accompaniment and support throughout the legal process), please be sure to describe how the information is locally specific.

	Attestation: Yes, info is provided by the RCP
1. Sexually transmitted diseases	<input type="checkbox"/>

<p>The extent at which this info is provided:</p>	
<p>2. HIV/AIDS counseling and testing options</p>	<input type="checkbox"/>
<p>The extent at which this info is provided:</p>	
<p>3. Emergency Contraception</p>	<input type="checkbox"/>
<p>The extent at which this info is provided:</p>	
<p>4. Options regarding any pregnancy that may occur because of rape. Non-directive pregnancy options counseling including emergency contraception, abortion, adoption, and delivery.</p>	<input type="checkbox"/>
<p>The extent at which this info is provided:</p>	
<p>5. Medical care and evidence collection policies and procedures</p>	<input type="checkbox"/>
<p>The extent at which this info is provided:</p>	

How is this info locally specific?		
6. Civil and criminal court proceedings and availability of accompaniment and support throughout the legal process		<input type="checkbox"/>
The extent at which this info is provided:		
How is this info locally specific?		
7. Availability of crime victim's compensation benefits		<input type="checkbox"/>
The extent at which this info is provided:		
8. Availability of crisis intervention, telephone, and in-person counseling services		<input type="checkbox"/>
The extent at which this info is provided:		

ADDITIONAL REQUIRED CRISIS INTERVENTION SERVICES

Rape Crisis Programs must be responsive to the cultural and linguistic needs of victims/survivors (10 NYCRR § 69-5.2(d)). This includes being able to communicate with and provide services to individuals whose language may not be the primary spoken language at the Rape Crisis Program. Further, this also includes being fully responsive to individuals of all populations, such as individuals from the LGBTQAI+ community, individuals of color, individuals of advanced age, and individuals with a variety of physical, mental, or intellectual abilities.

Instructions: In the spaces below, provide detail for each question regarding serving the cultural and linguistic needs of individuals seeking services from the Rape Crisis Program.

- A. Describe the ways in which the Rape Crisis Program is responsive to the cultural and linguistic needs of the above population(s), as well as the needs of everyone who may seek services at the RCP. Please include information about how the program is coordinating or partnering with other culturally specific organizations in your community.

SUPPLEMENTARY CRISIS INTERVENTION SERVICES

In the space provided below, please describe any additional rape crisis and sexual assault services provided by the program that may not be included in the above sections. Examples of additional crisis intervention services might be group counseling sessions, meetings, committees, local campaigns, community engagement, etc.

RAPE CRISIS CLIENT CONFIDENTIALITY AND PRIVILEGE

Rape Crisis Programs must guarantee confidentiality and privilege for rape crisis clients. A rape crisis counselor or domestic violence advocate shall not be required to disclose a communication made by a client to them, or advice given thereon, in the course of their services nor shall any clerk, stenographer or other person working for the same program as the rape crisis counselor or domestic violence advocate or for the rape crisis counselor or domestic violence advocate be allowed to disclose any such communication or advice given thereon nor shall any records made in the course of the services given to the client or recording of any communications made by or to a client be required to be disclosed, nor shall the client be compelled to disclose such communication or records, except in specific circumstances indicated in civil practice law. (Civil Practice Law & Rules (CPLR) § 4510).

**Attestation: Yes,
this service is
provided by the
RCP.**

Instructions: Check the box in the space provided to attest that the Rape Crisis Program fulfills this requirement.

The Rape Crisis Program guarantees confidentiality and privilege for rape crisis clients.

SAFE WAY HOME ACT REQUIREMENTS

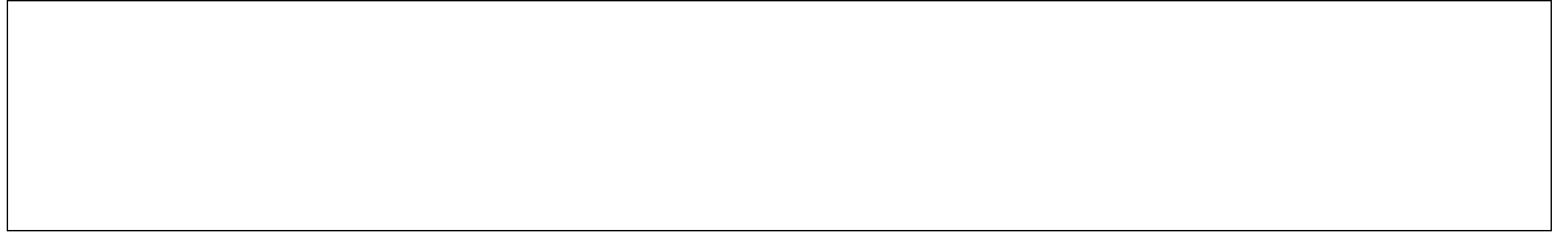
Rape Crisis Programs providing rape crisis services within the geographic area served by the hospital must offer assistance in the coordination of non-medical services to victims/survivors, including but not limited to transportation home after sexual assault examinations, upon the conclusion of initial medical services, at no cost to and at the request of victims/survivors (Public Health Law §2805-i).

**Attestation: Yes,
this service is
provided by the
RCP.**

Instructions: Check the box in the space provided to attest that the Rape Crisis Program fulfills this requirement.

The Rape Crisis Program will offer assistance in the coordination of non-medical services to any victims/survivors seeking their services in a hospital within their approved county or counties, including but not limited to transportation home after sexual assault examinations, upon the conclusion of initial medical services, at no cost to victims/survivors.

In the space provided below, provide details on how this service is provided. For example, when a victim/survivor requests assistance in locating a safe ride home after an examination, does the RCP utilize rideshare services and public transportation options to fulfill this?



SECTION III: MONITORING PROGRAM SERVICES

Instructions: In the spaces below, provide the requested information regarding the monitoring of the Rape Crisis Program's services to victims/survivors.

A. QUALITY ASSURANCE – provide a brief description of the procedures the Rape Crisis Program utilizes to monitor and evaluate the following services, including the frequency at which evaluation occurs (10 NYCRR § 69-5.4(a)(5)):

Quality assurance can be defined as any systematic process of determining whether a product or service meets specified requirements, including meeting the needs of all survivors/victims by the program.

1. Review of hotline calls

2. Review of the hotline response system

3. Review of client records

4. Evaluation of education/prevention programs

5. Review and maintenance of referral lists

6. Review of counselor personnel records

7. Other

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B. COUNSELOR PERSONNEL RECORDS

Instructions: Check each item below to attest that the Rape Crisis Program is including the listed items in the individual counselor personnel records (10 NYCRR § 69-5.6(a)).

	Attestation: Yes, item is included in counselor personal records
1. Documentation of training completed on the provision of services to victims of sexual offenses, sexual abuse, or incest;	<input type="checkbox"/>
2. For rape crisis counselors with less than 40 hours of training, a plan for completing the training requirements within one year from the date of certification	<input type="checkbox"/>
3. Documentation of ongoing education and training;	<input type="checkbox"/>
4. An agreement signed by each counselor to adhere to the program's client confidentiality policy;	<input type="checkbox"/>

5. Annual performance evaluation reports;	<input type="checkbox"/>
6. An attestation signed by the training coordinator that the rape crisis counselor meets the minimum training requirements for certification; and	
7. An attestation signed by the training coordinator that the rape crisis counselor has completed 40 hours of required training.	<input type="checkbox"/>
C. COUNSELOR PERFORMANCE	
<p>Annual rape crisis counselor evaluation reports are required. Describe the counselor evaluation reports as well as any other quality assurance the Rape Crisis Program prescribes (10 NYCRR § 69-5.6(b)).</p> <p>Additionally, describe how the RCP is specifically monitoring the performance of rape crisis counselors.</p>	

SECTION IV: TRAINING OF RAPE CRISIS COUNSELORS

Instructions: In the spaces below, provide the requested information regarding the training of rape crisis counselors.

TRAINING PROGRAM – PRACTICAL/TECHNICAL PLANNING AND IMPLEMENTATION

Agencies seeking to certify rape crisis counselors must submit a training curriculum to the Department of Health that meets the minimum requirements set forth in Public Health Law § 206(15) and 10 NYCRR § 69-5.3. Detail below the practical and technical components of the training program for advocates.

1.	What are the total number of hours in the training program?
2.	Describe how the 40-hour training program is delivered. (ex: self-guided, PowerPoint presentations, etc).
3.	What are the required minimum hours for counselor training prior to beginning advocate/crisis intervention duties?

4.	How are the 30 hours of required training completed? How are the additional 10 hours of required training completed and what is the timeframe for completion?
5.	How is the documentation of ongoing education and training being tracked?
6.	Who provides the training?
7.	What guest speakers are included in the training program?

8.	<p>How have the principles of adult learning theory* been incorporated in the development of the training program curriculum?</p> <p>*The following are elements of adult learning theory, which describes best practices for training adult learners. Please list which elements have been incorporated in the training program and explain how those elements have been incorporated in the training program.</p> <ul style="list-style-type: none"> • Skills-based • Participant engagement • Multi-modal (e.g. readings, videos, discussions, practice) • Application of concepts
9.	<p>How has collaborative learning been incorporated in the training program curriculum? Collaborative learning helps advocates in training to learn synergistically and more efficiently, as well as develop relationships with the other advocates in the RCP and their mentors. These relationships are important in that they help foster confidence and comfortability amongst advocates, which are essential to continued learning, effective advocacy, and prevention/alleviation of burnout and vicarious trauma.</p>

TRAINING PROGRAM CONTINUED

Agencies seeking to certify rape crisis counselors must submit a training curriculum to the Department of Health that meets the minimum required topics listed below set forth in Public Health Law § 206(15) and 10 NYCRR § 69-5.3.

Please check each item below to **attest** that the following topics are covered in the training program.

In the “**detail**” space below each required topic, please provide further detail on the covered training topics, such as the extent to which the topic is discussed and where it can be found in the curriculum.

In the “**list**” section below each required topic, please list the materials that are utilized for each section. Examples include handout “X,” PowerPoint slides “X-Y,” online module “X,” guest speaker “Name,” etc.

An attachment of the Rape Crisis Program training program curriculum, including the agenda, outline, and accompanying documents for each section, should be included when submitting the application to the Department of Health.

**Attestation: Yes,
the topic is
covered in the
training program**

1. The dynamics of sexual offenses, sexual abuse, and incest

Detail:

List of
materials
utilized:

2. Crisis intervention techniques		<input type="checkbox"/>
Detail:		
List of materials utilized:		
3. Client-counselor confidentiality requirements		<input type="checkbox"/>
Detail:		
List of materials utilized:		

4. Communication skills and intervention techniques		<input type="checkbox"/>
Detail:		
List of materials utilized:		
5. An overview of the state criminal justice system		<input type="checkbox"/>
Detail:		
List of materials utilized:		

6. An update and review of state laws on sexual offenses, sexual abuse, and incest		<input type="checkbox"/>
Detail:		
List of materials utilized:		
7. The availability of state and community resources for clients		<input type="checkbox"/>
Detail:		
List of materials utilized:		

8. Working with a diverse population		<input type="checkbox"/>
Detail:		
List of materials utilized:		
9. An overview of child abuse and maltreatment identification and reporting responsibilities		<input type="checkbox"/>
Detail:		
List of materials utilized:		

10. Information on the availability of medical and legal assistance for such clients		<input type="checkbox"/>
Detail:		
List of materials utilized:		
11. What other topics does the Rape Crisis Program training curriculum cover? Examples might include human sex trafficking, child sex trafficking, elder abuse, serving victims/survivors that work in the sex trades, serving victims/survivors in the transgender community, Enough is Enough Program, etc.		
Detail:		
List of materials utilized:		

40-HOUR TRAINING PROGRAM CURRICULUM

Below please find a checklist of items that should be included in the submission of the curriculum for the 40-hour program for the training of rape crisis counselors. Note that the curriculum may contain more than the items listed below. In addition, the curriculum should educate advocates on the basics of sexual violence response and crisis intervention training as well as information that is specific to the cultural and linguistic needs of the community(ies) the RCP serves.

An attachment of the Rape Crisis Program training program curriculum, including the agenda, outline, and accompanying documents for each section, should be included with proper labels when submitting the application to the Department of Health.

		Yes, these items are included.	No, these items are not included
1.	Training Instructions: Guidance for the individual(s) providing the training and using the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Outline: Description of the scope and sequence of each level that provides a big picture view of the curriculum as well as describes the instructional units included.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Training Materials: The instructional units that provide more detail than the overview in the scope and sequence. These items may be in a format such as PowerPoint slides.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Agenda: a plan for completing the training, including sequenced and coordinated lesson plans that correspond to the instructional units.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Handouts: Handouts for advocates including any materials provided to victims/survivors at the hospital.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Evaluation: Items used in the evaluation of the training program and progression of advocate learning and development.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Quizzes: Any quizzes that may be used to evaluate the knowledge development and readiness of advocates.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V: SUBMISSION AND ATTESTATION

Instructions: Carefully read the following statements and check each box to attest to the completeness and accuracy of the information provided in the application for the Rape Crisis Program.

1. I attest, under penalty of perjury, that I am currently qualified to certify that the information contained in this package is accurate and complete, has been prepared in accordance with applicable institutional requirements, and is ready for submission.	<input type="checkbox"/>
2. I understand that Rape Crisis Programs cannot bill for services provided.	<input type="checkbox"/>
3. I attest that the Rape Crisis Program has both a written policy regarding client confidentiality and a written protocol for obtaining an agreement signed by each counselor to adhere to the policy (10 NYCRR § 69-5.2(c)) and that both documents are included in the application package.	<input type="checkbox"/>
4. I attest that a copy of the Rape Crisis Program's statement of non-discrimination is included in the application package.	<input type="checkbox"/>
5. I attest that a copy of the Rape Crisis Program's policy for quality assurance is included in the application package.	<input type="checkbox"/>
6. I attest that a copy of the Rape Crisis Program's certification of current training hour requirements is included in the application package.	<input type="checkbox"/>
7. I attest that a copy of the written assurance for Rape Crisis Programs that are providing services to a specific community or group is included in the application package. (10 NYCRR § 69-5.2(h))	<input type="checkbox"/>
8. I attest that in the instance of another entity providing any required services for the Rape Crisis Program, acceptable proofs of partnership are included in the application package. (10 NYCRR § 69-5.2(h))	<input type="checkbox"/>

9. I attest that a copy of the training curriculum, including the agenda, outline, and accompanying documents for each section, is included in the application package.	<input type="checkbox"/>
10. I attest that the New York State Department of Health will be notified in a reasonable timeframe should any significant changes be made to the training curriculum.	<input type="checkbox"/>
11. I understand that the New York State Department of Health may periodically audit applications to ensure veracity.	<input type="checkbox"/>
12. I understand I am solely responsible for ensuring that any change in status or ability to provide service in accordance with regulations be reported to the New York State Department of Health and any appropriate governing body pursuant to current NYS Statute and Regulation as soon as possible.	<input type="checkbox"/>
13. I understand that it is my responsibility to provide all supporting documentation necessary for the verification of the information provided within this application.	<input type="checkbox"/>
14. I understand that failure to comply with the aforementioned may result in denial of a new Rape Crisis Program or the decertification of a currently approved Rape Crisis Program.	<input type="checkbox"/>

Instructions: Provide the required information below. Signatures may be provided electronically, or the application may be printed and signed.

SIGNATURE	
NAME	
TITLE	
DATE	
<p>Send completed application, including all required documentation and attachments, via email to the NYS DOH at: rcprpt@health.ny.gov or via mail to: New York State Department of Health Bureau of Perinatal, Reproductive and Sexual Health Empire State Plaza, Corning Tower Rm. 821, Albany, NY 12237.</p>	

SECTION VI: DATA SURVEY

The NYSDOH Sexual Violence Prevention Unit (SVPU)’s mission is to improve societal response to sexual violence and promote primary prevention strategies that reduce the incidence of victimization from rape or sexual assault in New York State. SVPU approaches sexual violence from a public health perspective, with emphasis on primary prevention, including efforts to change social norms, behaviors, and practices, to cultivate a community climate free from violence.

We want to thank your Rape Crisis Program for supporting this mission and for your efforts to serve survivors in New York State by completing this application. We believe that Rape Crisis Programs are a critically important component of sexual violence prevention through individual and community healing.

The NYSDOH SVPU would like to get a better sense of the impact the Rape Crisis Program is having in your community. Please complete the data section below so that we may learn more about how to better support the NYSDOH Rape Crisis Programs and victims/survivors across the State.

In 2022, how many people did the Rape Crisis Program serve per county in which the Rape Crisis Program is located and/or providing services? Please list the counties below and indicate the number served in each blank section below. If you are providing services in more than four counties and need more space, please email rcprpt@health.ny.gov for a new attachment.

County				
1. Called the hotline				
2. Received medical accompaniment				
3. Received accompaniment at a law enforcement agency				
4. Received accompaniment in the court system				
5. Received short-term individual counseling				
6. Received short-term group counseling				

Does the RCP collect demographic information on the survivors that are served in the county in which the Rape Crisis Program is located and/or providing services? If so, what demographic information is collected and how?

How is the Rape Crisis Program currently collecting data on services provided to sexual violence victims/survivors in the county in which the Rape Crisis Program is located and/or providing services? In your response, please describe the challenges the Rape Crisis Program is facing related to collecting this data.

Does the Rape Crisis Program have a wait list for services and if so, in what areas and how long is the wait?

In 2022, how many people was the Rape Crisis Program unable to serve per county and why was the Rape Crisis Program unable to provide them with services? In your response, please provide any quantitative or qualitative data available that pertains to the county in which the Rape Crisis Program is located and/or providing services.

In 2022, what sources funded the Rape Crisis Program? Please check all that apply.

OVS grant(s)	<input type="checkbox"/>
OPDV grant	<input type="checkbox"/>
DCJS grant(s)	<input type="checkbox"/>
OCFS grant(s)	<input type="checkbox"/>
NYSCASA grant(s)	<input type="checkbox"/>
Federal grant(s)	<input type="checkbox"/>
Private grant(s)	<input type="checkbox"/>
Other grant(s)	<input type="checkbox"/>