

PRIVATE PROVIDER ORGANIZATION/AGENCY REGISTRATION

Application for Program Certification

(Pursuant to Administrative Orders No. 11-5 & 11-6)

Effective January 1, 2012 through December 31, 2013

NEW PROGRAM CERTIFICATION; OR (Check the appropriate box)
 RENEWAL OF CERTIFICATION

Date of Submission

This Organization/Agency offers (#) _____ programs for certification

This is the only program offered.

Organization/Agency Name: _____

Sole Proprietorship Partnership Corporation Limited Liability Company

Program Name: _____

Program Administrator: _____

Program Address: _____

If contact person for clients is different than above, please specify _____

If mailing address is different from above, please specify _____

Telephone: () _____ - _____ Fax: () _____ - _____

If client contact number is different from above, please specify _____

E-Mail Address (used for correspondence with Providers/Officers*Please designate **ONLY ONE EMAIL**):

 e-mail address is for client use e-mail address if not for client use

All counselors and programs must properly licensed/credentialed/certified in the State of Kansas.

Names of Evaluators/Therapists (attach legible copies of current licenses, registrations, certificates, earned diplomas, etc., as applicable, for each applicable employee):

Name: _____ Type of Counseling : _____

Name: _____ Type of Counseling : _____

Name: _____ Type of Counseling : _____

Name: _____ Type of Counseling : _____

Please identify all other employees, i.e. support staff: _____

Describe the Program's history of practical experience.

Describe the Cognitive Behavioral approach used by your agency. Documentation must be provided (attached). Failure to verify cognitive training could result in a request by the provider monitor for agency/provider to be re-trained by an approved program/facilitator.

Programs Offered

Please mark the programs which you are applying for. Please note that each program requires a separate \$100 fee, in addition to the \$400 agency fee.

Juvenile Programs

- Anger Control
- Option 1 (Education)
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6
- Tobacco Cessation/Tobacco Edu.
- Initial Evaluation
- Relapse/Advanced Evaluation
- Sex Offender Counseling

Adult Programs

- Anger Control
- Batter's Intervention
Assessments (YES/NO) does not require additional fee
- Parenting – Option 1/Option 2 Circle applicable
- Sex Offender Counseling
- Substance Abuse Evaluations (Non-ADSAP)
Education Classes Offered (YES/NO) does not require additional fee
- Substance Abuse Outpatient Treatment
Dual Diagnosis (YES/NO) does not require additional fee
- Substance Abuse Advanced Outpatient Treatment
Dual Diagnosis (YES/NO) does not require additional fee
- ADSAP Monitoring
Education Classes Offered (YES/NO) does not require additional fee

*Additional fees do not apply only when the program listed above is offered, i.e. if you provide education but not evaluations and/or monitoring the fee would be applicable to education.

Please attach a copy of your group/individual meeting times and office hours.

Example *Anger Control* *M* *6pm-8pm* *10 persons*

Exemptions

If you are a governmental agency or a private agency who provides substantial indigent services or other unique services you may apply for a partial or full waiver of the above fees. **To do so, you must apply in writing.** If the Chief Judge grants you a waiver of any kind, and fees have already been submitted, you may be entitled to a full or partial refund.

Is your agency a governmental agency exempt from fees? YES/NO

Is your agency applying for a full/partial exemption from the required fees? YES/NO

Program's fee structure

Type of Service	Flat Fee or Sliding Scale*	Insurance (yes or no)	Kansas Medicaid (yes or no)
Juvenile Evaluation-Initial	\$ _____ OR from \$ _____ to _____		
Juvenile Evaluation-Advanced	\$ _____ OR from \$ _____ to _____		
Adult Non-ADSAP Evaluation	\$ _____ OR from \$ _____ to _____		
Individual	\$ _____ OR from \$ _____ to _____		
Group	\$ _____ OR from \$ _____ to _____		
Family	\$ _____ OR from \$ _____ to _____		
Juvenile Aftercare	\$ _____ OR from \$ _____ to _____ # required sessions		
Juvenile Education Class (state fee for entire class)	\$ _____ OR from \$ _____ to _____		
Adult Education Class (state fee for entire class)	\$ _____ level I \$ _____ level II		
ADSAP Monitoring	Monthly Report Fees \$ _____ for # _____		

Please note below if there are any limits on your fee scale (such as residency) or provide any other information to clarify your fees.

The Administrator of the Program has read and is familiar with the contents of Administrative Order Nos. 11-5 & 11-6 as well as the Court's Private Provider Standards applicable to the program(s). By signing and notarizing this application, the Administrator agrees to comply with the standards maintained for various programs. Providers offering juvenile substance abuse treatment must have completed the annual juvenile training. Providers offering Batterer's Intervention must have completed required training.

VERIFICATION

STATE OF KANSAS)
) SS:
COUNTY OF JOHNSON)

_____ of lawful age, being first duly sworn upon oath states (1) that (s)he is the Administrator of the Program; (2) that (s)he has read the foregoing registration and knows the contents thereof; and (3) that all statements made therein are true.

Applicant

SUBSCRIBED AND SWORN to before me this _____ day of _____ 200__

District Judge/Notary Public

My appointment expires:

Mail this application, fees (made payable to Johnson County Court) and authorization for records check to:

Betsey Anderson or Shawna Lindburg
Provider Monitor
18505 W. 119th St.
Olathe, KS 66061

Johnson County Court Services

STATE OF KANSAS
TENTH JUDICIAL DISTRICT
Olathe, KS 66061

RELEASE OF INFORMATION

I, _____ hereby give permission to Johnson County Court Services to obtain any information pertinent to securing employment within the Criminal Justice System. Including any information which may be contained in the files of the National Crime Information Center and/or the Kansas Bureau of Investigation.

I understand that all such information so released to Johnson County Court Services will be for their exclusive and confidential use.

Please Print

Name: _____ Date: _____
 Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number: _____

Any other name(s) (married/maiden):

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License Number: _____ State: _____

Agency Name: _____ Position/Title: _____

Signature of Applicant: _____

REQUESTED BY:

Provider Monitor

APPROVED BY:

Kathleen Rieth

Private Provider Requirements 10th Judicial District

All Participating agencies are required to complete the following requirements, *please review and initial each*:

1. Application form completed (no copies necessary)
2. Review of District Court Administrative Order
3. Completion of Release of Information form
4. Certification fees submitted (attention of Johnson County Court)
5. Provide verification of education, certification, specialized degrees as applicable
6. Provide date, time, location phone/fax and fee information for client reference
7. Provide timely and informative evaluations per required format(s)
8. Complete pre and post-testing as applicable
9. Provide curriculum/syllabus for each session of programming; enforce policy regarding make-up sessions as allowed per Court Services/Community Corrections
10. Provide electronic progress reports monthly
11. Cooperate fully with the designated private provider monitor and allow for on-site compliance checks
12. Report all violation of court order immediately to supervising agency
13. Report any imminent danger to a victim immediately to supervising agency
14. Comply with specific requirements of each court mandated program
15. Attend administrative meetings and training sponsored by Court Services/Community Corrections as required
16. Agency must be equipped to communicate through electronic mail and SharePoint
17. Agency must be using cognitive behavioral based treatment program
18. **Provider application and fees are for a two year period from January 1, 2012 through December 31, 2013**

General Information

Questions regarding the programs or providers can be directed to:

Provider Monitors
Betsey Anderson or Shawna Lindburg
Phone: 913-715-7498
Email: Providermonitor@jocogov.org

Provider information and current provider lists are accessible through the Johnson County District Court website at <http://courts.jocogov.org>.