IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

**PRIVATE PROVIDER ORGANIZATION/AGENCY REGISTRATION**

Application for Program Certification

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

**Effective January 1, 2016 through December 31, 2018**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Submission

This Organization/Agency offers (#) \_\_\_\_\_\_\_\_\_\_\_programs for certification

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailin

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 for client use [ ] e-mail address if not for client use

***All counselors and programs must be 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

[ ] 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

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)** |
| Individual | $\_\_\_\_\_\_\_OR from $\_\_\_\_\_\_\_to \_\_\_\_\_\_\_ |  |  |
| Group | $\_\_\_\_\_\_\_OR from $\_\_\_\_\_\_\_to \_\_\_\_\_\_\_ |  |  |
| Family | $\_\_\_\_\_\_\_OR from $\_\_\_\_\_\_\_to \_\_\_\_\_\_\_ |  |  |
| DV Assessments | Assessment Fee $\_\_\_\_\_\_\_    Intake Fee $\_\_\_\_\_\_\_ |  |  |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Judge/Notary Public

My appointment expires:

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

Provider Monitor

588 E. Sante Fe Ste 4000

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.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First MI**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any other name(s) (married/maiden) and any other states you have lived in (if none NA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eyes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency: -------------------------------------- Position: -------------------------------------------**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant**

**REQUESTED BY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

**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 – **changes will only be made on a quarterly basis**
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, 2016 through December 31, 2018**

**General Information**

Questions regarding the programs or providers can be directed to:

Provider Monitor

Phone: 913-715-7498

Email:

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