**FORM E: PROGRAM READINESS CHECKLIST**

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| **Legal Business Name:** |  |

Complete the form regarding the readiness of your organization, unless otherwise specified. Please complete the form by marking *Yes* or *No* for each of the items listed below.

*Note:* This checklist is not an exhaustive list of all rules that govern HHSC-funded Family Violence Centers. To ensure your organization can comply with all rules, please review Chapter 356 of the Texas Administrative Code, [Subchapter B, Shelter Centers](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=356&sch=B) and [Subchapter D, Nonresidential Centers](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=356&sch=D).

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| **Fiscal Readiness** | | |  |
| §356.301/§356.1701 Does your organization's accounting system that follows Generally Accepted Accounting Principles (GAAP), including: | **YES** | **NO** | **N/A** |
| Records revenue and expenditures |  |  |  |
| Establishes a chart of accounts |  |  |  |
| Contains a general ledger and subsidiary ledgers |  |  |  |
| Supporting documentation that include the following: Receipts or vouchers for revenues, bank statements, journal entry justifications, canceled checks, deposit slips, approved invoices, cost allocation worksheets, leases, contracts, time sheets, inventory, receipts |  |  |  |
| Identifies all funding sources and expenditures by separate fund type |  |  |  |
| **Administrative Readiness** | | |  |
|  | **YES** | **NO** | **N/A** |
| Does your organization have a board of directors that provides oversight and accountability per TAC §356.101 or §356.1501 that receives training per §356.103 or §356.1503, as applicable? |  |  |  |
| §356.204/§356.1603 Does your organization have a written internal monitoring system to evaluate:   * The quality of the center's required resident and nonresident services; * The accuracy of the fiscal and programmatic documentation; and * Compliance with the policies and procedures |  |  |  |
| Does your organization have personnel policies that address, at minimum, the information included in §356.401 or §356.1801 as applicable? |  |  |  |
| §356.404/§356.1804 Does your organization provide an oral orientation and training to new employees? |  |  |  |
| §356.405/§356.1805 Does your organization provide ongoing training for employees? |  |  |  |
| §356.504/§356.1903 Does your organization have written policies and procedures to promote the safety and security of residents, nonresidents, program participants, employees, and volunteers? |  |  |  |
| §356.608/§356.2008 Does your organization have written procedures that ensure people with limited English proficiency have meaningful access to the program? |  |  |  |
| §356.609 For shelters, do you have a ***policy and procedure*** to help victims when shelter is at capacity? |  |  |  |
| §356.613/§356.2011 Does your organization have a written general confidentiality policy that meets all the requirements of §356.613 or §356.2011, as applicable? |  |  |  |
| ([TFC Chapter 93](https://statutes.capitol.texas.gov/Docs/FA/htm/FA.93.htm)) Does your organization’s confidentiality policy also include information about victim-advocate privilege requirements of family violence centers? |  |  |  |
| §356.621/§356.2018 Does your organization have policies that prohibit the release of client information, orally or in writing, unless the client completes a properly executed release of information form created by the center? |  |  |  |
| ([TFC Chapter 93](https://statutes.capitol.texas.gov/Docs/FA/htm/FA.93.htm)) Does your organization have a release of information form that meets the requirements of §356.622 or §356.2019, as applicable? |  |  |  |
| §356.715/§356.2111 Does your organization have written ***policies and procedures*** to ensure safety of children in your facilities? |  |  |  |
| **Program Readiness** | | |  |
|  | **YES** | **NO** | **N/A** |
| Are you able to provide all required services listed under TAC §356.701, if a Shelter Center or TAC §356.2001 if a Nonresidential Center? |  |  |  |
| §356.505 For shelter centers, do you have at least one employee or volunteer on-site continuously when a resident is staying in shelter, or on-site or on-call 24-hours-a-day, every day of, when no residents are staying in shelter? |  |  |  |
| §356.506 For shelter centers, do you provide direct access to personal hygiene items that meet the diverse needs of the population of the shelter service area? |  |  |  |
| §356.602/§356.2002 Your organization does not charge or solicit contributions or donations in return for services. |  |  |  |
| §356.605/§356.2005 Does your organization have eligibility and screening procedures that are based solely on the individual's status as a victim of family violence, without regard to:   * income; * whether the individual contributes, donates, or pays for these services; * gender; or * sexual orientation. |  |  |  |
| §356.614/§356.2012 Does your organization provide confidentiality information to clients? |  |  |  |
| Does your organization provide victim-advocate privilege information to clients? |  |  |  |
| §356.617 Does your organization maintain client records that only include information necessary for:   * statistical and funding purposes; * establishing goals for intervention and advocacy; * documenting the need for and delivery of services; and * protecting the liability of the center and its employees, contract staff, volunteers, interns, and board members. |  |  |  |
| §356.627 For shelter centers, does your shelter have a maximum length of stay policy? |  |  |  |
| §356.704/§356.2103 Does your organization have an employee or volunteer trained in crisis intervention, or who has immediate access to someone who has had this training, answers the crisis call hotline 24-hours-a-day, every day of the year? |  |  |  |
| §356.2103 If a Nonresidential center and stated No to above, is there another organization located in your organization’s service area that provides a hotline that complies with HHSC requirements? |  |  |  |
| §356.708/§356.709/§356.2106 Does your organization have an orientation for clients? |  |  |  |
| §356.710/§356.2107 Does your organization document with each client a service plan that includes their self-identified needs and requests for available services to address these needs? |  |  |  |

Does your organization confirm that you have the ability to comply with all sections of Chapter 356 of the Texas Administrative Code, [Subchapter B, Shelter Centers](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=356&sch=B) or [Subchapter D, Nonresidential Centers](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=356&sch=D), as applicable to your Application?

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|  | Yes |
|  | No |

**If you marked “No” for any of the above please explain why, and how you will ensure to comply by the start of the grant.**

If you have an additional shelter or shelters, please fill out the below checklist for each additional shelter:

**Additional Shelter Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Additional Shelter Program Readiness** | | |
| §356.203Does your organization’s Additional Shelter meet the following requirements: | **YES** | **NO** |
| Provide all required services listed under TAC §356.701 |  |  |
| Provide nonresidential services in the additional shelter |  |  |
| Provide services to an unserved or underserved population or geographic location |  |  |
| Provide the same services as a 24-hour-a-day shelter |  |  |
| Have local community representation on the center’s board of directors |  |  |
| Have financial support |  |  |
| Have at least one employee or volunteer on-site continuously when a resident is staying in shelter, or on-site or on-call 24-hours-a-day, every day of the year, when no residents are staying in shelter. |  |  |
| §356.627 Does your shelter have a maximum length of stay policy? |  |  |

**If you marked “No” for any of the above please explain why, and how you will ensure to comply by the start of the grant.**

**Additional Shelter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Additional Shelter Program Readiness** | | |
| §356.203Does your organization’s Additional Shelter meet the following requirements: | **YES** | **NO** |
| Provide all required services listed under TAC §356.701 |  |  |
| Provide nonresidential services in the additional shelter |  |  |
| Provide services to an unserved or underserved population or geographic location |  |  |
| Provide the same services as a 24-hour-a-day shelter |  |  |
| Have local community representation on the center’s board of directors |  |  |
| Have financial support |  |  |
| Have at least one employee or volunteer on-site continuously when a resident is staying in shelter, or on-site or on-call 24-hours-a-day, every day of the year, when no residents are staying in shelter. |  |  |
| §356.627 Does your shelter have a maximum length of stay policy? |  |  |

**If you marked “No” for any of the above please explain why, and how you will ensure to comply by the start of the grant.**