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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://texas-sos.appianportalsgov.com/rules-and-meetings?chapter=356&interface=VIEW_TAC&part=1&subchapter=B&title=26)

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| **Fiscal Readiness** | | |  |
| §356.301 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 includes 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 |  |  |  |
| Identify 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 that receives training per §356.103 as applicable? |  |  |  |
| §356.204 Does your organization have a written internal monitoring system to evaluate:   * The quality of the center's required resident and non-resident 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 as applicable? |  |  |  |
| §356.404 Does your organization provide a verbal orientation and training for new employees? |  |  |  |
| §356.405 Does your organization provide ongoing training for employees? |  |  |  |
| §356.504 Does your organization have written policies and procedures to promote the safety and security of residents, nonresidents, program participants, employees, and volunteers? |  |  |  |
| §356.608 Does your organization have written procedures that ensure people with limited English proficiency have meaningful access to the program? |  |  |  |
| §356.609 Do you have a policy and procedure to help victims when shelter is at capacity? |  |  |  |
| §356.613 Does your organization have a written general confidentiality and victim-advocate privilege policy that meets all the requirements of §356.613? |  |  |  |
| §356.621 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? |  |  |  |
| §356.715 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? |  |  |  |
| §356.505 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, when no residents are staying in shelter? |  |  |  |
| §356.506 Do you provide direct access to personal hygiene items without having to request items from staff that meet the diverse needs of the population of the shelter service area? |  |  |  |
| §356.602Your organization does not charge or solicit contributions or donations in return for services. |  |  |  |
| §356.605 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 the conditions listed in §356.605? |  |  |  |
| §356.614 Does your organization provide confidentiality information to clients? |  |  |  |
| §356.617 Does your organization maintain client records that only include information necessary for:   * statistical and funding purposes; * documenting the survivor-stated 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 Does your shelter have a maximum length of stay policy? |  |  |  |
| §356.704Does 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? |  |  |  |
| §356.708/§356.709 Does your organization have an orientation for clients that includes all information listed §356.708 or §356.709, as applicable?? |  |  |  |
| §356.710 Does your organization document with each client a needs assessment 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://texas-sos.appianportalsgov.com/rules-and-meetings?chapter=356&interface=VIEW_TAC&part=1&subchapter=B&title=26) as applicable to your Application?

|  |  |
| --- | --- |
|  | 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 checklist below 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 non-residential 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.**