



December 12, 2008

Dear MCADSV Member Program,

Thank you for your interest in continuing your commitment to ending violence against women through a 2009 membership with the Missouri Coalition Against Domestic and Sexual Violence.

Some of the benefits that you receive through your MCADSV membership include: free training throughout 2009; a discount on registration for the MCADSV Annual Conference; advocacy through a united voice to achieve domestic and sexual violence public policy goals; regional meeting participation and connection; updates on legislative efforts and changes in the law; free Coalition publications; toll-free access to technical assistance through the Member Program Technical Assistance Helpline; and inclusion in the *MCADSV Directory of Domestic and Sexual Violence Service Provider* listing any services your program may provide to survivors.

With your ongoing help and participation in 2009, we anticipate that we can meet the challenges to advance our work and to achieve our vision of the day the violence ends. We look forward to your crucial support, dedication and involvement in MCADSV. There is much work that remains, and there is much we can do together.

Please remember that your program membership dues can be paid in installments, but the enclosed forms and a minimum of 25 percent of your total annual dues are due by February 2, 2009. The forms and 25 percent of your payment must be received by the Coalition by February 2, 2009 to ensure your program's listing in the *2009 MCADSV Directory of Domestic and Sexual Violence Service Providers* and uninterrupted membership with MCADSV. Indicate your payment preference on the enclosed materials. Should you have any additional questions about your membership, please call Debbie Stelter, MCADSV Office Manager, at (888) 666-1911.

On behalf of the staff and Board of Directors of MCADSV, I thank you for your support and look forward to our work together in the coming year.

Sincerely,

Colleen Coble
MCADSV Chief Executive Officer

217 Oscar Drive, Suite A
Jefferson City,
Missouri 65101
(573) 634-4161
(573) 636-3728 Fax
mocadsv@mocadsv.org
www.mocadsv.org



2009 PROGRAM MEMBERSHIP RETURN MAIL CHECKLIST

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009

Use this checklist to ensure that you have included all of the necessary parts of the membership application in your return mailing to MCADSV. **Please return this checklist, along with the items listed below, by February 2, 2009, to ensure your program's listing in the 2009 MCADSV Directory of Domestic and Sexual Violence Service Providers and uninterrupted membership with MCADSV.**

▶ PROGRAM NAME _____

▶ ITEMS TO BE INCLUDED IN RETURN MAILING TO MCADSV:

- Dues and Profile form;
- Administrative Information form;
- A copy of your organization's mission statement;
- A list of your organization's 2009 Board of Directors;
- Signed MCADSV Listserv Agreement form;
- Signed Resolution of Membership Agreement form;
- Information for 2009 Directory; and
- Minimum dues payment of 25 percent of your total annual dues or the entire payment.

▶ PLEASE KEEP THE *MCADSV SERVICE STANDARDS AND GUIDELINES FOR DOMESTIC VIOLENCE PROGRAMS*, *MCADSV SERVICE STANDARDS AND GUIDELINES FOR SEXUAL VIOLENCE PROGRAMS*, AND *MCADSV GUIDE FOR REPORTING DOMESTIC AND SEXUAL VIOLENCE SERVICE* AS REFERENCES FOR YOUR ORGANIZATION.

▶ IF YOU WOULD LIKE A COPY OF THE *MCADSV STANDARDS AND GUIDELINES FOR BATTERER INTERVENTION PROGRAMS*, PLEASE CONTACT MCADSV AT (888) 666-1911.

▶ NAME/TITLE OF PERSON COMPLETING THIS FORM _____

For office use only

Date _____	QB _____	Directory _____
Region _____	Admin _____	
CM _____	PDS _____	
E-mail _____	Web site _____	



2009 PROGRAM MEMBERSHIP DUES CALCULATION INFORMATION

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009

The categories for program membership in the Missouri Coalition Against Domestic and Sexual Violence are established according to MCADSV Bylaws. Membership fees are set by the Board of Directors. The following are the 2009 MCADSV organizational and affiliate membership categories:

Organizational Members

There are no 2009 dues structure changes for the following categories of legally recognized and/or incorporated organizations. The dues structure for these organizations remains at 0.2% (.002) of a program's domestic and/or sexual violence services budget for the following:

1. Non-profit, non-governmental organizations that have a primary purpose of the provision of direct services to women, and their children, who are victimized by domestic violence, dating violence and/or stalking.
2. Non-profit, non-governmental organizations that have a primary purpose of the provision of direct services to women, and their children, who are victimized by sexual violence.
3. Non-profit, non-governmental organizations that have a primary purpose of the provision of direct services to women, and their children, who are victimized by domestic violence, sexual violence, dating violence and/or stalking.
4. Non-profit, non-governmental organizations with an agency program operating that has a primary purpose of the provision of direct services to women, and their children, who are victimized by domestic violence, dating violence and/or stalking.
5. Non-profit, non-governmental organizations with an agency program operating that has a primary purpose of the provision of direct services to women, and their children, who are victimized by sexual violence.
6. Non-profit, non-governmental organizations with an agency program operating that has a primary purpose of the provision of direct services to women, and their children, who are victimized by domestic violence, sexual violence, dating violence and/or stalking.

Examples:

Program's Budget for DV/SV Services	Dues
\$0 to \$50,000	\$100.00 (minimum set rate)
\$60,000 x .002=	\$120.00
\$100,000 x .002=	\$200.00
\$500,000 x .002=	\$1,000.00

The minimum yearly dues are set at \$100.00.

Affiliate Members

This category of membership includes the following legally recognized and/or incorporated organizations:

1. Governmental organizations or public service entities operating under the authority of state, county or municipal governing bodies that provide direct services that include services to women, and their children, who are victimized by domestic violence, sexual violence, dating violence and/or stalking.
2. Non-profit, non-governmental organizations, established with a primary purpose other than that described on the previous page, that provide direct services to women, and their children, who are victimized by domestic violence, sexual violence, dating violence and/or stalking.
3. Profit or non-profit, non-governmental organizations that seek affiliation and alliance with organizations providing services to women, and their children, who are victimized by domestic violence, sexual violence, dating violence and/or stalking.
4. Non-profit, non-governmental organizations that have a primary purpose of the provision of batterer intervention services.
5. Non-profit, non-governmental organizations that have a primary purpose of the provision of sex offender intervention, treatment and/or management services.
6. Governmental organizations or public service entities, operating under the authority of state, county or municipal governing bodies, that provide direct services which include services of batterer intervention, and/or sex offender intervention, treatment and/or management.

Affiliate member dues are set at a flat rate of \$200 annually.

Questions about the MCADSV membership categories?

If you have any questions regarding the classification of your organization for membership or the calculation of membership dues owed by your organization, please contact Debbie Stelter, Office Manager at (888) 666-1911.



2009 PROGRAM MEMBERSHIP DUES AND PROFILE FORM

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009

▶ PROGRAM NAME _____

▶ MAILING ADDRESS _____

City _____ State _____ ZIP _____

▶ OFFICE PHONE NUMBER _____

▶ OFFICE FAX NUMBER _____

▶ PRIMARY CONTACT E-MAIL ADDRESS _____

▶ IS YOUR PROGRAM UNDER THE OPERATING AUTHORITY OF A PARENT ORGANIZATION?

Yes No

If yes, Organization _____

Address _____

City _____ State _____ ZIP _____

▶ FOR PROPER CODING FOR MONTHLY SERVICES REPORT DSS FEDERAL FUNDING DATA REPORTING, DO YOU RECEIVE DSS FEDERAL FUNDS?

Yes No

▶ BUDGET FOR DOMESTIC AND/OR SEXUAL VIOLENCE SERVICES (If domestic and/or sexual violence services budget is separate from that of a parent organization, please list portion for domestic and/or sexual violence.):

2009 _____

▶ BASED ON THE "DUES CALCULATION INFORMATION" SECTION, INDICATE MEMBERSHIP STATUS:

ORGANIZATIONAL MEMBER

AFFILIATE MEMBER

▶ 2009 MCADSV PROGRAM MEMBERSHIP DUES \$ _____

▶ THESE MEMBERSHIP DUES WILL BE PAID (Please check preference.):

In full (one payment) In quarterly payments

Other payment plan _____

▶ NAME/TITLE OF PERSON COMPLETING THIS FORM _____

A minimum dues payment of 25 percent of your total annual dues is required by February 2, 2009 to keep your program membership active.



2009 PROGRAM MEMBERSHIP ADMINISTRATIVE INFORMATION

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009

PROGRAM INFORMATION

Information regarding an organization's structure, as listed on this page, is considered public information. Should a party request this information from MCADSV, it will be provided to them.

▶ IS YOUR PROGRAM A 501(C)(3)? Yes No

▶ WHAT YEAR WAS YOUR ORGANIZATION INCORPORATED? _____

▶ WHAT YEAR DID YOUR ORGANIZATION BEGIN PROVIDING SERVICES TO VICTIMS OF DOMESTIC VIOLENCE? _____ SEXUAL VIOLENCE? _____

▶ PLEASE ATTACH A COPY OF YOUR MISSION STATEMENT.

▶ NUMBER SERVING ON BOARD OF DIRECTORS: _____

▶ PLEASE ATTACH A LIST OF YOUR 2009 BOARD OF DIRECTORS.

▶ NUMBER OF STAFF MEMBERS: _____

▶ NUMBER OF VOLUNTEERS: _____

MONTHLY SERVICES REPORTS

As a condition of membership, programs agree to submit Monthly Services Reports to the Coalition. (See enclosed *MCADSV Guide for Reporting Domestic and Sexual Violence Services*)

▶ NAME/CONTACT INFORMATION OF PERSON RESPONSIBLE FOR COMPILING AND SUBMITTING DATA FOR MONTHLY SERVICES REPORTS _____

FUNDING SOURCES AND AMOUNT GENERATED BY SOURCE

If you have questions regarding the abbreviations used to identify possible funding sources, please call MCADSV. Please attach additional pages if needed.

▶ **FEDERAL** (VOCA, DSS-DVVA, HUD, CDBG, FEMA, ESG, STOP Violence, RPE, etc.):

▶ **STATE** (SSVF, DSS Shelter/Related Services, DSS Day Care, Department of Health, etc.):

▶ **CITY OR COUNTY** (Marriage license fees, court filing fees, local ordinance violation fees, mill tax, city/county funds, mental health tax, etc.):

▶ **LOCAL CHARITABLE FUNDING** (United Way, service clubs, churches, events, etc.):

▶ **OTHER FUNDING** (i.e. thrift stores, etc.):

▶ **NAME/TITLE OF PERSON COMPLETING THIS FORM** _____



2009 PROGRAM MEMBERSHIP MCADSV LISTSERV AGREEMENT

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009.

MCADSV provides its members with services that increase opportunities for communication, education, alliance and research among advocates working to end violence against women. To that end, MCADSV hosts a series of Listservs for its members.

The following guidelines for participation in the Listservs are intended to facilitate effective and respectful communication.

MCADSV MEMBERS' LISTERV RIGHTS AND RESPONSIBILITIES

- ▶ The MCADSV Listservs are offered only to MCADSV program members, their employees and individual members. Members may be added or removed from Listservs only by MCADSV staff. Members who do not renew their Coalition membership will have their e-mail addresses removed from the MCADSV Listserv.
- ▶ Members are only allowed to send to Listservs that they are on. Members can be added to topic-specific MCADSV Listservs upon request. Should an e-mail address be cancelled or changed, the member organization is responsible for contacting MCADSV staff with the changes.
- ▶ Any member on a list may initiate a Listserv message by addressing their e-mail to one of the Listserv e-mail addresses.
- ▶ MCADSV staff will act as passive moderators of Listserv content. MCADSV staff do, however, reserve the right to contact Listserv message authors for clarification of content or to discuss divergent opinions related to a Listserv posting.
- ▶ All who participate in the MCADSV Listservs have the right to, and responsibility for, respectful and ethical communication through the Listservs.
- ▶ Members should not post potentially personally identifying information about victims of domestic violence, sexual violence and/or stalking to the MCADSV Listservs.

STAFF TO BE INCLUDED IN THE MCADSV LISTSERV:

I agree to the above guidelines for participation in MCADSV Listservs.

Name _____ E-mail _____

Signature _____

Name _____ E-mail _____

Signature _____

Name _____ E-mail _____

Signature _____

Name _____ E-mail _____

Signature _____

Please attach additional pages if needed.



2009 PROGRAM MEMBERSHIP RESOLUTION OF MEMBERSHIP AGREEMENT

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009

Whereas: The Missouri Coalition Against Domestic and Sexual Violence is a statewide membership coalition of organizations and individuals working to end violence against women, and their children, through direct services, social and systemic change; and

Whereas: The Missouri Coalition Against Domestic and Sexual Violence works to achieve its mission through education, alliance, assistance and research; and

Whereas: The members of the Missouri Coalition Against Domestic and Sexual Violence have developed best practices in the form of *Service Standards and Guidelines for Domestic Violence Programs*, *Service Standards and Guidelines for Sexual Violence Programs*, and *Standards and Guidelines for Batterer Intervention Programs*; and

Whereas: The Missouri Coalition Against Domestic and Sexual Violence relies on the financial support of organizational members, affiliate members and individual members to achieve public policies that benefit women, their children and the programs that serve them; and

Whereas: The Missouri Coalition Against Domestic and Sexual Violence is the sole source of service statistics documenting the aggregate services provided throughout through its member programs;

Therefore, be it resolved,

that _____,
as a member program of the Missouri Coalition Against Domestic and Sexual Violence, hereby agrees to:

- ▶ Support the mission of the Missouri Coalition Against Domestic and Sexual Violence; and
- ▶ Adopt the *Service Standards and Guidelines for Domestic Violence Programs*, *Service Standards and Guidelines for Sexual Violence Programs*, and/or the *Standards and Guidelines for Batterer Intervention Programs*; and
- ▶ Contribute financially to the Missouri Coalition Against Domestic and Sexual Violence in the form of membership dues; and
- ▶ Submit, to the offices of MCADSV, Monthly Services Reports documenting provision of domestic and/or sexual violence services during 2009; and
- ▶ Abide by the MCADSV Listserv policies.

Executive Director or Authorized Official

Date



2009 PROGRAM MEMBERSHIP INFORMATION FOR 2009 DIRECTORY

Please send to 217 Oscar Drive, Suite A, Jefferson City, MO 65101 by 2/2/2009

The information requested below will be used to compile the 2009 MCADSV Directory of Domestic and Sexual Violence Service Providers. Copies of the directory are distributed to member programs, related service providers, government agencies and the general public throughout Missouri. **The directory is also published on the MCADSV Web site.** If you have any questions about this form, contact Laura Paulus, MCADSV Publications Coordinator, at (888) 666-1911.

▶ PROGRAM NAME AS TO BE LISTED IN THE DIRECTORY _____

▶ PRIMARY SERVICE AREA/COUNTIES SERVED (in alphabetical order): _____

▶ PLEASE IDENTIFY THE SERVICES YOUR PROGRAM PROVIDES (Check only one):

- Both domestic and sexual violence services
- Domestic violence services only
- Sexual violence services only

▶ ARE YOUR PROGRAM'S FACILITIES WHEELCHAIR ACCESSIBLE? Yes No

▶ E-MAIL AND WEB SITE ADDRESSES: (List only the address(es) you want published in the directory.)

E-mail address _____

E-mail address _____

Web site address _____

▶ TELEPHONE NUMBERS: (List only the number(s) you want published in the directory.)

Hotline _____

Shelter _____

Main Office _____

Fax _____

Outreach Office(s) (Please list location and phone number.) _____

Other _____

▶ EXECUTIVE DIRECTOR _____

▶ SECONDARY CONTACT AND TITLE _____

▶ **MAILING ADDRESS(ES):** (List only the address(es) you want published in the directory.)

Main Office _____

City _____ State _____ ZIP _____

Outreach Office _____

City _____ State _____ ZIP _____

Outreach Office _____

City _____ State _____ ZIP _____

Outreach Office _____

City _____ State _____ ZIP _____

▶ **PRIMARY SERVICES PROVIDED:** *These categories will determine where your program is listed in the directory.*

Please check all that apply.

- Advocacy services
- Legal services (e.g. a legal aid or prosecuting attorney's office)
- Services for batterers
- Services for sex offenders

▶ **PLEASE IDENTIFY THE SERVICES YOUR PROGRAM PROVIDES ON-SITE:** *The descriptions below apply to both domestic and sexual violence services provided by your program. Do not identify services to which your program only provides referrals. Your selections will be used to determine the services listed in your program's entry in the directory. Please check all that apply.*

- Shelter:** Number of beds _____
- Safehomes:** A network of private safe homes whose families have been screened and trained and have agreed to follow *MCADSV Service Standards and Guidelines for Domestic Violence Programs*.
- Motel placement:** An alternative to shelter service, paid for by your program.
- Crisis intervention:** Interactions and activities performed over the telephone or in person by qualified, trained staff members or volunteers with an individual in crisis to stabilize emotions, clarify issues, and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.
- Court/legal advocacy:** The provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a victim.
- Hospital advocacy:** Advocacy that is provided within a hospital setting by qualified, trained staff members or volunteers. The advocate may be on call or may have an office in the hospital.
- Licensed childcare:** Childcare that has been approved and licensed by the state of Missouri.
- Legal representation:** Legal representation provided free of charge from an attorney who is on staff at your program.
- Professional therapy for individual women:** Individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker and who has specific training in addressing issues of domestic and sexual violence.
- Professional therapy for individual children:** Individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker and who has specific training in addressing issues of domestic and sexual violence with children.

- Professional therapy for individual battered men:** Individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker and who has specific training in addressing issues of domestic and sexual violence.
- Structured program for children:** An opportunity for children to be in a structured environment facilitated by qualified, trained staff members or volunteers.
- Support groups for women:** Interactive group sessions that may be non-directed, topic oriented or informational and educational that are facilitated by a qualified, trained staff member or volunteer.
- Support groups for children:** Interactive group sessions that may be non-directed, topic-oriented or informational and educational that are facilitated by a qualified, trained staff member or volunteer.
- Support groups for battered men:** Interactive group sessions that may be non-directed, topic-oriented or informational and educational that are facilitated by a qualified, trained staff member or volunteer.
- Transitional housing:** Non-emergency housing for a length of stay of more than six months. Transitional housing is free or low-cost subsidized housing directly available through a domestic violence program. Transitional housing affords more privacy and independence than emergency shelter.
- Batterer intervention groups:** Batterer intervention groups are provided by staff members or volunteers who have specific training in the nature and dynamics of domestic violence and batterer intervention. Batterer intervention programs are not anger management classes, do not identify poor impulse control as the primary cause of violence and do not blame the victim for the batterers' behavior.
- Individual batterer intervention:** Individual batterer intervention is provided by a staff member or volunteer who has specific training in the nature and dynamics of domestic violence and batterer intervention. Individual batterer intervention is not anger management, does not identify poor impulse control as the primary cause of violence and does not blame the victim for the batterer's behavior.
- Sex offender treatment:** Sex offender treatment is provided by staff members who have specific training in the nature and dynamics of sexual violence and sex offender treatment.
- Foreign language fluency** (please list) _____
- American Sign Language fluency**
- Other services offered** (i.e. teen violence prevention program, transportation, thrift store, pet protection program, Safe at Home application assistant on staff, adult education/GED classes, etc.)

► **IF YOUR PROGRAM IS RESIDENTIAL, ARE THESE SERVICES ALSO PROVIDED TO NON-RESIDENTS?** Yes No Partial

If partial, please list the services offered to non-residents: _____

► **NAME, TITLE AND E-MAIL ADDRESS OF PERSON COMPLETING THIS FORM:** *You will receive a copy of your directory listing via e-mail to review before the directory is published.*

Name and title _____

E-mail _____