

CALIFORNIA SECRETARY OF STATE SAFE AT HOME

Enrolling Agency Designation Agreement

The purpose of this agreement is for Safe at Home to learn more about your agency, services offered, demographics served, and designate the agency into the Enrolling Agency network.

This form is a fillable PDF. Digital completion is encouraged. All e-signatures are accepted.

Submit completed forms to: EAinquiries@sos.ca.gov

Agency Name: _____

(If there are multiple sites/location, use the main one.)

1. **Will this agency have multiple Safe at Home enrolling sites/locations?** Yes No

If yes, you must list the additional enrolling sites/locations on the last page.

2. **County:** _____

3. **Physical Address:** _____

4. **Mailing Address:** _____

5. **Public Phone:** _____

This is the phone number applicants will use to inquire about enrollment.

6. **Public Email (if applicable):** _____

7. **Agency Website:** _____

Designated Contact(s): Please provide contact information for the Designated Contact, defined as the primary contact and liaison between your agency, applicants, and Safe at Home. Their role includes announcement of program updates to agency staff, renewal of the Enrolling Agency Designation Form, training registration, notification of agency changes, etc. **This information will not be released to the public.**

8. **Name:** _____

Phone Number: _____

Email: _____

If applicable, please provide contact information for a secondary/back-up Designated Contact:

9. **Name:** _____

Phone Number: _____

Email: _____

The following information is collected by Safe at Home and will not be released to the public.

10. **Director's Name:** _____

Director's Email: _____

11. **Business Entity Number:** _____

This is not applicable for government offices such as a County District Attorney's Office.

This is a corporation entity number on file with the California Secretary of State that is 5 or 6 digits.

You can conduct a business search to locate your entity number at

<https://bizfileonline.sos.ca.gov/search/business>.

Enrolling Agency Acknowledgement

To qualify as a designated Safe at Home Enrolling Agency, your agency must be a state, county or non-profit agency providing counseling or shelter services to victims of domestic violence, sexual assault, stalking, human trafficking, or elder/dependent adult abuse (Government Code section §6208.5); or be a state, county, or non-profit agency assisting with reproductive health or be a public entity representing persons applying to be program participants (Government Code §6215.8.).

This Agreement is effective from the signed date and up to four years afterwards. Should your agency have any changes (i.e., new phone number, change of address, or new Designated Contact), please notify Safe at Home via email at EAinquiries@sos.ca.gov.

By signing below, I acknowledge the following responsibilities:

1. Our agency fully meets the qualifications as stated in Government Code §6208.5 or §6215.8 to be an Enrolling Agency for the Safe at Home program. We will meet in person with each Safe at Home applicant to provide program orientation and assist with the completion of the enrollment forms.
2. Representatives from our agency shall complete training provided by the Safe at Home program prior to assisting program applicants with the application process.
3. Our agency will not discriminate against any Safe at Home applicant because of race, creed, color, national origin, gender, sexual orientation, age, or mental, physical, or sensory disability.
4. Our agency will not make copies of the completed enrollment forms. We will not disclose any confidential information provided on the Safe at Home application by the applicant.
5. If our agency no longer wishes to participate as an Enrolling Agency, either the director or the designated contact person listed on this form will provide written notification to Safe at Home requesting removal from the Enrolling Agency Referral Listing.
6. Safe at Home may cancel the agency's designation as an Enrolling Agency for failure to comply with Government Code §6208.5 or Government Code §6215.8.
7. Review the application with applicants before forwarding the completed enrollment package and application fees to the Secretary of State within twenty-four (24) hours of receipt of a completed enrollment package.

Director's Signature: _____

Date: _____

Enrolling Agency Information

1. Whom does your agency serve? Select all that apply.

Victims of:

- Domestic Violence
- Stalking
- Sexual Assault
- Human Trafficking
- Elder/Dependent Adult Abuse

Other:

- Reproductive Healthcare Provider, Employee, Volunteer, or Patient
- Public Entity Employee or Contractor

2. Does your agency need to be kept confidential? If yes, agency information will not be listed on the Safe at Home public website and directory.

- No
- Yes, all agency locations
- Yes, but only the following locations: _____

3. Due to the confidential nature of applicant information, what security measures are in place to ensure the confidentiality of Safe at Home applicants?

4. Does your agency provide services to any of the following? Select all that apply.

- Women
- Men
- Seniors 60+
- Children
- Non-Binary

5. Must your clients reside within the same county as your agency to receive services?

- Yes
- No

6. Does your agency take walk-in clients or appointment only?

- Walk-in
- Appointment Only
- Both

7. Select the populations that your agency specializes in serving. If there are additional underserved communities, please list below.

- | | | |
|---------------------------------|-----------------|---|
| African American | Homeless | Low-income |
| American Indian / Alaska Native | Immigrants | Native Hawaiian /
Other Pacific Islander |
| Asian American | Latino/Hispanic | Rural Area |
| College students | LGBTQ+ | Other: |

8. Other than English, which languages are most frequently spoken or used by your agency?

9. Does your agency need materials in these languages?

- Chinese
- Tagalog
- Korean
- Vietnamese
- Spanish

10. Does your agency provide accommodations to clients with disabilities? If yes, how?

11. Does your agency have any specific requirements clients must meet before you will assist with the Safe at Home application process (e.g., be an established client)? If yes, please explain:

12. What services does your agency offer to clients (e.g., behavioral health therapy, legal services, temporary housing)? _____

Additional Needs

Email Distribution List:

The Enrolling Agency Training Coordinator sends monthly emails that include program updates, training announcements, topic highlights, and bi-annual newsletters. If you would like to **sign-up additional staff** to receive these emails, please list their full name, and email address:

Electronic Applications:

Your agency can submit enrollment applications electronically using the Safe at Home Online Portal. This can reduce postal delivery time, cut paper waste, and make it easier for staff who telework by allowing attachments to be uploaded. A training course must be completed to obtain an Online Portal license which is limited to 1-2 licenses per agency location. Would you like to learn more about Online Portal course requirements and registration?

Yes

No

Please return the completed and signed Enrolling Agency Designation Form by:

Email: EAinquiries@sos.ca.gov

FAX: **(916) 653-7625**

Thank you for your assistance and continued partnership with Safe at Home. If you have any questions, please contact the Safe at Home program by email at EAinquiries@sos.ca.gov or phone at (877) 322-5227. Office hours are Monday - Friday from 8:00 a.m. to 5:00 p.m., excluding holidays.

Supplemental Questions for Additional Enrolling Sites/Locations

If your agency will have multiple Safe at Home enrolling sites/locations, please complete these supplemental questions. This will ensure Safe at Home collects all necessary information related to your agency. If your agency has more than three enrolling sites/locations, please attach a sheet of paper with the required information:

Name of Agency's 2nd Location: _____

County: _____

Physical Address: _____

Mailing Address: _____

Designated Contact Name: _____

Designated Contact Phone Number: _____

Designated Contact Email: _____

How is this location different than the main location (e.g., different services offered)?

Name of Agency's 3rd Location: _____

County: _____

Physical Address: _____

Mailing Address: _____

Designated Contact Name: _____

Designated Contact Phone Number: _____

Designated Contact Email: _____

How is this location different than the main location (e.g., different services offered)?
