



# California Address Confidentiality Program: **Safe at Home**



## Enrolling Agency Designation Form

This form is two sided. Print responses in ink. For questions please call (877) 322-5227.  
Submit completed forms to: **Safe at Home, P.O. Box 846, Sacramento, CA, 95812**

1. Enrolling Agency Name: \_\_\_\_\_
  
2. Physical Address:   Street Address: \_\_\_\_\_  
                              Suite #: \_\_\_\_\_  
                              City/State: \_\_\_\_\_  
                              ZIP Code: \_\_\_\_\_
  
3. Mailing Address:   Street Address: \_\_\_\_\_  
                              Suite #: \_\_\_\_\_  
                              City/State: \_\_\_\_\_  
                              ZIP Code: \_\_\_\_\_
  
4. Public Phone: \_\_\_\_\_
  
5. Public Email: \_\_\_\_\_
  
6. Website: \_\_\_\_\_

**Please provide contact information for the designated liaison between your agency, applicants, and Safe at Home. This information will not be released to the public.**

7. Designated Contact Person's Name: \_\_\_\_\_
  
8. Designated Contact Person's Phone: \_\_\_\_\_

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

9. Director's Name: \_\_\_\_\_
  
10. Director's Email: \_\_\_\_\_
  
11. Designated Contact Person's Email: \_\_\_\_\_
  
12. Business Entity Number on file with the Secretary of State: \_\_\_\_\_

## **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 or stalking; or providing counseling services to a reproductive healthcare employee, provider, patient, or volunteer (Government Code sections §6208.5 and §6215.8.).

This Agreement is effective from the signed date and up to two years afterwards. Should your agency have any changes (i.e., new phone number, change of address, or director), please notify Safe at Home's contact, Joanne Garcia, through email at [joanne.garcia@sos.ca.gov](mailto:joanne.garcia@sos.ca.gov) or FAX at (916) 653-7625.

### **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 application.
2. 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.
3. Our Agency will not make copies of the application materials to keep on file nor will we make copies of the completed enrollment forms. We will not disclose any confidential information provided on the Safe at Home application by the applicant.
4. In the event that our agency no longer wishes to participate as an Enrolling Agency, either myself 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.
5. 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.

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

| <b>For Official Use Only</b>        |
|-------------------------------------|
| <b>Date Entity Verified by SAH:</b> |
| <b>Entity Status:</b>               |
| <b>Verified by:</b>                 |