



MEMBERSHIP APPLICATION

National Network of Hospital-based Violence Intervention Programs

Online Application

Contact Information

1. Program Name: Click or tap here to enter text.
2. Hospital Affiliation (list all): Click or tap here to enter text.
3. Academic Affiliation (if different from above): Click or tap here to enter text.
4. Mailing Address: Click or tap here to enter text.
5. Web Site: Click or tap here to enter text.
6. Primary Contact Person: Click or tap here to enter text.
 - a. Programmatic Role/Title of Primary Contact Person: Click or tap here to enter text.
 - b. Email: Click or tap here to enter text.
 - c. Phone: Click or tap here to enter text.

Program Information

Background

1. Program Mission and Goals: Click or tap here to enter text.
2. Is the program:
 - a. Hospital-based (program staff are employees of the hospital)
 - b. Hospital-linked (program staff are employees of a community-based organization that has an MOU with the hospital to provide services)?
 - i. Provide name of organization, website, primary services provided
 - c. Other (Explain):
3. When did your program begin providing services to violently injured patients? Click or tap here to enter text.

Staffing

4. Number of Paid Staff: Click or tap here to enter text.
5. List each paid position and %FTE: Click or tap here to enter text.
6. Number of Case Managers/Intervention Specialists: Click or tap here to enter text.
7. Number of Program Volunteers Click or tap here to enter text.:
8. List volunteer responsibilities: Click or tap here to enter text.
9. Which positions are directly involved in the case management of your patients/clients? Click or tap here to enter text.
10. Are program staff/case managers para-professionals or professionally trained case managers? Click or tap here to enter text.
11. Please describe the level & type of training that program staff/case managers receive:Click or tap here to enter text.



12. Did your program receive technical assistance during program start-up? If so, please list program names and locations
Click or tap here to enter text.

Services

13. How many clients has your program served to date? Click or tap here to enter text.
14. How many clients does your program serve on average annually? Click or tap here to enter text.
15. Average caseload per case manager/intervention specialist. Click or tap here to enter text.
16. Average number of clients served by a case manager/intervention specialist each year. Click or tap here to enter text.
17. Average length of time spent with a client (in months) Click or tap here to enter text.
18. What services does your program offer during bedside visits while the client is still in the hospital?
- Health care
 - Mental health
 - Housing
 - Employment
 - Education
 - Other
 - We do not offer services during bedside visits (If so, explain)
19. What services does your program provide after the patient/client is discharged from the hospital?
- Health care
 - Mental health
 - Housing
 - Employment
 - Education
 - Other
 - We do not offer services after discharge (If so, explain)
20. Please describe the nature of, frequency of contact, and the minimum and maximum length of time that follow-up services are provided (Answer "N/A" if not applicable): Click or tap here to enter text.
21. Criteria for Client Referral to Program (please be sure to include age range, injury type, and how referrals are received): Click or tap here to enter text.

Funding and Outcomes

22. What are the funding sources for this program (list all, with approximate percentages if multiple funders) Click or tap here to enter text.
23. How long has each funder been in place? Click or tap here to enter text.
24. How does the program measure outcomes? Click or tap here to enter text.

NNHVIP Working Groups

Membership in NNHVIP requires participation in a minimum of one working group. NNHVIP working groups give us the opportunity to make an impact on a macro-level by leveraging the expertise and resources found within our membership. Working groups meet monthly via conference call.



Please identify the NNHVIP working group(s) in which you plan to participate. Include the name and contact information of your representative. Descriptions of the working groups can be found on Attachment A below.

- Communications
- Mental Health
- Policy
- Professional Certification
- Research and Evaluation
- Workforce Development

Additional Documents

Please attach copies of the following documents:

- Required
 - Documentation forms (intake form, case planning form, etc.)
- Recommended
 - Reports/summaries of any evaluation that has been conducted on your program
 - Program brochures

Thank You

Thank you for your interest in becoming a part of the National Network of Hospital-based Violence Intervention Programs and for taking the time to complete this application. Applications are reviewed by the Steering Committee of the National Network of Hospital-based Violence Intervention Programs on a quarterly basis. More information about the network can be found at www.nnhvip.org.

Questions? Please contact Fatimah Muhammad, NNHVIP Executive Director, at nnhvip@gmail.com

