



California Secretary of State



safe at home

California Address Confidentiality Program

Enrolling Agency Designation Agreement 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 Number: _____

9. Designated Contact Person's Email: _____

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

10. Director's Name (if different from Designated Contact Person above: _____

11. Director'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, stalking, human trafficking or elder/adult dependent abuse; 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 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. In the event that 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.

Director’s Signature: _____

Date: _____

For Official Use Only
Date Entity Verified by SAH:
Entity Status:
Verified by:

California Address Confidentiality Program

Enrolling Agency Designation Questionnaire

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Enrolling Agency Information

1. Whom does your agency serve? (Please circle all that apply).

- a) Victims of Domestic Violence
- b) Victims of Stalking
- c) Victims of Sexual Assault
- d) Victims of Human Trafficking
- e) Victims of Elder/Adult Dependent Abuse

2. Does your agency wish to be part of the listing on our public website?

- a) Yes
- b) No

3. Please list the locations of any **additional sites/offices your agency may have:**
 (You may attach an additional sheet of paper if you need more room)

Agency Name	Physical Address	Mailing Address	Contact Name	Contact Email

4. Does your agency provide services to any of the following? (Please circle all that apply).

- a) Women
- b) Men
- c) Seniors 65+
- d) Children
- e) Non-Binary

Enrolling Agency Designation Form & Questionnaire

<p>5. Please list the populations your agency most frequently serves (i.e. Asian-American, LGBTQ, Latino/a, etc.).</p>
<p>6. Other than English, which languages are most frequently spoken or used by your agency? (Please list any that apply).</p>
<p>7. Does your agency provide accommodations to clients with disabilities? If yes, how? (Please explain).</p>
<p>8. Does your agency take walk-in clients or appointment only?</p> <ul style="list-style-type: none">a) Walk-inb) Appointment Onlyc) Both
<p>9. Must your clients reside within the same county as your agency in order to receive services?</p> <ul style="list-style-type: none">a) Yesb) No
<p>10. 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:</p>
<p>11. What services does your agency offer to clients (i.e. behavioral health therapy, legal services, temporary housing):</p>

Training Needs
<p>1. Training for assisting interested people with the Safe at Home application process is available. Please indicate the number of staff to be trained.</p> <p>a) Number of attendees _____</p>
<p>2. Is your agency willing to host and provide a venue for training?</p> <p>a) Yes (If yes, how many people can your venue accommodate _____).</p> <p>b) No</p>
<p>3. How far is your agency willing or able to travel for training?</p>

Thank you for your assistance and for your continued partnership with Safe at Home. Please feel free to contact the Safe at Home Program at (877) 322-5227 should you have questions. Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding holidays.

Please return the completed and signed **Enrolling Agency Agreement and the Enrolling Agency Questionnaire** as follows:

Mail to: **Safe at Home Program**
 Attn: Enrolling Outreach and Training
 P.O. Box 846
 Sacramento, CA, 95812.

Email: **EAinquiries@sos.ca.gov**

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