

**BRIAN P. KEMP**  
GOVERNOR



**JAY NEAL**  
DIRECTOR

## Human Trafficking Victim Assistance Organization (HTVAO) Application

In the box below, please insert your agency's legal or corporate name.

In the box below, please insert your "doing-business-as" (D/B/A) name or the name of the victim assistance program in your agency.

What is your agency's street address (or P.O Box if your address is confidential)?

City:

5-Digit Zip Code:

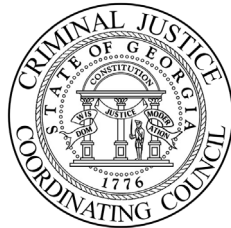
In what county is your agency's main office located?

What is your agency's telephone number?

Please enter your victim assistance agency's main web address.

In what year was your agency's victim assistance program established?

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**From the list below, please select the best answer (up to three) that best describes your agency.**

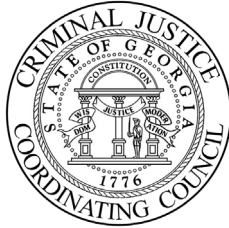
Law Enforcement VWAP	<input type="checkbox"/>
District Attorney VWAP	<input type="checkbox"/>
Solicitor General VWAP	<input type="checkbox"/>
Court-based victim advocacy program	<input type="checkbox"/>
Community-based health services	<input type="checkbox"/>
Sexual Assault Program	<input type="checkbox"/>
DV Shelter	<input type="checkbox"/>
DV Non-shelter Program	<input type="checkbox"/>
Child Advocacy Center	<input type="checkbox"/>
CASA (Court Appointed Special Advocate)	<input type="checkbox"/>
Children's Shelter	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>
Counseling Services	<input type="checkbox"/>
Community-based Social Services	<input type="checkbox"/>
Culturally specific Victim Services	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>

**From the list, please select ALL of the types of victims your agency serves.**

Child Physical Abuse	<input type="checkbox"/>
Child Sexual Abuse	<input type="checkbox"/>
Other Child Abuse or Neglect	<input type="checkbox"/>
Co-victims of Sexual Assault	<input type="checkbox"/>
Kidnapping/False Imprisonment	<input type="checkbox"/>
Non-offending Caregiver	<input type="checkbox"/>
Human Trafficking: Sex	<input type="checkbox"/>
Human Trafficking: Labor	<input type="checkbox"/>

**From the list, please select ALL of the types of services your agency provides to victims.**

In-person crisis counseling	<input type="checkbox"/>
Telephone crisis counseling	<input type="checkbox"/>
In-person information and referral (non-crisis)	<input type="checkbox"/>
Telephone information and referral (non-crisis)	<input type="checkbox"/>
Follow-up	<input type="checkbox"/>
Outreach/After Law Enforcement Contact	<input type="checkbox"/>
Therapy	<input type="checkbox"/>
Group Treatment	<input type="checkbox"/>
Safe Shelter	<input type="checkbox"/>



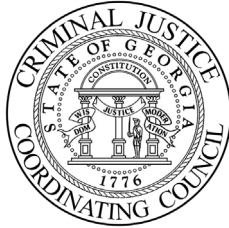
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Emergency Financial Assistance	<input type="checkbox"/>
Emergency Legal Advocacy	<input type="checkbox"/>
Other Emergency Assistance	<input type="checkbox"/>
Criminal Justice System Support/Advocacy	<input type="checkbox"/>
Personal Advocacy (Including Medical Accompaniment)	<input type="checkbox"/>
Assistance in filing victims' compensation claims	<input type="checkbox"/>
Assistance with applications for TANF, Medicaid, other	<input type="checkbox"/>
Non-Emergency Legal Advocacy	<input type="checkbox"/>

**Which counties do you consider to be part of your "service area".** Service area is defined as counties in which you actively perform outreach and have relationships with victim service providers, prosecution, law enforcement and/or the courts.

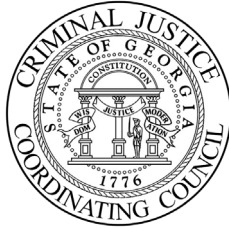
Appling	<input type="checkbox"/>
Atkinson	<input type="checkbox"/>
Bacon	<input type="checkbox"/>
Baker	<input type="checkbox"/>
Baldwin	<input type="checkbox"/>
Banks	<input type="checkbox"/>
Barrow	<input type="checkbox"/>
Bartow	<input type="checkbox"/>
Ben Hill	<input type="checkbox"/>
Berrien	<input type="checkbox"/>
Bibb	<input type="checkbox"/>
Bleckley	<input type="checkbox"/>
Brantley	<input type="checkbox"/>
Brooks	<input type="checkbox"/>
Bryan	<input type="checkbox"/>
Bulloch	<input type="checkbox"/>
Burke	<input type="checkbox"/>
Butts	<input type="checkbox"/>
Calhoun	<input type="checkbox"/>
Camden	<input type="checkbox"/>
Candler	<input type="checkbox"/>
Carroll	<input type="checkbox"/>
Catoosa	<input type="checkbox"/>
Charlton	<input type="checkbox"/>
Chatham	<input type="checkbox"/>
Chattahoochee	<input type="checkbox"/>
Chattooga	<input type="checkbox"/>
Cherokee	<input type="checkbox"/>



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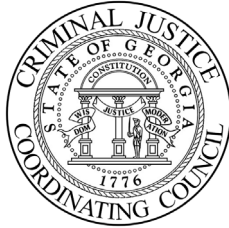
Clarke	<input type="checkbox"/>
Clay	<input type="checkbox"/>
Clayton	<input type="checkbox"/>
Clinch	<input type="checkbox"/>
Cobb	<input type="checkbox"/>
Coffee	<input type="checkbox"/>
Colquitt	<input type="checkbox"/>
Columbia	<input type="checkbox"/>
Cook	<input type="checkbox"/>
Coweta	<input type="checkbox"/>
Crawford	<input type="checkbox"/>
Crisp	<input type="checkbox"/>
Dade	<input type="checkbox"/>
Dawson	<input type="checkbox"/>
Decatur	<input type="checkbox"/>
DeKalb	<input type="checkbox"/>
Dodge	<input type="checkbox"/>
Dooly	<input type="checkbox"/>
Dougherty	<input type="checkbox"/>
Douglas	<input type="checkbox"/>
Early	<input type="checkbox"/>
Echols	<input type="checkbox"/>
Effingham	<input type="checkbox"/>
Elbert	<input type="checkbox"/>
Emanuel	<input type="checkbox"/>
Evans	<input type="checkbox"/>
Fannin	<input type="checkbox"/>
Fayette	<input type="checkbox"/>
Floyd	<input type="checkbox"/>
Forsyth	<input type="checkbox"/>
Franklin	<input type="checkbox"/>
Fulton	<input type="checkbox"/>
Gilmer	<input type="checkbox"/>
Glascocock	<input type="checkbox"/>
Glynn	<input type="checkbox"/>
Gordon	<input type="checkbox"/>
Grady	<input type="checkbox"/>
Greene	<input type="checkbox"/>
Gwinnett	<input type="checkbox"/>
Habersham	<input type="checkbox"/>
Hall	<input type="checkbox"/>



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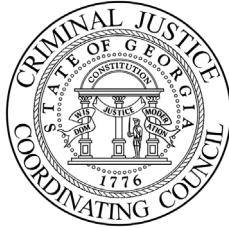
Hancock	<input type="checkbox"/>
Haralson	<input type="checkbox"/>
Harris	<input type="checkbox"/>
Hart	<input type="checkbox"/>
Heard	<input type="checkbox"/>
Henry	<input type="checkbox"/>
Houston	<input type="checkbox"/>
Irwin	<input type="checkbox"/>
Jackson	<input type="checkbox"/>
Jasper	<input type="checkbox"/>
Jeff Davis	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>
Jenkins	<input type="checkbox"/>
Johnson	<input type="checkbox"/>
Jones	<input type="checkbox"/>
Lamar	<input type="checkbox"/>
Lanier	<input type="checkbox"/>
Laurens	<input type="checkbox"/>
Lee	<input type="checkbox"/>
Liberty	<input type="checkbox"/>
Lincoln	<input type="checkbox"/>
Long	<input type="checkbox"/>
Lowndes	<input type="checkbox"/>
Lumpkin	<input type="checkbox"/>
Macon	<input type="checkbox"/>
Madison	<input type="checkbox"/>
Marion	<input type="checkbox"/>
McDuffie	<input type="checkbox"/>
McIntosh	<input type="checkbox"/>
Meriwether	<input type="checkbox"/>
Miller	<input type="checkbox"/>
Mitchell	<input type="checkbox"/>
Monroe	<input type="checkbox"/>
Montgomery	<input type="checkbox"/>
Morgan	<input type="checkbox"/>
Murray	<input type="checkbox"/>
Muscogee	<input type="checkbox"/>
Newton	<input type="checkbox"/>
Oconee	<input type="checkbox"/>
Oglethorpe	<input type="checkbox"/>
Paulding	<input type="checkbox"/>



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Peach	<input type="checkbox"/>
Pickens	<input type="checkbox"/>
Pierce	<input type="checkbox"/>
Pike	<input type="checkbox"/>
Polk	<input type="checkbox"/>
Pulaski	<input type="checkbox"/>
Putnam	<input type="checkbox"/>
Quitman	<input type="checkbox"/>
Rabun	<input type="checkbox"/>
Randolph	<input type="checkbox"/>
Richmond	<input type="checkbox"/>
Rockdale	<input type="checkbox"/>
Schley	<input type="checkbox"/>
Screven	<input type="checkbox"/>
Seminole	<input type="checkbox"/>
Spalding	<input type="checkbox"/>
Stephens	<input type="checkbox"/>
Stewart	<input type="checkbox"/>
Sumter	<input type="checkbox"/>
Talbot	<input type="checkbox"/>
Taliaferro	<input type="checkbox"/>
Tattnall	<input type="checkbox"/>
Taylor	<input type="checkbox"/>
Telfair	<input type="checkbox"/>
Terrell	<input type="checkbox"/>
Thomas	<input type="checkbox"/>
Tift	<input type="checkbox"/>
Toombs	<input type="checkbox"/>
Towns	<input type="checkbox"/>
Treutlen	<input type="checkbox"/>
Troup	<input type="checkbox"/>
Turner	<input type="checkbox"/>
Twiggs	<input type="checkbox"/>
Union	<input type="checkbox"/>
Upson	<input type="checkbox"/>
Walker	<input type="checkbox"/>
Walton	<input type="checkbox"/>
Ware	<input type="checkbox"/>
Warren	<input type="checkbox"/>
Washington	<input type="checkbox"/>
Wayne	<input type="checkbox"/>



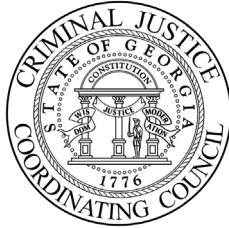
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Webster	<input type="checkbox"/>
Wheeler	<input type="checkbox"/>
White	<input type="checkbox"/>
Whitfield	<input type="checkbox"/>
Wilcox	<input type="checkbox"/>
Wilkes	<input type="checkbox"/>
Wilkinson	<input type="checkbox"/>
Worth	<input type="checkbox"/>
Statewide	<input type="checkbox"/>

**In the previous calendar year, how many victims did you serve in each county you consider to be part of your service area?**

<u>Georgia Counties</u>	<u>Number of Victims</u>
Appling	_____
Atkinson	_____
Bacon	_____
Baker	_____
Baldwin	_____
Banks	_____
Barrow	_____
Bartow	_____
Ben Hill	_____
Berrien	_____
Bibb	_____
Bleckley	_____
Brantley	_____
Brooks	_____
Bryan	_____
Bulloch	_____
Burke	_____
Butts	_____
Calhoun	_____
Camden	_____
Candler	_____
Carroll	_____
Catoosa	_____
Charlton	_____
Chatham	_____
Chattahoochee	_____



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Chattooga	_____
Cherokee	_____
Clarke	_____
Clay	_____
Clayton	_____
Clinch	_____
Cobb	_____
Coffee	_____
Colquitt	_____
Columbia	_____
Cook	_____
Coweta	_____
Crawford	_____
Crisp	_____
Dade	_____
Dawson	_____
Decatur	_____
DeKalb	_____
Dodge	_____
Dooly	_____
Dougherty	_____
Douglas	_____
Early	_____
Echols	_____
Effingham	_____
Elbert	_____
Emanuel	_____
Evans	_____
Fannin	_____
Fayette	_____
Floyd	_____
Forsyth	_____
Franklin	_____
Fulton	_____
Gilmer	_____
Glascock	_____
Glynn	_____
Gordon	_____
Grady	_____
Greene	_____
Gwinnett	_____





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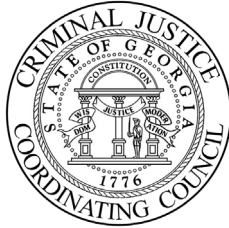
Habersham	
Hall	
Hancock	
Haralson	
Harris	
Hart	
Heard	
Henry	
Houston	
Irwin	
Jackson	
Jasper	
Jeff Davis	
Jefferson	
Jenkins	
Johnson	
Jones	
Lamar	
Lanier	
Laurens	
DeKalb	
Dodge	
Dooly	
Dougherty	
Douglas	
Early	
Echols	
Effingham	
Elbert	
Emanuel	
Evans	
Fannin	
Fayette	
Floyd	
Forsyth	
Franklin	
Fulton	
Gilmer	
Glascocock	
Glynn	
Gordon	



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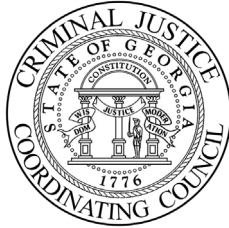
Grady	_____
Greene	_____
Gwinnett	_____
Habersham	_____
Hall	_____
Hancock	_____
Haralson	_____
Harris	_____
Hart	_____
Heard	_____
Henry	_____
Houston	_____
Irwin	_____
Jackson	_____
Jasper	_____
Jeff Davis	_____
Jefferson	_____
Jenkins	_____
Johnson	_____
Jones	_____
Lamar	_____
Lanier	_____
Laurens	_____
Lee	_____
Liberty	_____
Lincoln	_____
Long	_____
Lowndes	_____
Lumpkin	_____
Macon	_____
Madison	_____
Marion	_____
McDuffie	_____
McIntosh	_____
Meriwether	_____
Miller	_____
Mitchell	_____
Monroe	_____
Montgomery	_____
Morgan	_____
Murray	_____



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Muscogee	_____
Newton	_____
Oconee	_____
Oglethorpe	_____
Paulding	_____
Peach	_____
Pickens	_____
Pierce	_____
Pike	_____
Polk	_____
Pulaski	_____
Putnam	_____
Quitman	_____
Rabun	_____
Randolph	_____
Richmond	_____
Rockdale	_____
Schley	_____
Screven	_____
Seminole	_____
Spalding	_____
Stephens	_____
Stewart	_____
Sumter	_____
Talbot	_____
Taliaferro	_____
Tattnall	_____
Taylor	_____
Telfair	_____
Terrell	_____
Thomas	_____
Tift	_____
Toombs	_____
Towns	_____
Treutlen	_____
Troup	_____
Turner	_____
Twiggs	_____
Union	_____
Upson	_____
Walker	_____



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Walton	_____
Ware	_____
Warren	_____
Washington	_____
Wayne	_____
Webster	_____
Wheeler	_____
White	_____
Whitfield	_____
Wilcox	_____
Wilkes	_____
Wilkinson	_____
Worth	_____
Statewide	_____

**To become a Certified Human Trafficking Victim Assistance Program, an agency **must show** it provides trauma informed, comprehensive and culturally competent services to CSEC victims including residential, educational, life skills, therapeutic and legal services.**

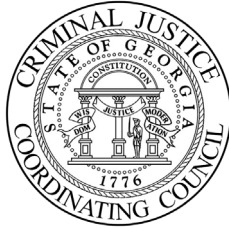
- Adoption of a Trauma Informed Culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
- Engagement in organizational self-assessment of trauma informed care.
- Screening for trauma exposure and related symptoms for each client.
- Trauma-specific services based upon evidence-based practices or evidence informed practices.
- Joining community organizations, agencies, faith-based organizations, community collaboratives and coalitions to support the development of a trauma informed community that promotes healthy environments for children, adults and their families.

**Example Documentation Includes:**

- Policies and Procedures;
- Strategic Plan;
- Intake Forms/Process and Screening Tools (e.g., ACES); and
- MOU's or Proof of Membership in a Human Trafficking Task Force

**From the list below, select the types of coordinated community response efforts, for which you have an MOU? Please make sure to submit copies of each selected MOU.**

Child Abuse Protocol Team	<input type="checkbox"/>
Domestic Abuse Response Team	<input type="checkbox"/>



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Domestic Violence Task Force	<input type="checkbox"/>
Fatality Review Team	<input type="checkbox"/>
Multi-Disciplinary Team	<input type="checkbox"/>
Sexual Assault Response Team	<input type="checkbox"/>
Human Trafficking Task Force	<input type="checkbox"/>
Other Community Coalition	<input type="checkbox"/>

**Can your agency provide documentation showing proof of trauma-informed services?**

YES	<input type="radio"/>
NO	<input type="radio"/>

**Does your agency provide services to child victims of sexual exploitation or trafficking?**

YES	<input type="radio"/>
NO	<input type="radio"/>

**Please select the agencies from which your organization receives child sexual exploitation or trafficking victim referrals:**

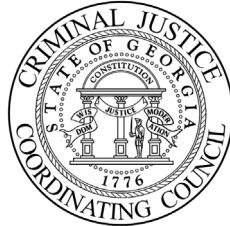
Department of Family and Children's Services	<input type="radio"/>
Law Enforcement Agencies	<input type="radio"/>
Other victim service agencies	<input type="radio"/>
Prosecutors	<input type="radio"/>
Other community-based service organizations	<input type="radio"/>
None of these	<input type="radio"/>
Other " <i>Sexual Assault Center</i> "	<input type="radio"/>

To become a Certified Human Trafficking Victim Assistance Program, agencies must submit evidence that **AT LEAST ONE** staff member (employed in direct victim services) has **AT LEAST ONE** of the necessary credentials. **Please note trainings must be completed within an 8-month range from the date of your HTVAO application. Any trainings completed outside the 8-month range will not be accepted.**

**Valid Credentials Include:**

- A license; in social work or mental health services;
- Graduation from the Georgia Victim's Assistance Academy ;
- Graduation from the National Victim's Assistance Academy;
- Completion of the Office for Victims of Crime Victim's Assistance Training (VAT) online;
- Completion of the Georgia Coalition Against Domestic Violence (GCADV) Frontline Training; **and/or**
- Completion of the Georgia Network to End Sexual Assault (GNESA) Advocacy Training.

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Does **AT LEAST ONE** staff member employed in direct victim services have the necessary credentials for your agency to be eligible?

YES	<input type="radio"/>
NO	<input type="radio"/>

Please provide the FULL name of one staff member employed by your organization in direct service who possess the required professional credentials or certifications.

Please provide their title.

Please enter their email address.

Please provide the name of the eligible training they have completed (within an 8-month range) or the expiration date of their social work or professional counseling license.

Please select their employment status from the list below.

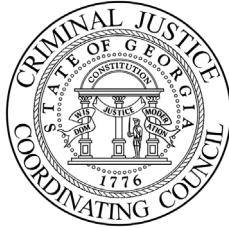
Full-Time	<input type="radio"/>
Part-Time	<input type="radio"/>
Contractor	<input type="radio"/>

Number of years they have been employed by your victim assistance agency.

### CONFIRMATION SECTION

The following should be completed by your **Executive Director** of your victim assistance agency in the spaces provided below. By entering this information, you are agreeing to the following statements.

*I affirm that our agency regularly provides child victims of human trafficking with information about and assistance applying to the State of Georgia Crime Victim Compensation Program. I further affirm that we have qualified staff - as required in this application - to provide direct services to human trafficking victims. Finally, I understand that Certified Human Trafficking Victim Assistance Programs must provide direct trauma-informed services to victims as stipulated in CJCC's Human Trafficking Local Victim Assistance Program Guidelines.*



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**Executive Director Signature**

**Executive Director Email Address**

**Executive Director Phone Number**

**Please submit the following documents in ONE email submission to [HTVAO@cjcc.ga.gov](mailto:HTVAO@cjcc.ga.gov) to receive your certification**

1. HTVAO PDF Application;
2. Proof of Training or a Copy of License in Social Work or Mental Health Services;
3. Policies and Procedure;
4. Strategic Plan;
5. Intake Forms/Process and Screening Tools, e.g. ACES; and
6. MOU's or Proof of Membership in a Human Trafficking Task Force.