

**Service Provider Application  
For  
Department of Probation and Court Services  
Casework Service Delivery Partnership**

**Agency Name** \_\_\_\_\_

**Program Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Program Director** \_\_\_\_\_

**Years of Program Operation** \_\_\_\_\_

**Program locations** \_\_\_\_\_

**Geographic areas served** \_\_\_\_\_

**License/Certification/Educational qualifications of staff that will be providing the services:**

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**1. What history does your agency have in servicing the targeted population defined in this RFP?**

**2. Provide a description of the types of services your agency currently provides or is willing to provide (i.e., family, home-based, community-based, individual, group, etc)**

**3. If you provide specialized treatment to a specific population, (Substance abuse, mental health, domestic violence, etc.) please describe the services complete with curriculums, average length of treatment and outcomes.**

**4. What client populations or geographic areas are you unable to serve? (exclusionary criteria)**

**5. What level of intensity does your agency provide or is willing to provide? (i.e. weekly, daily, etc.) Is there a graduated process of decreased intensity as the behavior changes? Please explain.**

**6. Please provide your current measure of evaluating effectiveness of service.**

**7. Please provide your agency's history of collaborative efforts, with either the justice system or other community agencies.**

**8. What evidence-based curriculums are being utilized by your agency?**

**9. What internal quality assurance measures are in place to determine staff's adherence to program fidelity?**

**10. What incentives and rewards are being used by your staff to increase the motivation levels of offenders? What other incentives do you propose implementing?**

**11. Evidence-based practice describes effective interventions for high-risk offenders those that structure the free time of an offender between 40-70% and last over a 6-9 month period of time. Please describe an intervention strategy your agency would utilize to accomplish this goal.**

**12. Please summarize any additional information regarding your agency and/or services that you feel would be helpful in this process.**