** *Application Narrative***

**for Satellite Membership with NCA**

*GUIDELINES/CRITERIA - Please answer these questions*

*individually in narrative format and attach any relevant supporting*

*documentation to the Satellite Attachments Table of Contents*

1. **Child-Focused Setting/Facility-** Please describe the layout and structure (free-standing, shared space, space in a different agency, etc.) of the Satellite location, as well as how your center meets the NCA standard for Child Focused Setting.

1. Describe in detail your onsite **forensic interview** process and any relevant policies or procedures, as well as how your forensic interviewing process meets the NCA standard at the Satellite location. Please include information about the case acceptance criteria in the service area of the Satellite. Are the forensic interviews routinely (i.e., for at least 75% of these cases) conducted at the Satellite location?

1. Provide a summary of your onsite **victim advocacy** services and any relevant policies or procedures, as well as how your victim advocacy services meet the NCA standard at the Satellite location.

1. Describe the provision of **medical services** at the Satellite location and how these services are accessed by your clients. Are these services provided on-site or through linkage agreements? Please provide detailed information.

1. Describe the provision of **mental health services** at the Satellite location and how these services are accessed by your clients. Are these services provided on-site or through linkage agreements? Please provide detailed information.

1. Please describe the **case review** process at the Satellite location. Is your CAC conducting case review on a regularly scheduled basis? ~~I~~s it attended by all MDT representative disciplines?

1. Please describe the **case tracking** system that is specific to your Satellite location and include data for the number of children seen and services provided at this location.

1. Describe your **organizational capacity,** including staff designated specifically to the Satellite location.

1. Provide information regarding the **need for the CAC in the Satellite community**, including any assessment or feasibility studies done.

1. Explain your Satellite **community’s commitment** to the long-term goal of developing a fully operational Children’s Advocacy Center; include community support, development of the task force, multidisciplinary commitment, etc.

1. Describe the **organizational type** of your agency (for example, non-profit organization, government-based agency, component of a hospital or other non-profit organization) including the role and **governance** of the Host CAC.

1. What is the **sustainability plan** for the establishment and development of the Satellite CAC? How does the new Satellite fit in the **host agency’s strategic plan**?

1. Please provide information on how the new Satellite links to the NCA-approved **chapter growth plan** and **does not duplicate service coverage** of any existing Accredited, associate/developing or affiliate center.

1. In order to process your application for Satellite membership, a **letter of recommendation** from an NCA chapter in your state is required. This letter must directly reference the applicant’s readiness for Satellite membership. You may also include letters of recommendation from Accredited NCA members, a member of the NCA Board of Directors, or the Director of your Regional Children’s Advocacy Center, but these will not supplant the required letter from the NCA chapter. (However, If your state does not have an NCA recognized chapter, a letter from your Regional CAC will suffice.)

      I certify that the Host CAC has conducted an audit (applicable for organizations with a budget above $200,000.) All audits must be available for review upon request from NCA.

Date of Host CAC audit:

      I certify that the Host CAC has conducted a financial review (applicable for organizations with a budget of less than $200,000). All financial reviews must be available for submission to NCA upon request.

Date of Host CAC financial review: