



Kansas Attorney General

Kris W. Kobach

Victims' Services Division

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Safe at Home Program Enrolling Agent Application

1. Name of organization applying

2. Principal business address

Street Address		
City	State	Zip
	KS	

3. Phone number

4. Name of exec. director, CEO, or authorized officer

5. Email address of exec. director, CEO, or authorized officer

6. Read each statement below and acknowledge your understanding by checking the box next to each statement.

- The Enrolling Agent and all Enrolling Assistants completing program applications understand that Safe at Home is only an option for candidates who meet all the requirements of the program.
- The Enrolling Agent understands that all information obtained during the Safe at Home application process is confidential and if released or shared could endanger the safety of the applicant; therefore, the Enrolling Agent will not copy or keep any Safe at Home applications or any records with confidential physical addresses.
- The Enrolling Agent understands that it is not an employee or agent of the Kansas Attorney General and will not represent itself as such.

7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

This signature is required to match authorizing signature on all Enrolling Assistant applications.

Executive Director, CEO, or Authorized Officer Signature

Mo.

Day

Yr.

X

Name of Signer (printed or typed)

Title/Position