

DRAFT TEMPLATE – Address Confidentiality Program Policy

Purpose:

This issuance establishes policy and procedure, and ensures compliance with the Address Confidentiality Program Act, N.J.S.A. 47:4-1 et seq. This act protects victims and survivors of domestic violence, stalking, sexual assault, and reproductive health workers by keeping their locations confidential and providing them with a substitute mailing address. All state and local government agencies are required to accept a program participant's substitute mailing address as designed by the Director of the Division on Women. This policy and procedure provides guidance for maintaining confidentiality in recordkeeping, data-entry and in responding to public record requests without disclosing the program participant's actual location.

Authority:

- N.J.S.A. 47:4-1 et seq., The Address Confidentiality Program Act
- N.J.A.C. 3A:71 et seq. Department of Children and Families Administrative Code on Address Confidentiality Program
- N.J.S.A. 2C:25-17 et seq., The Prevention of Domestic Violence Act
- N.J.S.2C:14-2, Sexual Assault
- N.J.S.A.2C:12-10, Stalking

Policy:

A) Address Confidentiality Program Generally

The Legislature created the Address Confidentiality Program for persons attempting to escape actual or threatened domestic violence, stalking or sexual assault and for reproductive health service patients and providers, and allows them to establish new addresses to prevent their assailants or other individuals from finding them.

The Public Agency regularly obtains personal, economic and psycho-social information, which may include the residential, school or work address of a participant in the Address Confidentiality Program. Pursuant to state and federal law, the Public Agency is to treat all oral, written and recorded client information as confidential. It shall only disclose as permitted by law, and after formal procedure and proper approvals have been obtained.

The Public Agency employees shall follow the procedures outlined in this policy for recording all Address Confidentiality participant information and for responding to law enforcement court orders, and other agencies' requests for information.

B) Verify Program Participation

The Address Confidentiality Program (ACP) is operated by the Division on Women at the Department of Children and Families. Program participants meeting the criteria set in N.J.S.A. 47:4-1 et seq. are admitted into the program and provided with a laminated Address Confidentiality Authorization Card.

This card signifies a participant's acceptance into the program and is valid for a period of 4 years. Each participant must be re-certified every 4 years thereafter. If a participant is terminated or uncertified for other reasons, the authorization card will expire and no longer be valid.

Each card includes the following information:

- The applicant's name;
- The applicant's birth date;
- The applicant's authorization code;
- The card's expiration date;
- The authorization substitute address;
- The applicant's signature; and
- The ACP program manager signature.

INCLUDED CARD PICTURED ON LAST PAGE

C) Use of Substitute Address

The program participant may request any public agency to use the substitute address in place of his or her residence, work and/or school address when it creates a new record or updates an existing record. If a program participant's residence, work or school address is known to the agency for any reason, the substitute address should be used on all paper and electronic files, forms and documents.

D) Document and Maintain Confidential Records

The confidential records of the program participant shall be filed and maintained by authorized personnel designated by the public agency. A public agency shall use the designated mailing address requested by the program participant on all records, databases, and correspondence, and any other materials that may contain a program participant's residence, school or work address.

E) Disclosure

The agency shall not disclose the participant's record unless the public agency has received a written exemption determination from the Director of the Division on Women under the provisions of N.J.A.C. 3A:71-10.

Any requests for disclosure from court order, attorneys, law enforcement or other state agencies shall be referred directly to the Program Manager at the Division on Women at 1-877-218-9133.

Front of laminated card

- Includes signature of the program participant and the program manager.

NEW JERSEY ADDRESS CONFIDENTIALITY PROGRAM
_____ Signature of Participant or Parent/Guardian

_____ Lisa Harabin-Hanks, Program Manager 1-877-218-9133

Back of laminated card

- Includes typed name of program participant, their authorization code, DOB and 4-year expiration date.

NEW JERSEY ADDRESS CONFIDENTIALITY PROGRAM		
Participant first and last name here		
is authorized to participate in the New Jersey Address Confidentiality Program created by NJSA 47:4 et seq.		
Authorization Code	DOB	Expiration Date
#0123	01/01/1901	01/02/2024
Authorized Substitute Address: PO Box 207 Trenton, NJ 08602-0207		