

New Prevention Program Request Form

Single County Authorities requesting a new program be added to [DDAP's Prevention Program Listing](#) and WITS should complete the form below and submit via email to their assigned DDAP Prevention Analyst.

SCA Information

SCA Name:

SCA Point of Contact:

Program Implementation Plan

If joinder SCA, list county(ies) implementing program in:

Priority Problems from Phase F Plan Program Will Address (If program will not address one of the SCA's priority problems, then list "none"):

Risk/Protective/Contributing Factor(s) from Phase F Plan this Program Will Address (If program will not address specific risk/protective/contributing factor in Phase F plan, then list "none"):

Program Details

Program Name:

Program Developer:

Program URL/website (If no program website, attach available information about the program):

Brief Program Description:

Program Developer's Intended Target Audience:

Program Developer's Intended Program Setting:

What risk/protective factors is this program designed to impact?

What best practices does this program utilize?

What year was the program content last updated?

Program Evaluation

Check below registries this program appears on. Search multiple program registries at once via the [Results First Clearinghouse](#).

Registry Name	Check if Program Appears on Registry	List Rating of Program on Registry
Blueprints	<input type="checkbox"/>	
OJJDP Model Programs Guide	<input type="checkbox"/>	
What Works Clearinghouse	<input type="checkbox"/>	
CASEL Program Guides	<input type="checkbox"/>	
Clearinghouse for Military Family Readiness' Continuum of Evidence	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Complete table below about studies/research conducted on this program. List the most recent 3 studies. If no study or research has been conducted on the program, check here: No studies

Link to study (or list citation)	Year of Study	# of participants in study	Control Group

Does this program have a pre/post test or other developer evaluation tool?

If yes, please attach or provide link to the tool if it is available.

Other Information

Use space below to provide any other information that may be important in review of this program. (Optional)