RESET FIELDS

DOMESTIC VIOLENCE INDIVIDUAL NOTICE

NAME:	CASE NUMBER:

PLEASE READ THESE INSTRUCTIONS CAREFULLY. **- ONLY ONE** OF THE SHADED BLOCKS MUST BE COMPLETED. BLOCK 2 OR 3 IS USED WHEN VERIFICATION IS AVAILABLE. BLOCK 4 IS USED WHEN VERIFICATION IS NOT READILY AVAILABLE AND THE CLIENT AFFIRMS THE DOMESTIC VIOLENCE. BLOCKS 1 AND 5 ARE COMPLETED FOR ALL GOOD CAUSE BASED ON DOMESTIC VIOLENCE CLAIMANTS.

1. GOOD CAUSE CLAIM

I, _____ , request to be excused from the following TANF program or CCIS Child Care program requirement(s) because of domestic violence: ☐ support cooperation; ☐ RESET; ☐ time limit (Time-Out); ☐ time limit (Extended TANF); or ☐ other TANF or CCIS program requirement (please specify) _____

I have been asked to provide verification to support my claim. I have cooperated/will cooperate in providing verification below.

2. RECORDS

I SUBMIT ONE OF THE FOLLOWING, IF AVAILABLE:

☐ LAW ENFORCEMENT RECORDS
☐ SOCIAL SERVICE RECORDS
☐ COURT RECORDS
☐ CHILD PROTECTIVE SERVICES RECORDS
☐ MEDICAL/TREATMENT RECORDS
☐ OTHER (SPECIFY) _____

3. AUTHORIZATION/VERIFICATION BY A THIRD PARTY

I authorize _____ to complete the verification below and to provide it to the Department of Public Welfare for the purpose of verifying my good cause.

DATE _____ CLIENT SIGNATURE _____

THIS STATEMENT IS SUBMITTED BY:

_____ (NAME)
_____ (TITLE)
_____ (ORGANIZATIONAL AFFILIATION)
_____ (ADDRESS)

I AM: (CHECK ONE)

☐ A DOMESTIC VIOLENCE SERVICE PROVIDER
☐ A LEGAL REPRESENTATIVE
☐ A MEDICAL, PSYCHOLOGICAL OR SOCIAL SERVICE PROVIDER
☐ AN ACQUAINTANCE/FRIEND/RELATIVE/NEIGHBOR OF THE CLAIMANT
☐ A LAW ENFORCEMENT PROFESSIONAL
☐ OTHER (SPECIFY): _____
☐ A COUNTY CHILDREN AND YOUTH REPRESENTATIVE
_____

I have knowledge of the claimant's experience with and/or steps to escape domestic violence and submit this statement to verify that compliance with the TANF/CCIS program requirement(s) checked above may place the claimant and/or household or family members at risk of further domestic violence; make it more difficult for the claimant and/or household or family members to escape domestic violence; or unfairly penalize the claimant and/or household or family members who is or has been victimized by domestic violence.

DATE _____ THIRD PARTY SIGNATURE _____

4. SELF-AFFIRMATION

I affirm that compliance with the TANF/CCIS program requirement(s) checked above would place me and/or my household or family members at risk of further domestic violence; make it more difficult for me or a member of my family or household to escape domestic violence; or unfairly penalize me or a member of my family or household who is or has been victimized by domestic violence. I do not have and am unable to safely obtain evidence to verify the domestic violence.

DATE _____ CLIENT SIGNATURE _____

5. GOOD CAUSE DECISION (CAO USE ONLY)

☐ EXCUSED ☐ NOT EXCUSED

_____ WORKER _____ DATE

FAMILY SAFETY

Important Information about Certain Welfare Rules & Domestic Violence

We can help if you are unable to follow certain welfare rules because of domestic violence.

Sometimes people cannot follow welfare rules because they have suffered domestic violence or are afraid that they or their children will be abused. In other cases, following certain welfare rules can make it more difficult for families to recover from past domestic violence, even if they are not now in danger.

If you are unable to meet one or more welfare requirements because of domestic violence, you can be excused. To be excused, you should do two things:

1. Appeal any notice you have received cutting off or reducing your welfare benefits if domestic violence prevented you from complying with one or more requirements; AND

2. Complete the Domestic Violence Individual Notice (PA 1747.2) on the back of this Notice, and give it to your welfare caseworker. You should do this even if you have received a notice to cut off or reduce your benefits.

Requirements that can be waived include:

- ✓ **Work (RESET)**
- ✓ **Support Cooperation**
- ✓ **Teen parent live-at-home rules**
- ✓ **Time Limits**
- ✓ **Verification**
- ✓ **Other requirements** may be waived by the County Assistance Office (CAO) or, on a case by case basis, by the Bureau of Policy.

Your caseworker can help you find local programs for counseling, safety planning, shelter, legal services, and other help.

You can ask to speak to your caseworker in private. Your caseworker and the staff at the CAO will keep your personal information confidential. However, the Department of Public Welfare is required by law to report child abuse to the local Children and Youth Agency.