

# FAMILY SAFETY NOTICE

## 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 Verification Form 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 staff at the CAO will keep your personal information confidential. However, the Department of Human Services is required by law to report child abuse to the local children and youth agency.**

# DOMESTIC VIOLENCE VERIFICATION FORM

NAME: _____	CASE NUMBER: _____
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**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:

- |  |  |
|--|--|
| <input type="checkbox"/> LAW ENFORCEMENT RECORDS   | <input type="checkbox"/> SOCIAL SERVICE RECORDS            |
| <input type="checkbox"/> COURT RECORDS             | <input type="checkbox"/> CHILD PROTECTIVE SERVICES RECORDS |
| <input type="checkbox"/> MEDICAL/TREATMENT RECORDS | <input type="checkbox"/> OTHER (SPECIFY) _____             |

## 3. AUTHORIZATION/VERIFICATION BY A THIRD PARTY

I authorize \_\_\_\_\_ to complete the verification below and to provide it to the Department of Human Services 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)

- |  |   |
|--|---|
| <input type="checkbox"/> A DOMESTIC VIOLENCE SERVICE PROVIDER                | <input type="checkbox"/> A LEGAL REPRESENTATIVE                                   |
| <input type="checkbox"/> A MEDICAL, PSYCHOLOGICAL OR SOCIAL SERVICE PROVIDER | <input type="checkbox"/> AN ACQUAINTANCE/FRIEND/RELATIVE/NEIGHBOR OF THE CLAIMANT |
| <input type="checkbox"/> A LAW ENFORCEMENT PROFESSIONAL                      | <input type="checkbox"/> OTHER (SPECIFY): _____                                   |
| <input type="checkbox"/> 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