

FAMILY SAFETY NOTICE

IMPORTANT INFORMATION ABOUT CERTAIN PROGRAM REQUIREMENTS & DOMESTIC VIOLENCE

**We can help if you are unable to follow
certain program requirements because of domestic violence.**

Sometimes, people cannot follow program requirements because they are experiencing domestic violence or are afraid that they or their children will be abused. In other cases, following certain program requirements can make it more difficult for victims or survivors to recover from past domestic violence, even if they are not currently in danger.

If you are unable to meet one or more program requirements because of domestic violence, you may be granted good cause for failure to meet those requirements. To be considered for good cause, you should do two things:

1. Appeal any notice you have received closing or reducing your TANF/ELRC benefits if domestic violence prevented you or continues to prevent you from complying with one or more program requirements.

AND

2. Complete the Domestic Violence Verification Form on the back of this notice and give it to your caseworker. You should do this even if you have received a notice to close or reduce your benefits.

Requirements that can be waived include:

- **Work (RESET)**
- **Support cooperation**
- **Teen parent(s) live-at-home rules**
- **Time limits**
- **Certain Verifications**
- **Other requirements** may be waived by the county assistance office (CAO) or on a case by case basis by the Bureau of Policy (BOP).

You can ask to speak to your caseworker in private. Your caseworker and staff at the CAO will keep your personal information confidential. Your caseworker can help you find local programs for counseling, safety planning, shelter, legal services, and other assistance.

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 ELRC Child Care program requirement(s) because of domestic violence: support cooperation; RESET time limit (Time-Out); time limit (Extended TANF); or other TANF or ELRC 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/ELRC 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/ELRC 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