Is Domestic Violence A Problem For You?

You Can Be Excused From Welfare Department Rules Because of Domestic Violence

If you need to have a welfare rule waived because of domestic violence, fill out the form on the back of this paper and give it to your welfare caseworker.

Rules that can be waived (excused) include:
- Child Support Cooperation
- Time Limits
- Work Requirements
- Teen Parent Rules
- Other Welfare Rules

You can be excused because of current domestic violence, past domestic violence, or the risk of further domestic violence.
# DOMESTIC VIOLENCE VERIFICATION FORM

**PLEASE READ THESE INSTRUCTIONS CAREFULLY. - ONLY ONE** of the colored 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, [name], 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); [ ] 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 [name] to complete the verification below and to provide it to the Department of Public Welfare for the purpose of verifying my good cause.

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**DATE**

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**CLIENT SIGNATURE**

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**THIS STATEMENT IS SUBMITTED BY:**

**NAME**

**TITLE**

**ORGANIZATIONAL AFFILIATION**

**ADDRESS**

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**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

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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.

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**DATE**

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**THIRD PARTY SIGNATURE**

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## 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.

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**DATE**

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**CLIENT SIGNATURE**

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## 5. GOOD CAUSE DECISION (CAO USE ONLY)

[ ] Excused

[ ] Not Excused

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**WORKER**

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**DATE**

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