DOMESTIC VIOLENCE VERIFICATION FORM

NAME:                                CASE NUMBER:

**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, __________________________, 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

PA 1747 - 05/03