

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:

- | | |
|--|--|
| <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 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)

- | | |
|--|---|
| <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