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 _____________________________

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