

# DOMESTIC VIOLENCE VERIFICATION FORM

NAME: _____	CASE NUMBER: _____
<b><u>PLEASE READ THESE INSTRUCTIONS CAREFULLY.</u> - 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.</b>	

**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