

# 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