

# FAMILY SAFETY NOTICE

**Family Safety:** Information about Domestic Violence, Sexual Assault and your TANF benefits.

It can be very difficult to acknowledge that you yourself, or someone you are close to, is experiencing relationship or family violence.

**Domestic violence is a pattern of abusive behavior in any relationship that is used by one person to gain or maintain power and control over another in an intimate or family relationship. It can be physical, sexual, emotional, or psychological. It involves behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. It can also involve controlling and limiting access to finances or social media.**

**Examples of abusive behavior include but are not limited to:**

- physical abuse
- emotional abuse
- psychological abuse
- sexual abuse
- sexual assault
- sexual harassment
- stalking
- financial abuse
- technological abuse

**If you are or have been a victim of domestic violence, sexual harassment, sexual abuse, sexual assault or stalking and are at risk of further violence, harassment, abuse, assault, or stalking, your caseworker can excuse you from program requirements for cash assistance.**

Sometimes individuals cannot safely follow cash assistance requirements because they fear that they or their children will be abused if they do so.

These program requirements include:

- Child or spousal support cooperation
- Work participation (RESET)
- Verification requirements
- Time limits
- Requirements that teen parents live at home
- Other requirements on a case-by-case basis

**If you need to be excused from cash assistance requirements because of domestic violence, tell your caseworker.**

Your caseworker can:

- **Talk** to you if you want to talk. You can ask to talk in private. Your caseworker and the staff will keep your personal information confidential.
- **Help** you find local programs where you can get counseling, safety planning, shelter, legal services, and other help.
- **Help** you understand the rules when applying for cash assistance, and how they affect you if you apply.

**If you are unable to meet one or more program requirements because of domestic violence, you may be granted a good cause waiver for failure to meet those requirements. To be considered for a good cause waiver, you should do two things:**

1. Appeal any notice you have received closing or reducing your TANF/ELRC benefits if domestic violence prevented you or continues to prevent you from complying with one or more program requirements.

AND

2. Complete the Domestic Violence Verification Form on the back of this notice and give it to your caseworker. You should do this even if you have received a notice to close or reduce your benefits.

For information about crisis intervention, accompaniment to police, temporary emergency shelter, counseling, medical and court facilities, and prevention and education programs, call or go online:

**The Pennsylvania Coalition Against Domestic Violence (PCADV), <https://www.pcadv.org>**  
1-800-932-4632 (in PA) 303-839-1852 (National)

Sexual assault, sexual violence or sexual harassment is not limited to an intimate relationship. It can occur in the workplace, educational environment, or the general public by a stranger.

For information about sexual assault and sexual violence contact:

**The Pennsylvania Coalition to Advance Respect (PCAR), <https://pcar.org>**  
1-888-772-7227 (in PA)

# DOMESTIC VIOLENCE VERIFICATION FORM

NAME: _____	CASE NUMBER: _____
<b>PLEASE READ THESE INSTRUCTIONS CAREFULLY. - ONLY ONE OF THE SHADED 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 ELRC Child Care program requirement(s) because of domestic violence: ☐ support cooperation; ☐ RESET ☐ time limit (Time-Out); ☐ time limit (Extended TANF); or ☐ other TANF or ELRC 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 Human Services for the purpose of verifying my good cause.

_____ DATE	_____ CLIENT SIGNATURE
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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/ELRC 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
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## 4. SELF-AFFIRMATION

I affirm that compliance with the TANF/ELRC 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
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## 5. GOOD CAUSE DECISION (CAO USE ONLY)

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> EXCUSED | <input type="checkbox"/> NOT EXCUSED |
|----------------------------------|--------------------------------------|

_____ WORKER	_____ DATE
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