

TRACS TA-DVS Eligibility & Assessment Addendum (OPTIONAL USE ONLY)

Safety is the Primary Concern when working with Survivors of Domestic Violence. This addendum should only list information regarding adult victims. Do not use this addendum on-line if you have any concerns about access by other DHS or partner agencies.

DO NOT COMPLETE THIS FORM ON-LINE IF:

- (1) THE ABUSER LIVES IN THE HOUSEHOLD, OR
- (2) IF YOU BELIEVE THE ABUSER HAS ACCESS TO TRACS.

I. ELIGIBILITY QUICK REFERENCE SECTION:

(For additional information and appropriate questions see section II)

1. Phone or paper application (415F) completed:
2. Safety assessed within 8 working hours of phone/paper application (DHS 7802-optional)
3. Eligibility determined with 16 working hours:
4. Safety Concerns identified: (See possible questions below)

*current or past physical/sexual abuse, describe:

*fear of or threats of physical/sexual abuse, describe:

*verbal or emotional abuse, describe:

*controlling or coercive behavior, describe:

*other:

(may not be eligible refer to TA-DVS section of FSM.)

5. Abuser is:

*Household member current/past

*Family member current/past

*Intimate partner current/past

*other:

(may not be eligible - refer to TA-DVS section of FSM)

6. Client is care taker relative:

*if pregnant (can be at any point of pregnancy), due date:

*is minor child in home?

*if not, when expected?

(If more than 90 days staff with line manager or central office)

7. Available Income below TANF income standard: (Use DHS 1542 - Income Calculation form - optional)

*Source of income:

*When available:

CONTACT CENTRAL OFFICE FOR JOINT APPROVAL IF SECOND OR SUBSEQUENT REQUEST WITHIN 12 MONTHS.

If Eligible:

8. Give 456DV - note eligibility dates:
9. DVS N/R coded with first month of eligibility
10. If any TANF requirements are waived - code on PDP
11. Complete DHS 1543 - Domestic Violence Assistance Agreement

If ineligible:

10. Give 456 - denial reason

II. GUIDED ELIGIBILITY SECTION - SEE BELOW

QUESTIONS TO HELP IDENTIFY SAFETY CONCERNS:

Interview the client in a private-confidential location

1. WHAT ARE YOUR IMMEDIATE SAFETY CONCERNS OR WHAT BROUGHT YOU HERE TODAY?
*physical injury, fear of physical injury, sex abuse, mental, emotional or verbal abuse, coercive and controlling behavior@

2. ARE YOU AFRAID TO GO HOME? ANYWHERE ELSE?

If yes, do you want police intervention?

3. WHAT DO YOU NEED TO KEEP YOU AND YOUR CHILD(REN) SAFE?

Consider consulting with the DV program before developing a plan with the survivor.

ASSESSING THE NEEDS:

4. HAVE YOU OR DO YOU (OR YOUR CHILDREN) NEED TO SEE A DOCTOR?

Explain mandatory reporting requirements if children have been hurt or at serious risk.

5. WHAT IS THE ABUSERS NAME?

The abuser must be an intimate partner; family member; household member

6. WHAT KIND OF HELP HAVE YOU TRIED TO ACCESS?

DV Service Provider?

Police?

Victim's Assistance?

Family?

Friend?

Other:

7. IF YOU LEFT BEFORE, WHAT WORKED?

8. DO YOU HAVE A RESTRAINING ORDER OR A NO CONTACT ORDER?

If the client has a restraining order, ask for a copy for the file. Make clear that it is for safety reasons, not for verification.

9. WE KNOW THAT THIS CAN BE A VERY STRESSFUL TIME, HOW ARE YOU FEELING? DO YOU NEED TO TALK WITH SOMEONE?

*Depending upon the response, refer the client to the DV

service provider; support group or counseling as appropriate.*

IF THE CLIENT WANTS TO FLEE:

10. WHERE ARE YOU STAYING NOW? IS THIS A SAFE PLACE TO STAY, TEMPORARILY?

If no, consider referral to a shelter or provide a hotel voucher.

If yes, how long can you stay?

11. DO YOU WANT TO STAY IN THE AREA OR DO YOU WANT TO GO TO ANOTHER TOWN/STATE?

12. DOES YOUR ABUSER KNOW YOU WANT TO LEAVE?

If not, ask how the abuser is likely to respond.

13. DOES YOUR ABUSER WORK?

WHAT HOURS?

IF THE CLIENT WANTS TO STAY AT HOME:

14. IS THE ABUSER LIKELY TO BREAK IN?

15. DO YOU NEED LOCKS CHANGED?

16. HOW DO YOU THINK WE CAN HELP YOU BE SAFER AT HOME?

17. HAVE YOU WORKED OUT A PLAN TO BE SAFE AT HOME?

Always consult with a domestic violence program if the survivor is planning to stay in a home with the abuser.

HOUSEHOLD COMPOSITION:

18. IS THE SURVIVOR PREGNANT?

If yes, what is the due date?

19. DOES THE SURVIVOR HAVE ACCESS TO PRE-NATAL CARE?

20. ARE THEIR CHILDREN LIVING IN THE HOUSEHOLD?

If no, where are they staying?

When are they expected to return?

21. IS THE CLIENT LIVING IN A SHELTER?

Is she working with an advocate or case manager (get their name)?

22. IS IT SAFE TO MAIL INFORMATION ABOUT YOUR CASE TO YOUR HOME?

If no, what address can we use that is safe?

INCOME - Refer to Income calculation form DHS 1542:

24. BASED ON THE 1542 ARE THERE FUNDS AVAILABLE IN TIME TO MEET THE SURVIVOR'S SAFETY CONCERNS?

WORKER USE ONLY:

25. IF ELIGIBILITY IS APPROVED (GIVE 456DV)

*Enter DVS Needs/Resource code on PCMS

*Enter DV waiver code if appropriate

*Complete Domestic Violence Assistance Agreement (DHS 1543) with the client.

26. IF ELIGIBILITY IS DENIED (GIVE 456) WITH DENIAL REASON