

Request for a Waiver of TAFDC Program Requirement(s) Due to Domestic Violence

INSTRUCTIONS

Domestic violence is a crime! It comes in many forms. It includes any or all of the following acts by a current or former intimate partner, relative or household member:

- physical abuse, such as pushing, hitting, shoving, kicking, biting, choking;
- being forced to have sex;
- threats of physical or sexual abuse; or
- serious emotional abuse.

You may be excused from certain Transitional Aid to Families with Dependent Children (TAFDC) program requirements if you or your children have been hurt by domestic violence, and meeting one or more of these requirements may hurt you or your children. When you ask to be excused from a requirement, you are asking for a "waiver." You may receive a waiver if a requirement:

- might lead to you or your child(ren) being physically or emotionally harmed by domestic violence;
- makes it harder for you or your child(ren) to escape the domestic violence; or
- unfairly penalizes you or your child(ren) because of past domestic violence.

To help the Department decide if you are eligible for a waiver, you must answer the questions on this form. Attach more paper if you need to. Try to give as much information as possible. You will be asked to give dates when the domestic violence happened. If you can't remember the exact dates, write the month and the year you think is correct. You will also need to attach some proof. (Examples of proof are on the last page of this form.)

To get a waiver, you must show **two** things:

1. that you or your child(ren) have suffered from domestic violence; **and**
2. why the domestic violence you or your child(ren) experienced makes it difficult for you to meet the requirement; **or**
3. in the case of the family cap rule, that the child born after your family cap date was conceived as a result of the domestic violence.

You may ask one of the Department's Domestic Violence Specialists (DVS), your worker or a battered women's program for help answering these questions or getting the proof you need. You may also ask your worker for the names and phone numbers of people who can help you, or you may take the form home with you to complete. The Department understands how hard it can be to tell others about what happened to you and your child(ren); however, Department of Transitional Assistance (DTA) staff have been trained to be aware of domestic violence and its effects on families, and will treat you with understanding and respect.

Attention: Please be sure you have read this page or that it has been read to you before completing the attached form.



Request for a Waiver of TAFDC Program Requirement(s) Due to Domestic Violence

TAO _____

Initial Request

Continuation Request

Expiration Date of Previous Waiver / /

Name _____

Street _____

City/Town/ZIP _____

SSN _____

Your Age _____

Ages of children living in your home _____

Ages of children not living in your home _____

Domestic violence includes any or all of the following acts by a current or former intimate partner, relative or household member. Please place a check in the box if any of the following has happened to you or your child(ren).

- physical abuse, such as pushing, hitting, shoving, kicking, biting, choking, stabbing, shooting or being threatened with a weapon;
- sexual acts with a child;
- being forced to have sex or other sexual abuse;
- threats that you would be hurt if you refused sex;
- threats of physical or sexual abuse, or attempts to physically or sexually abuse you or your child;
- serious emotional abuse;
- prevented from going where you want to go, or talking to people when you want to;
- prevented from getting medical care;
- followed (also called "stalking").

Please check the requirement(s) which you are requesting **not** be applied to you because of your experience with domestic violence. **Check only those rules which apply to you now.**

- Work Program/Employment Development Plan (EDP)** - The Work Program only applies to you if you are required to work or perform community service 20 hours per week. If you cannot follow your signed EDP or comply with a mandated work-related activity because of domestic violence, you may ask to have your EDP revised.
- Time Limit** - The time limit applies only to certain people. If you are not sure if the time limit applies to you, ask your worker. If the time limit does apply to you, a request to extend your time limit will only be considered when you have used 22 months of your time-limited benefits.

- Family Cap** - Family Cap only applies to you if you have a child who is not included in your grant because the child was born after your family cap date. (If you do not know your family cap date, ask your worker.)
- Teen Parent School Attendance** - This requirement only applies to you if you are a teen parent without a high school diploma or GED.

You may also ask that other program rules not apply to you, such as cooperating with Child Support Enforcement. Ask your worker or Domestic Violence Specialist (DVS) for more information.

Please describe how you and your family have been hurt by the domestic violence, and when. Also explain why you are asking for a waiver.

Please answer all of the following questions.

1. Are you working now?
 - no
 - yes If yes, how many hours do you work in a week? _____

2. Where do you work? _____

3. When did you start working? _____ How much money are you paid per hour? _____

4. Are you unable to work because of domestic violence or its effects on you and/or your child?
 - yes no If yes, please explain what is stopping you from working. _____

5. What steps will you take to resolve these problems so that you can work?

6. What steps could be taken by others, including the DTA, to help you to resolve these problems so that you can work? _____

7. When was your last contact (in person or over the telephone) with your abuser? _____
Please describe what happened. _____

8. Approximately how many times have you had contact (in person or over the telephone) with your abuser in the last 6 months? _____

9. Does your abuser know where you live? yes no

10. Do you have a restraining order now? yes no Expiration date _____
Have you had a restraining order in the past? yes no

11. Are you currently residing in an shelter? yes no
If yes, when do you expect to leave the shelter? _____
(Date) (Shelter Name)

Do you have a safe place to live when you leave the shelter? yes no
Please explain. _____

If no, how long have you been living in your current residence? _____

12. What steps, if any, have you taken in the last year to address any of the domestic violence-related problems you have identified? Please provide the dates of any steps you have taken _____

13. What steps, if any, have you taken in the last year to prepare yourself for full-time employment? Please provide the dates of any steps you have taken _____

14. In the last 6 months, have there been any new domestic violence-related problems which have made it difficult for you to prepare yourself for full-time employment?
If so, please describe what happened _____

15. What steps would you have taken to prepare yourself for full-time employment if these problems had not occurred? _____

16. Are you currently attending school/training? yes no

If yes, where do you go to school/training? _____

How many hours per week are you in school/training? _____

Do you attend classes during the day, evening, or both? _____

When will you graduate? _____

Do you plan to get a job when you graduate? yes no

If no, why not? _____

Where is your child when you are in school/training? _____

If you are in school/training, and you are asking that the work program requirement or the time limit not apply to you, please explain why you feel you can attend school/training but you cannot work. If you have taken special steps to ensure your safety at school or training, please describe them below. Could these steps be taken so you could work or do community service? _____

17. If you are asking to have your Employment Development Plan (EDP) revised, please state what tasks listed in your EDP you are unable to complete, and how the domestic violence is preventing you from completing these tasks. _____

Please check all of the following which apply to you and/or your child:

The abuser is looking for me and my child and/or stalking us. yes no

Please describe the most recent incident: _____

When did this happen? _____

The abuser has harmed or threatened to harm me or my child. yes no

Please describe the most recent incident _____

When did this happen? _____

- The abuser has attempted to or threatened to kidnap my child. yes no

Please describe the most recent incident _____

When did this happen? _____

- The abuser has threatened to get custody of my child. yes no

When did this happen? _____

What steps has the abuser taken, if any? _____

- I need to relocate to be safe from my abuser. yes no

- I need to relocate because (please explain) _____

Please describe the steps you will take to relocate _____

If you need help to relocate, please describe the kind of help you need _____

- The emotional problems I have as a result of the domestic violence are preventing me from finding or keeping a full-time job. yes no

Please describe these problems, and how they are preventing you from finding or keeping a job. *

- I have physical injuries from the domestic violence which are preventing me from finding or keeping a full-time job. yes no

Please describe the injuries below, and how they are preventing you from finding or keeping a job. *

- My child is having behavioral problems because of the domestic violence, such as hitting others, swearing, bedwetting, and/or firesetting. yes no

Please describe your child's problems below, and how they are preventing you from finding or keeping a job.

* (Remember, if these problems affect your ability to work, you may also apply for a disability exemption. Ask your worker or DVS for more information.)

I am frequently called to pick my child up at school because of these behavioral problems.

yes no

Approximately how many times did this happen in the last 6 months? _____

My child is suffering from depression, anxiety, panic attacks, trouble sleeping, nightmares, trouble concentrating or remembering.

yes no

Please describe your child's problems and how they are preventing you from finding or keeping a job.

I have to go to court frequently because of charges filed against my abuser. yes no

Approximately how many times did this happen in the last 6 months? _____

I have to go to court again on ____/____/_____.

My child is traumatized after visits with the abuser. yes no

How often do visits occur? _____

My abuser uses visits with my child to control me and/or threaten me or my child. yes no

If you or your children have received any of the following services **in the last 6 months**, please check the appropriate box, and answer the questions below.

emergency shelter in a battered women's program(s)

date entered: / / date left: / /

name of shelter _____

date entered: / / date left: / /

name of shelter _____

support groups for battered women
number of times in the last 6 months _____

other emergency shelter
period of time services were received _____

therapy for yourself
number of times in the last 6 months _____

therapy for your child
number of times in the last 6 months _____

parent-aid or parenting classes
number of times you attended in the last 6 months _____

substance abuse treatment
period of time services were received _____

- Alcoholics Anonymous or Narcotics Anonymous Groups
number of times you attended in the last 6 months _____
- services from DSS (please provide a copy of your DSS service plan.)
- services from the Domestic Violence Specialist (DVS)
number of times you met with the specialist in the last 6 months _____
- other services for yourself and/or your child
please describe _____
number of times you received these services in the last 6 months _____

Did your abuser prevent you from receiving any of these services? yes no

If yes, please explain _____

The following information will only be used in considering your waiver request.

What is the name of your abuser? _____

What is the abuser's address? _____

Is the abuser related to your children? yes no

If yes, list the children and the abuser's relationship to each of them: _____

Family Cap

If you are asking for a waiver of the Family Cap rule, please complete this section. Please list the name(s) of any child born after your family cap date who you are asking to have added to your grant. Also, list the father of each child.

Child's name _____ Father's name _____

Child's name _____ Father's name _____

Read the following and check off the box if it applies to you. You became pregnant with the child born after your family cap date because:

- You were forced to have sex.
- You were afraid you would be hurt by your abuser if you refused to have sex.
- You were afraid you would be hurt by your abuser if you used birth control.
- Your abuser prevented you from using birth control.
- Your abuser insisted that you have a baby and you were afraid your abuser would hurt you if you refused.

Provide more information below if you wish. _____

Did you speak to a friend, family member or professional about the abuse which was taking place prior to your pregnancy? yes no If yes, please explain. _____

Did you file a police report or obtain a restraining order prior to your pregnancy? yes no
Prior to the birth of your child, you were informed that you would not receive an increase in your grant for a child born after your family cap date. Please explain why you think an exception should be made at this time, and why you think your grant should be increased. Explain how this relates to domestic violence that you or your children have experienced. _____

Teen Parent School Attendance

If you asked for a waiver of the teen parent school attendance requirement because of your experience with domestic violence, please complete this section in addition to the previous pages.

- A) Does your abuser attend the same school as you do? yes no
- B) Is your abuser interfering with your school attendance? yes no

If yes, describe what the abuser has done, when and how often. Does the abuser harm or threaten to harm you at school or on your way to or from school?

- C) Are you seeing or experiencing domestic violence which is getting in the way of school? yes no
If yes, explain what is happening, and how it affects your ability to attend school or perform at school.

For your safety, your worker will ask to speak to you alone when you are informed about the availability of domestic violence waivers and when your domestic violence waiver is discussed. If you want someone to be with you to provide support or translate for you, please list his or her name(s) below. Only the person(s) listed below will be allowed to be present when your waiver is discussed. He or she will be asked to provide identification. You can add or delete names when you want, but you must ask to do so privately so your worker will be certain you were not forced to do so. _____

Please read the following:

Attach at least one of the following verifications relating to your waiver request. You should include as much information as you can reasonably obtain; however, you do not need to provide documentation which you included with your original waiver request. You must show that you or your child(ren) have suffered from domestic violence, and why the domestic violence makes it difficult for you to meet one or more of the program rules you asked to be waived.

1. court, medical, criminal, child protective services, social service, psychological, school or law enforcement records; and/or
2. documents showing that you have: a restraining order; taken legal steps against the abuser; sought residence in a domestic violence shelter or other shelter due to domestic violence; or
3. if you are unable to provide any of the verifications listed in 1 or 2, a statement from you and at least one other individual with knowledge of your circumstances. This statement must include a description of your history of domestic violence and other facts which support your request for a waiver due to domestic violence. **This application completed by you will serve as your statement.**

If your waiver is approved, it will be for a short period of time. During that time, we want to help you get the services you need to be safe and reduce the effects of domestic violence on you or your children. It is important that you obtain services which can help you because additional waivers may not be approved. Ask your Domestic Violence Specialist or your worker for a list of services.

I understand that in signing this form, I am giving permission to the Department to contact any service organization or agency which I have identified in this form to verify and/or support my waiver request and to discuss appropriate service plans.

If you do not want the Department to contact a particular agency, list that agency here.

Applicant/Recipient Signature

Date

TAO Worker Signature

Date

DV Specialist Signature

Date

TAO Supervisor Signature

Date

TAO Director/Designee Signature

Date

The name(s) of anyone who helped you complete this form _____