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POLICY BULLETIN #08-16-OPE

REVISIONS TO THE DOMESTIC VIOLENCE SCREENING FORM (LDSS-4583) AND THE DOMESTIC VIOLENCE INFORMATION FOR ALL TEMPORARY ASSISTANCE APPLICANTS (LDSS-4905)

Date: February 11, 2008	Subtopic(s): Forms, Eligibility
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PD #08-04-ELI Determining Qualified Alien Status For Battered/Abused Noncitizens and PRUCOL Eligibility</p>	<p>The purpose of this policy bulletin is to inform staff at Job Centers of revisions made to the Domestic Violence Screening Form (LDSS-4583) and the Domestic Violence Information for all Temporary Assistance Applicants (LDSS-4905).</p> <p>The following changes have been made to the LDSS-4583 which was revised in 9/07:</p> <ul style="list-style-type: none"> • “Client Name” was added to the top section of the form. • Boxes were added to the form header to indicate if the applicant/participant is being referred to the Domestic Violence Liaison (DVL) for a credibility determination. <ul style="list-style-type: none"> ▪ These boxes are used during an eligibility interview for persons who cannot document their status as a battered immigrant. ▪ Checking “Yes” or “No” will let the DVL know if s/he must inform the Worker that the applicant/participant is found to be a credible victim of domestic violence. • Additional language was added to paragraph four to clarify who should be provided with this form. The revised language reminds applicants/participants and Workers that issues such as gender, case type, marital status, etc., do not play a role in who gets screened for the Family Violence Option (FVO). • Language was added to include “family member” as well as partner or ex-partner, stated as: “Are you in danger of a family member, your partner or ex-partner doing any of the following.”

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center*

- A “Yes” box was added to allow an applicant/participant to respond to questions about her/his experience with abusive behavior without having to meet with the DVL.
- Language was added beneath the signature line to remind Workers that “This form must not remain in the client’s TA case record. It must be forwarded to the DVL for confidential filing if any part of it has been completed.”
- A footnote was added that states: “If you are an immigrant victim of domestic violence who has not yet obtained legal permanent residence you may be required to meet with a DVL as part of determining your eligibility for assistance.”

The **LDSS-4583** is available in Spanish, Arabic, Chinese, Korean and Russian. These languages are found on the reverse of the English versions.

The **LDSS-4905** was revised in 10/07 to inform staff that there is space on the bottom of the form for which information may be added considering domestic violence providers and hotline numbers. The language in the boxed-in area on the bottom of the form has been changed from “LDSS Hotline Number” to “Local Domestic Violence Hotline Number.”

This space is used by workers in social services districts outside of NYC. It is not to be used by staff in Job Centers.

The NYC hotline number provided on the **LDSS-4905**, above the space mentioned, is to be utilized by the applicant/participant. The DVL will make any necessary referrals for the applicant/participant depending on their need, location and safe borough.

The **LDSS-4905** is now available in Spanish, Arabic, Chinese, Korean and Russian.

This bulletin also reminds staff that the revised **LDSS-4583** must be included in the Cash Assistance (CA) application kit and **LDSS-4905** must be included in both the CA application and recertification kits.

Samples of the **LDSS-4583** and **LDSS-4905** are attached.

Center Directors must ensure that all prior versions of the **LDSS-4583** and the **LDSS-4905** are removed from circulation and recycled.

Effective Immediately

References:

[08-INF-02](#)

[08-INF-05](#)

Related Item:

[PD #08-04-ELI](#)

Attachments:

LDSS-4583


Domestic Violence Screening Form (Rev. 9/07)

LDSS-4905

Domestic Violence Information for all Temporary Assistance Applicants (Rev. 10/07)

LDSS-4905 (S)

Domestic Violence Information for all Temporary Assistance Applicants (Spanish) (Rev. 10/07)

 Please use Print on Demand to obtain copies of forms.

CIN NUMBER/APP REG LINE #	CASE NUMBER	OFFICE/UNIT #	WORKER NAME/#
CLIENT NAME	CLIENT REFERRED TO DVL?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	CRED DETERMINATION ONLY?		<input type="checkbox"/> YES <input type="checkbox"/> NO

DOMESTIC VIOLENCE SCREENING FORM

Under the Family Violence Option

Completing this form is voluntary: You do not have to fill out this form to receive public assistance. It will not impact your eligibility for assistance ¹, the amount of assistance you receive or the length of time it takes to process your application.

If you are a victim of domestic violence and you think that meeting certain program requirement(s) will put you or your children at risk or make it harder for you to escape an abusive situation, you may ask for a temporary delay (waiver) of that requirement by filling out this form and meeting with a Domestic Violence Liaison (DVL). You may decide not to fill out this form right now but you are free to do so at any time. You may ask to see the DVL at any time.

Anything you disclose to the DVL, including your relationship with the person who has abused you, will be kept confidential, with the exception of child abuse and neglect.

You may complete this form and request to see a DVL regardless of your gender, sexual orientation or marital status. You do not have to have children or have left the abusive situation to meet with the DVL. You are not required to provide any information or details about the abusive situation to any worker before you are referred to the DVL.

Are you in danger of a family member, your partner or ex partner doing any of the following:

- Hitting, slapping, kicking, choking or in any way hurting you physically?
- Isolating you; making you feel like a prisoner, controlling what you can do?
- Threatening to harm you, your children, or someone close to you?
- Stalking you, following you or checking up on you?
- Shaming or belittling you, constantly putting you down and telling you that you are worthless?
- Forcing you to have sex when you don't want to or into sexual acts that you do not want to participate in?
- Making you feel afraid?

Yes: I would like to meet with a DVL to discuss my situation.

Yes: But I do not want to meet with a DVL at this time.

No: None of the situations described above apply to me or I do not wish to answer these questions at this time.

In signing this form I affirm that the information I have given or will give to the Department of Social Services is correct.

Signature: _____ **Date:** _____

*This form must not remain in the client's TA case Record. It must be forwarded to the DVL for confidential filing if any part of it has been completed.

¹ If you are an immigrant victim of domestic violence who has not yet obtained legal permanent residency you may be required to meet with a DVL as part of determining your eligibility for assistance.

CIN NUMBER/APP REG LINE #	CASE NUMBER	OFFICE/UNIT #	WORKER NAME/#
CLIENT NAME		CLIENT REFERRED TO DVL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		CRED DETERMINATION ONLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FORMULARIO PARA DETECTAR A VÍCTIMAS DE VIOLENCIA DOMÉSTICA

Bajo el Programa de Opciones en Violencia Familiar (*Family Violence Option - FVO*)

Responder a estas preguntas es voluntario: usted no tiene que rellenar este formulario para recibir asistencia pública. Su decisión de rellenar o no este formulario no afectará su habilitación para recibir asistencia¹, el monto a recibir, ni tampoco el tiempo que tardará en procesar su solicitud.

Si es víctima de violencia doméstica y cree que cumplir con cierto(s) requisito(s) del programa le pone a usted o sus hijos en riesgo, o le hará(n) más difícil evitar la situación de abuso, usted puede solicitar una demora temporal (dispensa) del requisito o de los requisitos; si desea hacerlo, rellene este formulario y comuníquese con el Enlace del Centro de Violencia Doméstica (*Domestic Violence Liaison – DVL*) para hacer una cita con uno de los representantes. Usted puede decidir no rellenar este formulario en esta ocasión, pero está en libertad de hacerlo después. Se le puede solicitar en cualquier momento que se reúna con un representante del Centro de Violencia Doméstica.

La información que usted revele, incluyendo su relación con la persona que le ha abusado, permanecerá confidencialmente, exceptuando asuntos relacionados con abuso y abandono infantil.

Rellene este formulario y solicite presentar su caso a un representante del Enlace del Centro de Violencia Doméstica (*DVL*); no importa cual sea su sexo, orientación sexual o estado civil. Usted no tiene que tener niños o haber dejado la situación de abuso para que se le conceda una cita con un representante del *DVL*. Antes de que usted sea referido al *DVL*, no es necesario que suministre, a ningún trabajador, información o detalles relacionados con la situación de abuso.

¿Está usted en peligro de que un miembro de la familia, su compañero(a) o ex compañero(a) haga lo siguiente?

- ¿Le pegue, abofetee, patee, trate de estrangularle o le cause daño físico de alguna manera?
- ¿Le mantenga aislado(a), le haga sentirse como prisionero(a), le controle todo lo que hace?
- ¿Le amenace con hacerle daño a usted, a los niños o a un ser querido?
- ¿Le aceche, le persiga o le vigile?
- ¿Le abochorne o denigre, le humille constantemente y le diga que no vale nada?
- ¿Le fuerce a tener relaciones sexuales aunque usted no quiera o le fuerce a participar en actos sexuales que usted no quiera?
- ¿Le atemorice?

Sí: quiero reunirme con un representante de *DVL* para exponerle mi situación.

Sí: pero no quiero reunirme con un representante de *DVL* en esta oportunidad.

No: nada de lo planteado arriba se aplica a mí, o no deseo responder esas preguntas en esta oportunidad.

Al firmar este formulario, yo afirmo que la información que he dado o daré al Departamento de Servicios Sociales es correcta.

Firma _____ **Fecha:** _____

***Este formulario no puede guardarse en el archivo de Asistencia Temporal del cliente. Si el solicitante rellena alguna de las partes de este formulario, éste debe enviarse al Enlace del Centro de Violencia Doméstica (*Domestic Violence Liaison – DVL*) para archivamiento confidencial.**

¹ Si usted es un inmigrante víctima de violencia doméstica que todavía no ha obtenido la residencia permanente, tiene que reunirse con un representante del *DVL* como parte de los requisitos necesarios para determinar si habilita para recibir asistencia.

Domestic Violence Information for all Temporary Assistance Applicants

This information is intended to help you determine if you are a victim of domestic violence and to consider ways to help keep yourself and your family safe and self-supporting.

Are you in danger of your partner or ex-partner doing any of the following:

- Physically hurting you – for example, pushing, grabbing, slapping, hitting, choking, or kicking?
- Forcing you to have sex when you don't want to or to do sexual things you don't want to do?
- Threatening to hurt you, your children or someone close to you?
- Constantly putting you down or telling you that you are worthless?
- Stalking, checking up on you or following you?
- Making you afraid?

What kinds of help are available?

Temporary Assistance: You must meet certain requirements to be eligible for temporary assistance. If you are a victim of domestic violence and believe meeting those program requirements may put you or your children at risk of harm or make it more difficult to escape the abuse you may request a temporary delay (waiver) of certain requirements. For example: meeting all or some employment, child support enforcement or drug and alcohol assessment and treatment requirements may be temporarily delayed. You may complete the Domestic Violence Screening Form and request to see a Domestic Violence Liaison to determine your eligibility for a temporary waiver.

Services: You can call a 24 hour domestic violence hotline for information about emergency shelter, support groups, counseling and your legal rights.

In NYC call: 1-800-621-4673

In any other area of NY State call: 1-800-942-6906

ALL Spanish speaking callers may call: 1-800-942-6908

Local Domestic Violence Hotline Number

Información sobre violencia doméstica para toda persona solicitante de Asistencia Temporal

El objetivo de esta información es ayudarle a determinar si usted es víctima de violencia doméstica y a considerar maneras de mantenerse a sí misma y a su familia fuera de peligro y económicamente independiente.

¿Corre usted el riesgo de que su pareja o ex-pareja haga lo siguiente?

- ¿la agrede físicamente, como por ejemplo, la empuje, agarre, abofetee, golpee, estrangule o patee?
- ¿la fuerce a tener relaciones sexuales o a cometer actos sexuales que usted no quiere?
- ¿la amenace con lastimarla a usted, lastimar a sus hijos o a alguien cercano a usted?
- ¿constantemente la menosprecie o le diga que usted no vale nada?
- ¿la acose, la vigile o la siga?
- ¿le haga sentir miedo?

¿Qué tipos de ayuda están disponibles?

Asistencia Temporal:

Usted debe cumplir con ciertos requisitos para poder recibir prestaciones de Asistencia Temporal. Si usted es víctima de violencia doméstica y cree que el cumplimiento de los requisitos del programa puede ponerla a usted o poner a sus niños en peligro, o dificultarle(s) escapar de la situación de abuso, puede solicitar la postergación temporal (dispensa) de ciertos requisitos. Por ejemplo: el cumplimiento del requisito de empleo -total o parcial-, la ejecución de pagos de sustento de menores, o la evaluación para la detección de consumo de drogas y alcohol, y los requisitos de tratamiento pueden ser postergados temporalmente. Usted puede rellenar el Formulario de Evaluación de Detección Sistemática de Violencia Doméstica y solicitar una entrevista con el personal de coordinación de servicios relacionados con violencia doméstica para determinar si puede recibir una dispensa temporal.

Servicios: Usted puede llamar a la línea telefónica de información sobre violencia doméstica las 24 horas para obtener respuestas a preguntas sobre refugios de emergencia, grupos de apoyo, asesoramiento y sus derechos legales.

En la ciudad de Nueva York, llame al: 1-800-621-4673

En cualquier otra área del Estado de Nueva York, llame al: 1-800-942-6906

Si habla español llame al: 1-800-942-6908

Número local de línea telefónica de información: