FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #03-65-ELI

(This Policy Directive Replaces Policy Directive #01-75-OPE)

DOMESTIC VIOLENCE PROGRAM

Date:	Subtopic(s):
November 25, 2003	Employment

AUDIENCE

The instructions in this directive are for JOS/Workers in the Job Centers and Workers in the NPA Food Stamp Centers as well as Employment Vendor locations and in the Domestic Violence Liaison Unit. They are informational for all other staff.

Revisions to Original Policy Directive

New Information

This policy directive has been revised to provide:

- updated information on the Anti-Domestic Violence Needs Team (ADVENT).
- instruction on the change in the Domestic Violence (DV) referral process.
- information to staff that as of October 27, 2003 only the Domestic Violence Liaison (DVL) will be able to enter DV waiver codes in NYCWAY.

POLICY

When a public assistance applicant/participant indicates that s/he is a victim of domestic violence, every effort must be made to address the safety needs of the individual and his/her children.

BACKGROUND

Domestic violence is a pattern of coercive behavior perpetrated by one family/household member (they do not have to be related) or partner/ex-partner on another with the purpose of establishing and maintaining power and control.

Coercive behavior involves a range of behaviors that can include physical, psychological, emotional, financial or sexual abuse. It is a fixed imbalance of power created by the batterer over time. The pattern does not necessarily include physical abuse. Behaviors that are abusive and controlling are designed to instill intimidation and/or fear in the victim.

The Welfare Reform Act of 1997 mandated requirements to address the safety needs of domestic violence victims and indicate whether temporary waivers from Public Assistance program requirements are necessary.

Domestic Violence Liaison Units

To promptly assist these individuals in obtaining safe and supportive services, a Domestic Violence Liaison Unit was established that reports to the Office of Domestic Violence and Emergency Intervention Services (ODVEIS). Each Job Center is covered by a Domestic Violence Liaison who:

- conducts waiver assessments.
- provides emergency safety planning.
- informs participants and relevant staff about waiver decisions.
- develops service plans in collaboration with the victim.

NPA FS Centers are not covered by a specific DVL. Referrals may be made to any DVL, preferably the one closest to the NPA FS Center location.

Since the inception of the Domestic Violence Unit (DVU), many victims have regained their sense of self-worth and have reestablished stable environments for themselves as well as their children through the individualized services offered.

REQUIRED ACTION

Domestic Violence Screening

All individuals applying/recertifying for assistance (including non-PA payees) must be provided with information about the Domestic Violence Units, domestic violence protection and services that are available.

Public Assistance and Food Stamp Application kits must include the following:

- Domestic Violence Information handout (**M-322C**)
- Small "Palm Card" (**LDSS-4583A**)
- Domestic Violence Screening Form (**M-322d**).

The domestic violence screening must be conducted as follows:

Provide information:

- Read to the applicant/participant the information from the Desk Reference For Domestic Violence Screening Under the Family Violence Option (**LDSS-4813**).

Discuss confidentiality:

- Inform the applicant/participant that the completion of the Domestic Violence Screening Form (**M-322d**) is not mandatory but may be in his/her best interest.
- Inform the applicant/participant that benefits and eligibility are not affected by a refusal to complete the form.
- Reassure the applicant/participant that all information on the form is kept confidential.

In addition the Job Centers must read the applicant/participant the information from the **LDSS-4813**.

Reviewing Forms

Check to see if the individual has completed the **M-322d**.

- If the form <u>is not</u> completed:
  - Enter the individual's case information on the top portion of a blank **M-322d**.
  - Prepare a case record entry indicating that the individual did not complete or return the special assessment form. Do not use wording that will identify the individual as a victim of domestic violence.
  - Forward the **M-322d** to the Deputy Director or his/her designee at the location who will ensure that the forms are batched weekly and delivered to the Domestic Violence Liaison Unit no later than the close of business the Monday of the following week (NPA FS Centers will forward the forms to the Domestic Violence Unit located on the 24th floor of 180 Water Street).

- If the form is completed, review all responses on the **M-322d**:

Positive responses on the **M-322d**

Positive responses:
If the applicant/participant answers "YES" to any of the six questions on the **M-322d**, there is an indication of possible domestic abuse.

- Provide the individual with information about the Domestic Violence Unit.
- Encourage the individual to speak with the Domestic Violence Liaison and inform him/her that all referrals are confidential (with the exception of child abuse and maltreatment).
- Advise the individual that the interview with the DVL is voluntary and confidential.
- If the individual agrees to speak with a Domestic Violence Liaison, make a referral to the Liaison.

Negative responses on the **M-322d**

Negative responses:
If the applicant/participant answers "NO" to all of the six questions on the **M-322d**, forward the form to the designated staff at the location.

Referral for Domestic Violence Assessment

Referral for DV Assessment

Once the individual identifies him/herself as a victim of domestic violence, inform him/her that the Domestic Violence Liaison (DVL) will conduct a special assessment.

Job Centers

Applicants

Applicants

The Case Establishment Supervisor must:

- Register the case in WMS;
- assign the case to the next available JOS/Worker for an "I" interview;
- enter the individual's name, mailing address and emergency information in the automated POS Application Log (PAL). The emergency request entry must not make reference to the DV situation, but should be noted as a request for Special Assessment.

The JOS/Worker must:

NYCWAY Referral Process

- Conduct an "I" interview.
- Refer the applicant to HRA's Bureau of Eligibility Verification (BEV). If the applicant agrees to a Special Assessment referral indicate this in the comment field.
- Indicate yes by entering "Y" for Domestic Violence in the barrier field of the automated Employability Plan (EP).
- If the applicant agrees to be referred for a Special Assessment indicate with a "Y" that a referral is requested. Action Code **991S** (Special Assessment) along with the seven-day Future Action Date (**FAD**) will be automatically posted in the NYCWAY Activity Screen for applicant DV referral. The system will generate the Special Assessment Notice (**W-103D**).
- Call the DVU that covers the Job Center for an appointment. JOS/Workers should utilize the Domestic Violence Liaison Unit Directory (**M-329**) to assist in locating the DVL that covers the specific Job Center.
- Enter Action Code **910V** (Return Appointment) in NYCWAY. The **FAD** must be manually entered and should be seven days from the date of the Special Assessment appointment.
- Complete the **W-103D**:
  - enter the appointment date, time, DV social worker's name and telephone number for any questions or if the person is unable to keep the initial assessment appointment;
  - enter the return appointment date, day and time the applicant is to return to the Job Center.
- A copy of the **W-103D** must be placed in the case file. The original and the **M-322d** must be given to the applicant in a <u>sealed envelope</u>.

Defer all requirements such as employment/engagement activities, Administration for Children's Services (ACS)/Office of Child Support Enforcement (OCSE), Credentialed Alcohol and Substance Abuse Counselor (CASAC) and educational/living arrangement requirements of a minor parent until the DVU renders a decision.

The JOS/Worker must instruct the applicant, to call the telephone number on the **W-103D** as soon as possible if s/he is unable to keep the initial appointment and speak with a DVL to reschedule the assessment appointment.

If the applicant returns to the Job Center (within time allowed), indicates that s/he cannot keep the initial Special Assessment appointment, and would like to reschedule, a new appointment is entered with Action Codes **991S** and **910V**. The system will set a new Special Assessment referral **FAD** and generate a new **W-103D**. The JOS/Worker must manually enter a new **FAD** for the **910V**, which must be seven days after the rescheduled appointment date. The new **W-103D** referral notice must be completed with the rescheduled information.

Applicant FTR to DV Assessment Appointment

If the individual does not keep the rescheduled Special Assessment appointment, which is nonmandatory, any suspended eligibility and/or employment processes should continue. JOS/Workers will be notified if appointments are not kept by the DVL entry of Action Code **931F** (failure to keep special assessment appointment) and the applicant will be called back into the Job Center.

Cancel PA Applicant DV Assessmentl Appointment

If the applicant returns to the Job Center prior to the DV assessment appointment and indicates that s/he wants to cancel the referral the JOS/Worker must call the DVU and inform the DVL of the applicant's request to cancel and enter Action Code **991X** in NYCWAY.

Participants

Participants

The JOS/Worker must:

- Indicate yes by entering "Y" for Domestic Violence in the barrier field of the automated Employability Plan (EP)
- If the participant agrees to be referred for a Special Assessment indicate with a "Y" that a referral is requested. Action Code **191A** (Special Assessment) along with the seven-day **FAD** will automatically post in NYCWAY for participant referral. The system will automatically generate the **W-103D**. (If the participant does not wish to be referred for a DV assessment the JOS/Worker must indicate with an "N." The JOS/Worker will continue with the EP process.)
- Call the DVU that covers the Job Center to schedule an assessment appointment.
- Enter Action Code **105M** (Return Appointment). The manual **FAD** entered must be seven days from the Special Assessment date.
- Complete the **W-103D** by manually entering the Special Assessment appointment date, time, DV social worker's name and telephone number for any questions or rescheduling issues. The return appointment information must also be entered on the **W-103D**.

- A copy of the **W-103D** must be placed in the case file. The original and the **M-322d** must be given to the participant in a sealed envelope.

Mandatory requirements will be deferred until the outcome of the Special Assessment.

The JOS/Worker must instruct the participant to call the telephone number on the **W-103D** as soon as possible if s/he is unable to keep the appointment, and speak with a DVL to reschedule the assessment appointment.

If, the participant returns to the Job Center within the **FAD** period and indicates that s/he cannot keep the initial assessment appointment and would like to reschedule, a new Special Assessment appointment is entered in NYCWAY using the Action Codes **191A** and **105M**. The system will set a new **FAD** and generate a new **W-103D** referral for Action Code **191A**. The JOS/Worker must manually enter a new **FAD** for the **105M**, which must be seven days from the rescheduled appointment date. The new **W-103D** referral notice should be completed with the rescheduled information and a copy given to the participant in a sealed envelope.

Participant FTR to DV Assessment Appointment

If the participant fails to report to the assessment appointment, the DVL will enter Action Code **131F** in NYCWAY. Suspended mandatory requirements will be continued by the JOS/Worker.

Cancel PA Participant DV Assessment Appointment

If the participant returns to the Job Center prior to the DV assessment appointment and indicates that s/he wants to cancel the DV referral the JOS/Worker must call the DVU and inform the DVL of the participant's request to cancel and enter Action Code **191Z** in NYCWAY.

NPA FS Process

NPA FS

Non-Public Assistance Food Stamp applicants or participants who report an incidence of domestic violence must be referred for a DV interview.

NPA FS Applicants

For NPA FS applicants:

The Unit Supervisor must:

- Register the case in WMS.
- Assign the case to the next available Eligibility Worker for an eligibility interview.

The Eligibility Worker must:

- Conduct an eligibility interview.
- If the applicant agrees to be referred for a Special Assessment appointment, contact the co-located Job Center DVL or Job Center closest to the NPA FS location (listing of DV Units attached).
- Complete the Special Assessment Letter (NPA FS Applicant/Participant) (Form **W-140MM**), entering the appointment date, time, DV social worker's name and telephone number for any questions or if the person is unable to keep the initial appointment. Advise the applicant that if the DVL requests documentation regarding the DV issue such documentation must either be brought in or mailed to the Food Stamp office within 10 days of the request.
- Prepare a Routing Control Sheet (**W-270**) to refer the applicant for a DV Special Assessment appointment.
- A copy of the **W-140MM** and the green copy of the **W-270** must be placed in the case file. Give the original of both forms and the **M-322d**, which must be in a sealed envelope, to the applicant.

The outcome of the interview will be recorded on the **W-270** by the DVL and forwarded to the Deputy Director or designee of the NPA FS Center who will forward the form to the Worker. The NPA FS worker will take the appropriate action based upon the recommendation made by the DVL.

Cancel NPA FS Applicant DV Assessment Interview

If the NPA FS applicant returns to the FS Center and indicates that s/he wants to cancel the referral the NPA FS Worker must call the DVU to inform the DVL of the applicant's request to cancel.

NPA FS Participants Assigned to Employment Vendors

NPA FS Recipients

NPA FS Workers will also contact the Job Center DVL to make a referral for a DV Assessment for NPA FS recipients participating in a FSET activity.

The NPA FS Worker must:

- If the participant agrees to be referred for a Special Assessment appointment, enter the Action Code **191N** (Special Assessment) in NYCWAY. The system will generate the Special Assessment Letter (NPA FS Applicant/Participant) (Form **W-140MM**).
- Refer the participant to a co-located Job Center DVL or Job Center closest to the NPA FS location (listing of DV Units attached). Call the DVL for an appointment.

- Complete form **W-140MM**, entering the appointment date, time DV social worker's name and telephone for any questions or if the person is unable to keep the initial appointment. Advise the participant that if the DVL requests documentation regarding the DV issue such documentation must either be brought in or mailed to the Food Stamp office within 10 days of the request.

Once the special assessment interview is complete and a determination is made the DVL will enter one of the following action codes in NYCWAY.

DV Outcomes for NPA FS Participants

- **No DV Issues**: If it is determined that no domestic violence issues exist the DVL will enter Action Code **131S** in NYCWAY.
- **Borough of Exclusion**: If it is determined that the individual is able to participate but should be reassigned to a different borough for safety reasons the DVL will enter Action Code **131L** in NYCWAY and indicate in the comment field which boroughs the participant can be assigned to.
- **Work Exemption**: If it is determined that the individual is unable to participate due to physical and/or mental impairments that are related to domestic violence the DVL will enter Action Code **131M** in NYCWAY.

NPA FS participant fails to report for DV interview

If the individual fails to report to the assessment interview, the DVL will enter Action Code **131F** in NYCWAY. The NPA FS Worker noting the posting of Action Code **131F**, will call the individual into the NPA FS Center and refer the individual back to the NPA FS activity.

Cancel NPA FS Participant DV Assessment Interview

If the NPA FS participant informs the NPA FS Worker that s/he wants to cancel the DV referral the NPA FS Worker must call the DVU to inform the DVL of the participant's request to cancel and enter Action Code **191Z** in NYCWAY. The NPA FS Worker must inform the individual that s/he must participate in NPA FS activities.

The NPA FS Worker must review the action code posted in NYCWAY:

Able to work with no safety issues

- If the individual is determined able to work and there is no safety issue (Action Code **131S**), return the participant with an excusal letter to the employment vendor work site to continue employment activities.

Able to work in a safe location

- If the individual is determined by the DVL to be able to work, but needs to be reassigned to a safe location (Action Code **131L**):
  - deassign him/her from the current employment vendor location in NYCWAY;
  - make a direct assignment to a new vendor work site.

Situation causes mental/physical impairment

If the individual is determined unable to work because of a medically verified physical or mental impairment (Action Code **131M**), the NPA FS Worker must code the individual Work Rules Exempt (**WE**).

At recertification of the Food Stamp case, the Worker should review the case for employability.

Referrals from Non-Job Center Locations

Outstationed Workers at SAP Vendors need to refer to PB 03-128 for referrals for DV Assessment

Self-Declaration of Domestic Violence

An individual may not immediately report that s/he is a victim of domestic violence to the JOS/Worker at the Job Center. S/he may, however, disclose this information during contact with staff in other programs such as BEGIN Managed Programs, Skills Assessment Placement/Employment Services and Placement (SAP/ESP) vendors, Work Experience Program (WEP) sites, Substance Abuse Service Centers (SASC) or Office of Child Support Enforcement (OCSE). If domestic violence services are requested, staff should refer the individual to Job Center DV Units.

Sanction Process for Nonexempt Participants

ESP/WEP Site Participants FTR to DV Assessment Appointment

If the nonexempt Public Assistance participant fails to report to the DV assessment appointment, as indicated by the **131F** action code in the system and does not return to the ESP or WEP work site, an employment infraction should be entered into NYCWAY. The participant will receive a conciliation notice.

If, however, during the seven-day **FAD** referral to DVL, an ESP Vendor or Worksite Coordinator attempts to enter an infraction code for time deficiency, the DVL referral will override the infraction entry.

When HRA staff are made aware of a report, they must follow the preceding instructions for referral. If screening forms and/or NYCWAY access is unavailable, individuals must be immediately referred to the Job Centers for processing.

Child Support Requirements

Office of Child Support Enforcement (OCSE)

If a Public Assistance applicant/participant makes an initial claim at the OCSE office that s/he is a victim of domestic violence, the OSCE worker will interview the applicant/participant to determine if s/he wants to pursue a domestic violence waiver or continue with the child support process.

If the applicant/participant requests a child support waiver because of domestic violence, the OCSE worker will:

- give him/her the telephone number for the DVL that covers his/her Job Center and instruct the individual to call immediately for an assessment appointment;
- if possible, assist the individual by calling the DVU to set up an assessment appointment;
- complete the Waiver Evaluation/Services Referral (**CM-179b**) form in triplicate.

The OCSE worker will complete a **CM-179b** only for the noncustodial parent(s) identified as the perpetrator of domestic violence.

The OCSE worker will enter Action Code **940D** (applicants) or **140D** (participants) in NYCWAY to make a referral for a Special Assessment and then distribute three copies of the **CM-179b**: one is given to the applicant/participant, the second to the OCSE Domestic Violence Liaison and the third is placed in the OCSE case folder. The OCSE Domestic Violence Liaison will fax the **CM-179b** to the DVL at the Job Center.

Return appointment to OCSE

Once the assessment is complete and a determination made, the DVL will enter in NYCWAY the waiver code and a return appointment code **940B** (applicants) or **140B** (participants) and fax the **CM-179b** back to the OCSE Liaison with the assessment outcome indicated on the form.

FTR to OCSE

If the individual fails to return to OCSE after the DV assessment the OCSE Worker will enter in NYCWAY Action Code **940R** (applicants) or **140R** (participants). The JOS/Worker will then take appropriate action according to current procedure.

Cancel DV Referral

If prior to the DV assessment appointment the applicant/participant informs the OCSE Worker that s/he wants to cancel the referral the OCSE Worker will call the DVU and inform the DVL of the applicant's/participant's request to cancel and enter Action Code **940X** (applicant)/**140X** (participant) in NYCWAY.

Note: If the applicant/participant has submitted all the required documentation to OCSE, there is no need for a return appointment back to OCSE. Once the OCSE Worker receives the DV outcome the Worker must enter Action Code **940O** (applicant) or **140O** (participant) in NYCWAY to close off the return appointment.

Workers will need to go to option **22**, put an X by the parent's name and transmit to get to the Client Information Screen.

If a waiver is granted, the action code will update the EP and employment code in WMS. The employment code information will appear on the Client Information Screen (**NQIN2A**) option **22** of the Case Inquiry Screen in WMS.

If an individual is granted a partial waiver or no waiver, the DVL will refer them back to OCSE for completion of the child support process.

Depending on the type of waiver granted the JOS/Worker must enter in WMS element **328** on the **TAD** the appropriate BCS indicator.

Entry of BCS indicator codes

- **Full Waiver**: The JOS/Worker will enter a G in the BCS indicator.
- **Partial Waiver**: The JOS/Worker will enter a P in the BCS indicator.
- **No Waiver**: The JOS/Worker will enter an A in the BCS indicator.

A BCS indicator code must be entered for each individual on the case.

Full Waiver: If the DVL enters Action Code **931E** (applicants) or **131E** (participants), child support activity must cease. Do not refer applicant/participants to OCSE. The DVL must be notified at the time of referral if any child support activity is in effect so that OCSE can be notified to terminate activity.

Partial Waiver: If the DVL enters Action Code **931P** (applicants) or **131P** (participants), the applicant/participant must still cooperate with all child support activities. However, every effort will be made to avoid contact with the noncustodial parent in court.

No Waiver: If the DVL enters Action Code **931W** (applicants) or **131W** (participants), the applicant/participant must be referred to OCSE and cooperate with all child support activities. The applicant/participant must be called in for a referral to OCSE if the noncustodial parent is not previously known by OCSE in relation to the child.

Domestic Violence Liaison (DVL) Unit Activity

Tracking Referrals

A worklist (**DVREF**) of daily referrals to the DV Unit will be pulled up in NYCWAY by DVU staff in order to track referrals kept and missed appointments. The DVU staff will also be able to track referrals made by OCSE by pulling up the OCSE worklist.

When the applicant/participant reports for the assessment, the Domestic Violence Liaison will review NYCWAY and the **M-322d** and conduct a Special Assessment interview.

During the interview the DV Liaison will:

- Conduct an assessment to determine credibility and potential risk associated with program compliance in accordance with the Family Violence Act.
- Complete the State Assessment Tool.
- Prepare the safety and service plans.
- Assess the extent to which the domestic violence might impede the individual's ability to comply with public assistance and/or Food Stamp program employment requirements, and determine any exemptions from work activities.
- Enter the appropriate action code in NYCWAY to indicate outcomes of assessment.

Nonexempt/No Waiver Granted

If a Public Assistance applicant/participant is determined not to be a victim of domestic violence or does not need exemption from employment requirements, the DVL will enter in Action Code **913N** (applicants) or **131N** (participants) in NYCWAY to indicate nonexempt, no waiver granted. The DVL should remind the individual that they must report to the JOS/Worker for the previously scheduled return appointment.

Waiver Granted

After the completion of the Special Assessment, if the Public Assistance applicant/participant's claim of domestic violence is substantiated, the DVL may grant:

Description	Code
Full employment waiver	**931A**–applicants **131A**–participants
Partial employment waiver	**931B**–applicants **131B**–participants
Substance abuse waiver	**931C**–applicants **131C**–participants
Child support waiver	**931E**–applicants **131E**–participants
Child support partial waiver	**931P**–applicants **131P**–participants

Waivers exempt individuals from:

- Employment participation
- Child support activity; absent parent requirements
- SASC program treatment requirements
- Minor parent educational/living arrangements
- Alien eligibility and deeming
- Lien requirements; or
- Any other eligibility program requirement(s) consistent with federal and local laws.

All waivers are granted for a minimum of four months and may only be granted by the DVL. The DVL will also determine if a waiver must be modified, extended or discontinued. NYCWAY is programmed to only allow identified DVU staff to enter waiver determinations in the system.

- **Full Employment Waiver**
  If the DVL determines that the domestic violence situation prevents the Public Assistance applicant/participant from engagement in required activities, the DVL will enter Action Code **931A** (applicant) or **131A** (participant) in NYCWAY. The employability status code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will automatically change to **45** (Work Requirements Waived-Domestic Violence situation) (element **375** of the **TAD**). The **FAD** will expire at the end of the four-month time frame and the participant will be called in by DVU for reassessment.

- **Partial Employment Waiver**
  If the DVL determines that the domestic violence situation does not prevent the Public Assistance applicant/participant from engagement in work activities, a partial waiver is granted to ensure borough-specific safety for the individual. The person should be assigned by the JOS/Worker to appropriate work activities that will not endanger the client. The DVL will enter in NYCWAY Action Code **931B** (applicant) or **131B** (participant). The employability status (ES) code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will automatically change to **46** (Work Requirements Waivable-Non-Exempt) (element **375** of the **TAD**). The **FAD** will expire at the end of the four-month time frame and the participant will be called in by the DVU for reassessment.

- **Substance Abuse Waiver**
  If the DVL determines that the Public Assistance applicant/participant, already identified in need of substance abuse treatment, should for safety reasons be waived from participation in SASC, Action Code **931C** (applicant) or **131C** (participant) will be entered in NYCWAY. The employability status (ES) code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **45** (Work Requirements Waived Domestic Violence situation) (element **375** of the **TAD**). This exempts the applicant/participant from substance abuse requirements until a reassessment is done by the DVU.

Teen (Minor) Parent Requirement Waiver
In instances where the Domestic Violence Liaison determines that an unmarried teen (minor) under the age of 18, whose youngest child is 12 weeks or older, is unable to comply with the public assistance educational requirements/living arrangement because of domestic violence, the DVL will enter Action Code **131O** (Other Waiver) in NYCWAY. The DVL must indicate in the comment field that this waiver is specifically for a "Teen Parent." During the four-month waiver period, do not take adverse actions against individuals for not complying with the educational/living arrangement requirements.

When the DVL has determined that a waiver code is no longer necessary and enters in NYCWAY Action Code **131N** in NYCWAY, or the waiver has expired without further activity, the teen parent will be called in and informed that s/he must comply with the educational/living arrangement in order to remain eligible for public assistance. The minor parent's child(ren) remain eligible for assistance.

Time-Limit Exemption

A domestic violence victim qualifies for a good cause (hardship) time-limit exemption if, nearing the end of the 60 months in receipt of Family Assistance, the victim is unable to work or participate in a training program and it is verified that the disability is the result of domestic violence.

At the time-limit reassessment interview or recertification, if a participant voluntarily discloses that s/he is unable to work or participate in a work activity because of physical and/or mental impairment which is the result of domestic violence the JOS/Worker must refer the individual to HSS for a medical review.

Upon the completion of the HSS review the JOS/Worker must refer the participant to the DVL to determine if the individual qualifies for a time-limit waiver.

Caregiver for children with disability due to domestic violence

If the participant voluntarily discloses that s/he is a caregiver for a child with disabilities that are the result of domestic violence and this prevents him/her from working or participating in a training program the JOS/Worker must refer the individual to the DVL and inform the participant that documentation verifying the disability will be required. JOS/Workers should note that the documentation does not need to state that the disability was caused by domestic violence.

The continued validity of the domestic violence time-limit waiver must be reviewed at least once every six months. When a domestic violence time-limit waiver is granted, the DVL will enter one of the following action codes in NYCWAY:

- **Incapacitated/Disabled**
  If the DVL determines that the individual's disability was the result of DV and thus has resulted in the individual being unable to participate in work-related activities for more than six months, Action Code **131D** will be entered. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **47**.

- **Needed in the Home to Care for an Incapacitated Child**
  If the DVL determines that the individual is needed at home to care for a child who is incapacitated due to DV, Action Code **131H** will be entered. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **48**.

- **Incapacitated**
  If the DVL determines that the individual's physical incapacity is the result of DV, but documentation indicates that the individual will be able to participate in work-related activities in three to six months, Action Code **131I ("i")** will be entered. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **49**.

The above codes are used only for DV victims who reach the 60-month limit for TANF assistance and are granted a time-limit waiver by the DVL.

To update the Individual Tracking Screen and the Time Limit indicator in WMS the JOS/Worker will utilize the **DVREF** worklist.

The JOS/Worker will access the **DVREF** through NCWAY and enter the time-limit action code and a date range. This will allow the JOS/Worker to view which participants were granted a time limit waiver.

Update the Individual Tracking Summary Screen and the Time Limit Indicator.

The JOS/Worker will then enter the time-limit exemption code **X** on the Individual Tracking Summary screen (**WTRK11**) and in element **393** on the TAD the JOS/Worker will enter the **X** exemption code in WMS.

Employment waivers are not applicable to domestic violence victims who are granted a time-limit waiver. A domestic violence victim cannot have both an employment waiver and a time-limit waiver at the same time, as the time-limit waiver already meets the criteria for an exemption from work activities. The employability code of individuals who already have an employment waiver and are subsequently granted a time-limit waiver must be changed from **45** or **46** to the appropriate time-limit exemption code.

Alien Eligibility and Deeming

Under the Bureau of Citizenship and Immigration Services (BCIS) rules, certain battered aliens and their children who are not considered qualified aliens for public assistance eligibility purposes can petition BCIS and be granted status as a qualified alien because of domestic violence, thereby entitling them to receive benefits. The BCIS will issue aliens qualified for domestic violence reasons a "Notice of Prima Facie Case." If the individual becomes a qualified alien, s/he may be considered for possible waivers of program requirements.

If a waiver is granted by the DVU the DVL will enter Action Code **131O** in NYCWAY and indicate in the comment field "Alien Deeming." The alien deeming requirements will not be applied for a 12-month period with respect to certain battered aliens and their children. If the need for assistance continues, the alien deeming requirements will continue to not apply if:

- The alien demonstrates that the battery or cruelty has been recognized by a court order or order of an Administrative Law Judge of BCIS;
- The battery or cruelty bears substantial connection to the need for benefits; and the person responsible for such battery or cruelty does not reside in the same household as the individual who was subject to the battery or cruelty.

The JOS/Worker must be sure these applicants receive a "Likelihood of Becoming a Public Charge" form (**W-146Q**), which is included in all Application kits.

Reassessment Waiver

One month prior to the expiration of all Employment, Child Support or Time Limit waivers, the DVU will initiate the process to call the individual into the Job Center to reassess his/her current DV situation. The DVU will enter Action Code **191G** (Reassessment) and the appointment date (**FAD**) in NYCWAY.

The DVL will also mail the participant the Reassessment Notification Letter (**M-329b**). The **M-329b** informs the participant that s/he must report to the Job Center to reassess the waiver granted. The participant is instructed to provide any documentation that pertains to his/her current situation at the appointment.

At the reassessment appointment, the DVL will complete the Waiver Reassessment (form **M-329a**), collect any documentation the participant provides, determine if the waiver should be extended, modified or discontinued and enter the appropriate action code in NYCWAY.

Expired Employment Waivers

If there is no follow-up action taken on Employment waivers, once the waiver has expired, the ES code will change to a **20** and the system will autopost a **113** action code to indicate that the individual is unengaged. The participant will receive a call-in letter to report to the Job Center.

Expired Time Limit Waivers

If there is no follow-up action taken on Time Limit waivers, once the waiver has expired the system will autopost the **113** action code and call-in letter to report to the Job Center will be mailed. The ES code for these participants will not change, but these individuals must be reviewed to determine continued eligibility for public assistance and their employability.

Child Abuse Reporting

The requirement for all staff to report suspected child abuse and maltreatment remains in effect. All HRA employees are mandated to report suspected cases of child abuse and/or maltreatment. To report suspected child abuse, call the State Child Abuse Hotline at (800) 342-3720.

Confidentiality

All staff must ensure that any information pertaining to any applicant/ participant who claims to be a victim of domestic violence or an applicant/participant at risk of further domestic violence remains confidential. This information shall be used solely for the purpose of referral to services or determining eligibility for waivers.

Information with respect to victims of domestic violence or anyone who claims to be a victim of domestic violence shall not be released to any outside party or other governmental agency unless the information is required by law or authorized in writing by the applicant/participant. This includes, but is not limited to, information regarding the individual's current address or workplace.

Request for a Removal of a Program Waiver

If an applicant/participant wishes to have a program waiver removed/terminated, s/he must contact the DVL to request the removal of the waiver. The DVL will assess the situation and if appropriate enter in NYCWAY Action Code **913N** (applicants) or **131N** (participants).

Table of NYCWAY Action Codes

Action Codes	Definition
910V applicants **105M** participants	Return Appointment to Job Center
913N applicants **131N** participants	No Waiver/Waiver Terminated – Participation required in employment-related activities.
931A applicants **131A** participants	Full Employment Waiver – Temporary exemption from work activities.
931B applicants **131B** participants	Partial Employment Waiver – Work activity to take place only in specific safe borough.
931C applicants **131C** participants	Substance Abuse Waiver – Temporary exemption from SASC requirements.
931E applicants **131E** participants	Child Support Waiver – Temporary exemption from child support requirements.
931F applicants **131F** participants	Failure to Keep Special Assessment Appointment
931P applicants **131P** participants	Child Support Partial Waiver – Required participation in Child support process (effort is made to avoid contact with noncustodial parent).
931W applicants **131W** participants	No Waiver/Waiver Terminated – Required participation in child support process.
940B applicants **140B** participants	Return Appointment to OCSE
940D applicants **140D** participants	Special Assessment Required – Referral code for DV Assessment used by OCSE staff
940O applicants **140O** participants	Client Cooperated with OCSE (OCSE Only)

Table of NYCWAY Action Codes continued

Action Codes	Definition
940R applicants **140R** participants	Failure to Return to OCSE (OCSE Only)
940X applicants **140X** participants	Cancel DV Referral (OCSE Only)
991S applicants **191A** participants	Referral/Reschedule – for Special Assessment
991X applicants **191Z** participants	Cancel DV Referral
131D participants	(Time Limit) Incapacitated/Disabled – Unable to participate in work-related activity for more than six months
131H participants	(Time Limit) Needed in the Home – Caring for child incapacitated due to DV
131I participant	(Time Limit) Incapacitated – Unable to participate in work-related activity between three to six months
131L participant	Borough Restriction (NPA FS Only) – Work activity to take place in a safe Borough
131M participant	Work Exemption (NPA FS Only) – Unable to participate in work-related due to physical/mental incapacity
131O participant	Full DV Waiver (Teen Parents/Aliening Deeming Only)
131S participant	No Domestic Violence Issue – (NPA FS Only)
191N participant	Special Assessment Appointment – (NPA FS Only)

Anti-Domestic Violence Needs Team (ADVENT)

ADVENT is a specialized unit within the Domestic Violence Program whose task is to provide a range of services to individuals residing in DV shelters.

Applicants/participants involved in domestic violence often have extensive barriers to employment as a result of domestic violence. Such barriers include, but are not limited to, psychological breakdown, low self-esteem, borough restrictions (due to the close proximity to the abuser), addictions (often associated with domestic violence) in addition to the regular barriers that are experienced by the basic population (such as child care issues).

ADVENT provides case management for PA participants

In order to meet the needs of the DV population residing in shelters ADVENT conducts eligibility determinations, provides case management and engages Public Assistance participants in employment activities specially designed for applicants/participants who are victims of domestic violence, thereby reducing the risk of further harm to the victim and/or children.

Voluntary Participation

Participation in ADVENT is voluntary. Under ADVENT, the hours engaged in domestic violence activities count toward the engagement rules as long as the applicant/participant remains in compliance. The applicant/participant is obligated to participate in a concurrent Work Experience Program (WEP) or other approved work-related activity for the remaining hours, up to the combined maximum of 35 hours per week (unless a waiver has been granted).

If the applicant/participant fails to comply with the DV activities, the individual's WEP hours will be increased and/or participation in other concurrent activities will be required.

ADVENT Locations

ADVENT units are located in the following Job Centers and will service domestic violence victims throughout the borough living in DV shelters.

Hamilton #28 – Manhattan/Staten Island
Crotona #46 – Bronx
Linden #67 – Brooklyn

Participants who reside in domestic violence shelters in Queens will have the option of being referred to any of the above listed ADVENT locations.

ADVENT Caseoads

ADVENT Caseloads

Each ADVENT unit will provide services to applicants/participants who live in zip codes currently serviced by multiple Job Centers and will be identified by a unique caseload designation.

ADVENT Caseload Designation

Caseload Designation

New Information

Job Center	Caseload Designation
Hamilton #28	**691** through **693**
Crotona #46	**694** through **696**
Linden #67	**697** through **699**

Caseload designation for transferring cases to ADVENT

Caseload designation **690** are for those cases that have been identified as ADVENT cases and are in the process of being transferred to an ADVENT location.

In order to take advantage of the services offered by ADVENT, the domestic violence victim must be willing to travel to the location of the ADVENT unit that covers his/her zip code. Once the victim agrees to be serviced by ADVENT, his/her case will be transferred to the appropriate ADVENT unit.

The Domestic Violence Liaison Units will continue to provide services to all victims of domestic violence, whether they are serviced by ADVENT or on a regular FIA caseload.

ADVENT Services

Once it is determined that the Public Assistance applicant/participant is a victim of DV the DVL will offer the services of ADVENT. If the applicant/participant decides s/he wants to participate in ADVENT the DVL:

- informs FIA of the individual's request to transfer (via the **W-270**).
- enters the applicant's/participant's name and case information on the Request for Transfer of Application Case to the ADVENT Unit (**M-17**) or the Request for Transfer of an Active Case to the ADVENT Unit (**M-17a**).
- faxes the log to the appropriate ADVENT Eligibility Supervisor.

The ADVENT Eligibility Supervisor:

- Gives a copy of the log to the ADVENT Supervisor III.
- Forwards a copy of the log to the Job Center via the Regional Office. All requests for transfer must be completed with five business days or within five business days after the application of the case is accepted for public assistance.
- Calls the Regional Office to ensure the request for caseload/center change is processed within five business days. The previous worker must complete all outstanding actions prior to the case transfer or caseload change.
- Gives the log to the ADVENT Planning Clerk for monitoring.
- Follow up on overdue case transfers.
- Assigns the cases to the ADVENT Eligibility Worker as they are transferred in.

The ADVENT Planning Clerk:

- Files the request for case transfer or caseload change log in a tickler file;
- After the fifth day, checks WMS to see if the transfer has been processed;
- Annotates the log for successfully completed transfers and caseload changes;
- Forwards a copy of the log to the ADVENT Field Supervisor III who ensures that the DVL case file is sent to the appropriate ADVENT Unit for all successfully transferred cases;
- At the end of each week faxes copies of all logs received during the week to the DV Eligibility Coordinator at 180 Water Street, New York, NY 10038.

When the ADVENT Unit receives the case, the ADVENT Eligibility Supervisor reviews the case for any information that ADVENT may have obtained as a result of the assessment. The case is assigned to the ADVENT Eligibility Worker, who completes all required case action(s) if there is any new unprocessed information.

At the same time the case is referred to the DV Engagement Team, who:

- Initiate a call-in appointment for the participant;
- Discuss the benefits of working;
- Reinforce the time limits on cash assistance;
- Help resolve DV related issues;
- Implement the Service Plan;

Enter Action Code **191T**, if appropriate, to indicate an ADVENT assignment (DV activity). This code will count 14 hours of DV activities toward the 35-hour work activity requirements. Some examples of these activities are, but not limited to, the following:

- Counseling Services
- Mental Health Services
- Medical Services
- Parenting Skills
- Legal Assistance
- Housing
- Children Services
- Preventive Services
- Independent Living Skills

- Provide a WEP or concurrent assignment (if appropriate);
- Process a referral to HSS/CASAC if warranted;
- If the participant does not comply with the DV activity:
  - Terminate the DV activity as an assignment by entering Action Code **191X**.
  - Increase the WEP hours (subject to grant limitations) or assign to a concurrent activity as appropriate.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

- Workers at POS centers use the Application Intake activity, not PAL, to record an applicant's information.
- Complete the "Screening and Consultation" question in the referrals window with the results of the screening and the results of the referral (if made).
- Access NYCWAY to make required entries by clicking on the WMS icon or by minimizing POS and clicking on the NYCWAY icon on the desktop.
- Enter a case comment for all actions performed on a case by clicking on the case comments icon or pressing <ALT>M on the keyboard. Use the term "Screening and Consultation," not "Domestic Violence," when making case comments concerning Domestic Violence referrals.
- Scan all non-POS-generated forms and notices that are signed by the individual into the electronic case record, <u>except Domestic Violence-related documents</u>.

Food Stamp Implications	There are no Food Stamp implications that occur because of a refusal to accept DV services, since the domestic violence screening and referral to the Domestic Violence Unit (DVU) is voluntary. Upon review and determination by DVU staff, **WA** or **WR** participants may be temporarily exempted from FSET or ABAWD requirements because of the physical or mental effects of domestic violence, but do not receive employment waivers.
Medicaid Implications	There are no Medicaid implications, since the domestic violence screening and referral to the Domestic Violence Unit (DVU) is voluntary.

LIMITED ENGLISH SPEAKING ABILITY (LESA IMPLICATIONS)

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive 02-43-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution at Job Centers	Public Assistance applicants/participants are entitled to request a Fair Hearing if a waiver is denied or not extended. If an applicant/participant contacts the JOS/Worker at the Job Center regarding a denial/discontinuance of a waiver, confer with the applicant/participant. If appropriate, call the designated Domestic Violence Unit (DVU) and inform them of the situation. The Domestic Violence Liaison (DVL) may request to see the individual again. If so, refer the applicant/participant to the DVU, by entering Action Code **991S** (applicant)/**191A** (participant) for a Special Assessment appointment and **910V** (applicants)/**105M** (participants) for the return appointment back to the Job Center. Under no circumstance should there be any reference to domestic violence. Specify the type of denial the applicant/participant is contesting and annotate the **M-322d**. The DVL will enter the appropriate action code based on the results of the assessment. The DVU will inform the applicant/participant if a waiver (and what type) is warranted.
Avoidance/ Resolution at NPA FS Centers	NPA FS applicants/participants are entitled to request a Fair Hearing if they disagree with the DV assessment outcome. If the applicant/participant contacts the Worker at the NPA FS Center regarding the DV assessment, confer with the applicant/participant.

If appropriate, call the designated DVU and inform them of the situation. The DVL may request to see the individual again. If so the DVL will enter the Action Code **991S** or **191A** for a Special Assessment appointment.

Conferences at Job Centers

If an applicant/participant comes to the Job Center and requests a conference with the Fair Hearing and Conference (FH&C) unit regarding the denial/discontinuance of a waiver, the FH&C Supervisor I/Associate JOS I will contact the DVU to request the case history sheet. If a copy of the Notice of Decision on Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) (**LDSS-4594**) or the Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) (**LDSS-4595**) is sent, ensure that the notice is kept in a confidential file for Fair Hearing purposes.

The FH&C Supervisor I/AJOS I will listen to and evaluate the applicant/participant's complaint regarding the denial/discontinuance of the waiver. After reviewing the case record and discussing the issue with the Domestic Violence Liaison, the FH&C Supervisor I/AJOS I will advise the applicant/participant of the results.

The FH&C Supervisor I/AJOS I is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

In instances where the DVL and the FH&C Supervisor I/AJOS I agree that the DVL should testify at the Fair Hearing, the DVL will testify by telephone participation.

Conferences at the NPA Food Stamp Centers

A non-public assistance Food Stamp participant can request a conference to contest the Agency's determination to close or remove her/him from the food stamps case based on failure to comply with FSET work requirements and/or failure to keep a Food Stamp recertification appointment related to the domestic violence issue. The conference must be held at the participant's Food Stamp Center.

Evidence Packets

All complete and relevant evidence packets prepared by the FH&C Supervisor I/AJOS I should include documents specific to the issue, such as copies of relevant case entries, and copies of the NYCWAY screen indicating the action codes. The case history sheet documented by the Domestic Violence Liaison (DVL) and a copy of the Notice of Decision on Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) (**LDSS-4594**) or the Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) (**LDSS-4595**) to the individual should be in the evidence packet. Remember that you must remove the individual's safe address from all documentation presented for the Fair Hearing.

RELATED ITEMS

Job Center Operations Manual

REFERENCES

SSL Sec. 459-a
18 NYCRR 347.5 (i)
18 NYCRR 351.2 (l)
02 ADM 04

ATTACHMENTS

Forms can now be accessed through Print on Demand at all Job Centers.

CM-179b	Waiver Evaluation/Services Referral
M-329	Domestic Violence Liaison Unit Directory
M-329a	Waiver Reassessment
M-329a(S)	Waiver Reassessment (Spanish)
M-329b	Waiver Reassessment Notification Letter
W-140MM	Special Assessment Letter (NPA FS Applicants/Participants)

CM-179b
(Rev. 5/01)

nycACS
NYC Administration for Children's Services
EXHIBIT A

WAIVER EVALUATION/SERVICES REFERRAL
(PRE-ORDER)

Date: _____/_____/_____

To: _____, Liaison Telephone #_____

Address_____ Floor_____

From: OCSE Borough Office _____, Worker_____ Telephone #_____
OCSE Interstate Case Unit, Worker_____ Telephone #_____
OCSE Court Unit, Worker_____ Telephone #_____
(for referrals from Court Unit/ICU only) ☐ Return to OCSE Borough Office _____ ☐ Return to OCSE Court Unit

FIA CASE NAME (LAST, FIRST, M.I.)	*FIA CASE ADDRESS*	
FIA CASE NUMBER (CAN) & *CLIENT CIN NUMBER*		
IF TRANSLATOR NEEDED, LANGUAGE SPOKEN BY CLIENT	*ABSENT PARENT OR PUTATIVE FATHER NAME*	*CSMS CASE ID NUMBER*

CHILDREN FOR THIS ABSENT PARENT/PUTATIVE FATHER

NAME	*DATE OF BIRTH*	*CIN NUMBER*	*NAME*	*DATE OF BIRTH*	*CIN NUMBER*

SAMPLE

SECTION ONE: ☐ **WAIVER EVALUATION REQUEST**

PLEASE INTERVIEW THE CLIENT AND DETERMINE IF A CHILD SUPPORT WAIVER OR PARTIAL CHILD SUPPORT WAIVER IS INDICATED FOR THIS CASE. **A REPLY TO OCSE IS REQUIRED.** SHOW THE DECISION IN THE SPACE BELOW, AND FAX/RETURN THIS FORM TO THE OCSE BOROUGH OFFICE INDICATED.

☐ **CHILD SUPPORT WAIVER GRANTED** (do **NOT** continue child support activity). *Waiver expiration date* _____/_____/_____.

☐ **PARTIAL CHILD SUPPORT WAIVER GRANTED** (continue child support activity **without** involvement of the client). *Waiver expiration date* _____/_____/_____.

☐ CLIENT IS BEING REFERRED BACK TO THE OCSE BOROUGH OFFICE/COURT UNIT FOR INTERVIEW.

INTERVIEW SCHEDULED FOR (*Date and Time*): _____/_____/_____ _____.

☐ **CHILD SUPPORT WAIVER NO LONGER REQUESTED BY CLIENT** (continue child support activity).

☐ CLIENT IS BEING REFERRED BACK TO THE OCSE BOROUGH OFFICE FOR INTERVIEW.

INTERVIEW SCHEDULED FOR (*Date and Time*): _____/_____/_____ _____.

☐ **CHILD SUPPORT WAIVER DENIED** (continue child support activity).

☐ CLIENT IS BEING REFERRED BACK TO THE OCSE BOROUGH OFFICE FOR INTERVIEW.

INTERVIEW SCHEDULED FOR (*Date and Time*): _____/_____/_____ _____.

☐ CLIENT FAILED TO REPORT FOR WAIVER EVALUATION APPOINTMENT.

LIAISON SIGNATURE_____ ***DATE***_____/_____/_____

SECTION TWO: ☐ **SERVICES REFERRAL**

THIS CLIENT IS INTERESTED IN A SERVICE CONSULTATION THAT DOES **NOT** AFFECT CHILD SUPPORT ACTIVITY. PLEASE ASSIST.

NO REPLY TO OCSE IS REQUIRED **UNLESS**, AFTER CONSULTATION WITH THE CLIENT, IT IS DETERMINED THAT A CHILD SUPPORT WAIVER OR PARTIAL WAIVER IS GRANTED INVOLVING THE ABSENT PARENT/PUTATIVE FATHER MENTIONED ABOVE.

IF SUCH A WAIVER IS GRANTED, CHECK HERE ☐ AND COMPLETE *SECTION ONE* ABOVE.

5 pages redacted by The Legal Aid Society
(out of date contact list removed)

Waiver Reassessment

☐ Employment ☐ Child Support ☐ Substance Abuse ☐ Time Limit ☐ Other

Domestic Violence Unit:	Date:	◯ Partial Waiver ◯ Full Waiver
Case Name:	Case Number:	CIN:

Line No.:	Name of Child	Name of Father
	Name / M.I. / Last Name	First Name / M.I. / Last Name
Line No.:	Name of Child	Name of Father
	Name / M.I. / Last Name	First Name / M.I. / Last Name
Line No.:	Name of Child	Name of Father
	Name / M.I. / Last Name	First Name / M.I. / Last Name
Line No.:	Name of Child	Name of Father
	Name / M.I. / Last Name	First Name / M.I. / Last Name

For Domestic Violence Unit (DVU) USE ONLY

Since your last appointment with a Domestic Violence Liaison (DVL):

1. Do you have a valid Order of Protection? ◯ Yes ◯ No If yes, date issued: _____ Expiration Date: _____
2. Does the abuser know where you live? ◯ Yes ◯ No If yes, please explain: _____
3. Has the abuser contacted you? ◯ Yes ◯ No If yes, has there been a recent incident? ◯ Yes ◯ No
   If yes, please explain: _____
4. Has the abuser threatened, harassed, stalked, or physically abused you? ◯ Yes ◯ No
   If yes, please explain: _____

Employment

Borough Exclusion: ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Staten Island ☐ Queens

5. For partial waiver, has your Job Center contacted you? ◯ Yes ◯ No If yes, what happened? _____
6. Were you given an assignment? ◯ Yes ◯ No If yes, please explain: _____
7. Do you feel safe in your assignment? ◯ Yes ◯ No If no, please explain: _____
8. Have the boroughs or other areas in which you do not feel safe changed? ◯ Yes ◯ No If no, please explain: _____
9. Who did you notify of the unsafe area? _____ First Name _____ Last Name _____ Telephone Number

10. What actions were taken to provide you with a safe assignment? _____

11. Have there been any other changes in your situation? ◯ Yes ◯ No If yes, please explain: _____

12. Do you still need a **partial** employment waiver? ◯ Yes ◯ No
    If yes, why do you feel you need a **partial** employment waiver at this time? _____

13. Do you still need a **full** employment waiver? ◯ Yes ◯ No
    If yes, why do you feel you need a **full** employment waiver at this time? _____

Child Support

14. For partial waiver, has the Office of Child Support Enforcement (OCSE) contacted you? ◯ Yes ◯ No
    If yes, did you provide OCSE with information on the abuser? ◯ Yes ◯ No

15. Have you gone to court regarding child support? ◯ Yes ◯ No If yes, please explain: _____

16. Were there any problems with the abuser as a result of the court proceedings? ◯ Yes ◯ No
    If yes, please explain: _____

17. Have there been any changes in your situation? ◯ Yes ◯ No

18. Do you still need a **partial** child support waiver? ◯ Yes ◯ No
    If yes, why do you feel you need a **partial** child support waiver at this time? _____

19. Do you still need a **full** child support waiver? ◯ Yes ◯ No
    If yes, why do you feel you need a **full** child support waiver at this time? _____

For Domestic Violence Unit (DVU) USE ONLY

Substance Abuse

20. Were you contacted by a Credentialed Alcoholism and Substance Abuse Counselor (CASAC)?
    If yes, please explain: _____

21. Have there been any other changes in your situation? ◯ Yes ◯ No

22. Would participating in a drug/alcohol assessment or treatment program continue to put you or your children in danger?
    ◯ Yes ◯ No If yes, please explain: _____

23. Did you follow through with the service referrals and safety plan discussed, such as seeking counseling, legal, shelter, and/or other services?
    ◯ Yes ◯ No

24. What barrier(s) did you encounter? _____

25. Are you safe? ◯ Yes ◯ No If no, what have you done since your last assessment to secure a safer environment?
    _____

26. Do you need additional services and/or information? ◯ Yes ◯ No

Time Limits

27. Have there been any changes in your medical condition? ◯ Yes ◯ No If yes, please describe: _____

28. Are you still needed at home to care for your child? ◯ Yes ◯ No
29. Is/are your child(ren) attending school or a program? ◯ Yes ◯ No
30. Do you have current medical documents? ◯ Yes ◯ No
31. Have there been any other changes in your situation? ◯ Yes ◯ No
    If yes, attach copies of supporting medical/clinical documentation.

HRA USE ONLY

Comments: _____

Supporting Documents: _____

Safety Planning: _____

Service Planning: _____

Waiver Granted: ◯ Full Employment Waiver ◯ Partial Employment Waiver ◯ Substance Abuse Waiver
◯ Full Child Support Waiver ◯ Partial Child Support Waiver ◯ Time Limit Waiver

For Domestic Violence Unit (DVU) use ONLY

Nueva Evaluación de Dispensa

☐ Empleo ☐ Manutención de Niños ☐ Drogadicción ☐ Limite de Tiempo ☐ Otro Caso

Enlace de Violencia Domestica:	Fecha:	◯ Dispensa Parcial ◯ Dispensa Total
Nombre del Caso:	Número del Caso:	CIN:

No de Línea.:	Nombre del Niño Nombre / I / Apellido	Nombre del Padre Nombre / I / Apellido
No de Línea.:	Nombre del Niño Nombre / I / Apellido	Nombre del Padre Nombre / I / Apellido
No de Línea.:	Nombre del Niño Nombre / I / Apellido	Nombre del Padre Nombre / I / Apellido
No de Línea.:	Nombre del Niño Nombre / I / Apellido	Nombre del Padre Nombre / I / Apellido

For Domestic Violence Unit (DVU) USE ONLY

Desde su última cita con un Enlace de Violencia Dómestica (DVL):

1. ¿Ha conseguido una orden de protección válida? ◯ Sí ◯ No De ser sí, fecha dictada: _____ Fecha de vencimiento: _____
2. ¿Sabe el perpetrador del abuso donde vive usted? ◯ Sí ◯ No De ser sí, amplíe: _____
3. ¿Se ha comunicado con usted el perpetrador del abuso? ◯ Sí ◯ No ¿Ha tenido lugar recientemente algún incidente? ◯ Sí ◯ No
   De ser sí, amplíe: _____
4. ¿Le ha amenazado, acechado, o perjudicado físicamente el perpetrador del abuso? ◯ Sí ◯ No
   De ser sí, amplíe: _____

Empleo

Condado Excluido: ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Staten Island ☐ Queens

5. En relación a su dispensa parcial ¿se ha comunicado con usted su centro de empleo? ◯ Sí ◯ No
   De ser sí, ¿qué sucedió? _____
6. ¿Se le ha dado alguna asignación? ◯ Sí ◯ No De ser sí, amplíe: _____
7. ¿Se siente usted segura(o) en su asignación? ◯ Sí ◯ No De ser no, amplíe: _____
8. ¿Ha cambiado usted de parecer con respecto a los condados en los cuales no se siente segura(o)? ◯ Sí ◯ No De ser no, amplíe: _____
9. A quién ha avisado con respecto a la zona donde se siente insegura(o)? _____ Nombre _____ Apellido _____ Número Teléfonico

10. ¿Qué medidas se han tomado para colocarla(o) en una asignación segura? _____

11. ¿Han habido otros cambios en sus circumstancias? ◯ Sí ◯ No De ser sí, amplíe _____

12. ¿ Aún necesita una dispensa de empleo **parcial** ? ◯ Sí ◯ No
De, ser sí, ¿por qué estima usted que necesita una dispensa **parcial** en esta situación? _____

13. ¿Aún necesita una dispensa de empleo **total**? ◯ Sí ◯ No
De, ser sí, ¿por qué estima usted que necesita una dispensa **total** en esta situación? _____

Manutención de Niños

14. En caso de dispensa parcial, ¿se ha comunicado con usted la Oficina de Aplicación de Manutención de niños? ◯ Sí ◯ No
¿De ser sí, le ha proporcionado usted a OCSE datos referente al perpetrador del abuso? ◯ Sí ◯ No

15. ¿Ha acudido a los tribunales con respecto a la manutención de niños? ◯ Sí ◯ No De ser sí, amplíe _____

16. ¿Ha causado algún problema el perpetrador del abuso a raíz del acto procesal? ◯ Sí ◯ No
De ser sí, amplíe: _____

17. ¿Han habido otros cambios en sus circunstancias? ◯ Sí ◯ No

18. ¿Necesita aún una dispensa **parcial** para la manutención de niños? ◯ Sí ◯ No
De, ser sí, ¿por qué estima usted que necesita una dispensa **parcial** para manutención de niños en esta situación?

19. ¿Necesita aún una dispensa **total** para la manutención de niños? ◯ Sí ◯ No
De, ser sí, ¿por qué estima usted que necesita una dispensa **total** para manutención de niños en esta situación?

For Domestic Violence Unit (DVU) USE ONLY

Drogadicción

20. ¿Se ha comunicado con usted un consejero Acreditado de Alcoholismo y Drogadicción (CASAC)? ◯ Sí ◯ No
De ser sí, amplíe: _____

21. ¿Ha habido algún otro cambio en sus circunstancias? ◯ Sí ◯ No

22. ¿Le expondría a algún peligro a usted o a sus niños el participar en un programa de evaluación o tratamiento para combatir su drogadicción/alcoholismo? ◯ Sí ◯ No
De ser sí, amplíe: _____

23. ¿Aprovechó usted plenamente los envíos para recibir ayuda y plan de seguridad previamente hablados tal como es procurar consejería, ayuda legal, refugio, y/o de otro tipo?
◯ Sí ◯ No

24. ¿Qué tipo de impedimento(s) ha enfrentado? _____

25. ¿Se siente usted a salvo? ◯ Sí ◯ No De ser no, ¿Desde su última evaluación, qué ha hecho usted para propiciar un ambiente más seguro?
_____

26. ¿Necesita usted ayuda adicional y/o datos? ◯ Sí ◯ No

Límite de Tiempo

27. ¿Han habido cambios en su condición médica? ◯ Sí ◯ No De ser sí, haga una descripción: _____

28. ¿Necesita su niño aún de su cuidado en la casa? ◯ Sí ◯ No
29. ¿Asiste a la escuela o a algún programa? ◯ Sí ◯ No
30. ¿Tiene usted documentación médica actualizada? ◯ Sí ◯ No
31. ¿Han habido otros cambios en sus circunstancias? ◯ Sí ◯ No

De ser sí, adjunte copias de documentos médicos/de dispensario justificativos.

HRA USE ONLY (ÚNICAMENTE PARA USO DE LA HRA)

Comments: _____

Supporting Documents: _____

Safety Planning: _____

Service Planning: _____

Waiver Granted: ◯ Full Employment Waiver ◯ Partial Employment Waiver ◯ Substance Abuse Waiver
◯ Full Child Support Waiver ◯ Partial Child Support Waiver ◯ Time Limit Waiver

For Domestic Violence Unit (DVU) use ONLY

Form M-329b (face)
11/3/03

Human Resources Administration

First Name M.I. Last Name

Address Line 1

Address Line 2

City State Zip Code

Date:

Cat./Case Number/Suffix

Waiver Reassessment Notification Letter

Dear Sir/Madam:

Please report to:

Center No. Center Name

Center Address 1

Center Address 2

City State Zip Code

on: Day

Date

Time

to discuss the

waiver(s) you were granted which expire(s) on (Date).

Please bring this letter and any documents that pertain to your situation when you report.

If you are unable to keep this appointment, please call Mr./Ms.:

(First Name) (M.I.) (Last Name)

at (Telephone) for another appointment.

Failure to keep the appointment or contact us may result in termination of the above waiver(s). If this occurs, you may be obliged to fulfill certain Public Assistance program requirements.

Social Worker Signature Date

For Domestic Violence Unit (DVU) use ONLY

Form M-329b (reverse)
11/3/03

Human Resources Administration

Nombre _____ I _____ Apellido _____

Dirreción de Línea 1 _____

Dirreción de Línea 1 _____

Ciudad _____ Estado _____ Código Postal _____

Fecha: _____

Cat./Núm. del Caso/Sufijo _____

Carta de Aviso de Nueva Evaluación de Dispensa

Estimado(a) Señor(a):

Favor de presentarse a:

No. del Centro _____ Nombre del Centro _____

Dirección del Centro 1 _____

Dirección del Centro 2 _____

Ciudad _____ Estado _____ Código Postal _____

el: _____
Día

_____
Fecha

_____
Hora

For Domestic Violence Unit (DVU) use ONLY

para platicar acerca de la(s) dispensa(s)

de _____ concedida(s) y que se vence(n) en _____ (Fecha)

Al presentarse, favor de traer esta carta y todo documento relacionado con su situación.

En caso de que no pueda cumplir con esta cita, favor de llamar a Sr./Srta.:

_____ (Nombre) _____ (I.) _____ (Apellido)

al _____ (Teléfono) para programar una cita.

El no cumplir con esta cita o dejar de comunicarse con nosotros como debido puede resultar en la terminación de la(s) antemencionada(s) dispensa(s). En tal caso, usted podría verse forzado(a) a satisfacer ciertos requisitos de ayuda estatal.

_____ Firma del Trabajador Social

_____ (Fecha)

Form W-140MM (face)
11/19/03

The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

Special Assessment Letter
(NPA FS Applicants/Participants)

Date: _____

Applicant's/Participant'sName: _____

Case Number: _____

You have been scheduled for a Special Assessment:

Location: _____
Location Name

Location Address _____

_____ _____ _____
City State Zip Code

Date: _____ Day: _____ Time: _____ ☐ AM ☐ PM

This is a nonmandatory appointment. No adverse action will be taken against your case if you do not keep this appointment. However, should you need to reschedule this appointment, or if you have any questions, please call:

_____
Telephone Number

The person you are scheduled to meet with is _____
Interviewer

You are required to comply with Food Stamp requirements and submit within ten (10) business days all requested documentation (this documentation can be mailed in) to your NPA FS Worker. If the documentation is not received within the 10-day period you will be required to participate in all mandatory activities or be subject to Food Stamp sanctions.

(vea al dorso)

Form W-140MM (reverse)
11/19/03

Human Resources Administration
Family Independence Administration

Carta de Evaluación Especial
(Solitantes/Participantes NPA FS)

Fecha: _____

Nombre del Participante/Solicitante: _____

Número del Caso: _____

Le hemos programado una cita para una Evaluación Especial:

Local: _____
Nombre del Local

_____
Dirección del Local

_____ _____ _____
Ciudad Estado Código Postal

Fecha: _____ Día: _____ Hora: _____ ☐ AM ☐ PM

Esta cita no es obligatoria. No se tomará ninguna medida desfavorable en su contra siempre que se presente a la cita. Sin embargo, si necesitara volver a programar esta cita, o si tuviera preguntas favor de llamar al:

_____
Número de Teléfono

La persona con quien se le ha asignado encontrarse es _____
Entrevistador

Se requiere que usted cumpla con los requisitos de Cupones de Alimentos y entregue dentro de diez (10) días toda documentación requerida (la cual puede ser enviada por correo) a su Trabajador de FS NPA. Si la documentación no se recibe dentro de un periodo de 10 días se requerirá que usted participe en todas las actividades obligatorias o puede enfrentar sanciones de Cupones de Alimentos.