



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001**

Eliot Spitzer
Governor

David A. Hansell
Commissioner

Informational Letter

Section 1

Transmittal:	08-INF-02
To:	Local Department of Social Services Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	January 8, 2008
Subject:	LDSS-4583: "Domestic Violence Screening Form" (Rev. 9/07)
Suggested Distribution:	Temporary Assistance Directors Employment Directors Domestic Violence Liaisons Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859, extension 6-1095 Program Questions: Temporary Assistance Bureau at 1-800-343-8859, extension 4-9344
Attachments:	LDSS-4583 English/Spanish (9/07)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
98 ADM-3 06 INF 14 06 INF-23 07 INF-15		18NYCRR 351.2(l)			

Section 2

I. Purpose:

The purpose of this Informational Letter (INF) is to introduce the revised version of the LDSS-4583: Domestic Violence Screening Form under the Family Violence Option.

II. Background:

There are no major policy changes on this form. However, there are some language revisions to help clarify Family Violence Option policy for clients and workers.

III. Program Implications:

LDSS-4583: “Domestic Violence Screening Form” (Rev 9/07)

English Front - Changes for the 9/07 version:

- The revision date is 9/07.
- Client name was added to the top section of the form. Previously there was only a space for Client Identification Number (CIN) and case number. Even though the signature is on the bottom of the form, it is often not legible, leaving Domestic Violence Liaisons (DVLs) with forms and not knowing who to contact.
- Additional language was added to the middle section of the form to help clarify who should be provided this form. The revised language will remind clients 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).
- Additional language was added to include “family member” as well as intimate partner or ex- partner: “Are you in danger of a **family member**, partner or ex partner...”
- An extra “yes” box was added to the bottom section for those clients who may want to answer “yes” for domestic violence but do not want to meet with the DVL: __Yes: But I do not want to meet with a DVL at this time.
- Language was added to the bottom section as a reminder to Temporary Assistance (TA) workers: “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”.
- The following footnote was added to the bottom: “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”. This is a clarification of the sentence that reads: “It will not impact your eligibility for assistance” for those individuals who need to meet with a DVL for a credibility determination in order to qualify for TA as a battered immigrant.
- A box has been added to the form header that allows the TA worker to indicate if the client is being referred to the DVL for the purposes of a credibility determination. Checking this will let the DVL know he or she must inform the TA worker if the client has been found to be a “credible victim of domestic violence”. This is to be used for immigrant victims who cannot document their eligibility as a battered

immigrant with documentation during the eligibility interview. Workers should refer to 06 INF-14 and 07 INF-15 and the revised Alien Eligibility Desk Aid LDSS-4579 (Rev. 10/07) for specific information on documentation.

- The form is also available for download in Arabic, Mandarin Chinese, and Russian.

Other Than English Reverses:

- LDSS-4583 SP (Rev 9/07): The reverse is the Spanish version.
- LDSS-4583 AR (Rev 9/07): The reverse is the Arabic version.
- LDSS-4583 CH (Rev 9/07): The reverse is the Chinese version.
- LDSS-4583 RU (Rev 9/07): The reverse is the Russian version.

IV. Forms Ordering Information

- The revised LDSS-4583: Domestic Violence Screening Forms (LDSS-4583 SP: English/Spanish, LDSS-4583 AR: English/Arabic, LDSS-4583 CH English/Chinese and LDSS-4583 RU: English/Russian) are **not** State printed but are available to local districts in PDF format or as master camera ready copies. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above-referenced forms have been revised and posted on the OTDA Intranet website at http://otda.state.ny.net/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous copies of the "Domestic Violence Screening Forms" must **immediately be destroyed** and replaced with the newly revised (9/07) form.
- Any future written requests for a master camera ready copies of the 9/07 English/Spanish, English/Arabic, English/Chinese and English/Russian versions of the Domestic Violence Screening Form, should be submitted on OTDA-876 "Request For Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- A master camera ready copy of the forms may also be ordered through Outlook. To order a master camera ready copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.ny.net/> then to the Centers and Bureaus page, then to Operations and Program Supports page, then to OPS E-Forms page and then to Management Services (this page contains the electronic OTDA-876).

- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

Issued By

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Center for Employment and Economic Supports

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.