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

DO NOT COMPLETE THIS FORM ON-LINE IF:

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

I. ELIGIBILITY SECTION:

1. Phone or paper application (415F) completed (OAR 461-135-1220):

- ..Is it safe to mail information to the home address?
- ..If no, what address can we use that is safe?

2. Time frames (OAR 461-135-1220):

- ..Safety assessed within 8 working hours of phone/paper application (DHS 7802-optional)
- ..Eligibility determined with 16 working hours

3. Safety Risk: (OAR 461-135-1215)

- ..current or past physical/sexual abuse?
- ..fear of or threats of physical/sexual abuse?
- ..verbal or emotional abuse?
- ..controlling or coercive behavior?
- ..currently living with the abuser?

4. Abuser is (OAR 461-001-0000- Section 24)

*Name of Abuser:

*Household member current/past

*Family member current/past

*Intimate partner current/past

*other:

(If abuser is not a household member, family member or intimate partner the client may not be eligible)

5. If the absent parent has been named as the abuser and the client is receiving TANF/Medical - have you talked with the client about good cause for non-cooperation with child support or claim of risk? (OAR 461-120-0380)

6. Client is caretaker relative:

..if pregnant (can be in any month of pregnancy), (OAR 461-135-1200 Section 2) due date:

..is dependent child in home?

..if not, when expected to return?

(OAR 461-135-1200 (4.b)"reasonable period" If more than 90 days staff with line manager or central office)

..if in child welfare custody, contact CW to see when the child will be returned

7. Resident of Oregon (OAR 461-135-1200 (4.c))

..currently living in Oregon? (doesn't have to have intent to reside if fleeing to another state to escape domestic violence)

8. Is available Income below the TANF countable income standard (Look at NET not GROSS income): (Use DHS 1542 - Income Calculation form - optional)
*Source of income:
*When available:

9. CONTACT CENTRAL OFFICE FOR JOINT APPROVAL IF SECOND OR SUBSEQUENT REQUEST WITHIN 12 MONTHS AND BENEFITS HAD BEEN ISSUED IN THE PREVIOUS PLAN

ELIGIBILITY DECISION

If Eligible:

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

If ineligible:

..Give 456 - denial reason (See FSM - TA-DVS K - Section 6. for reason codes specific to TA-DVS

II. GUIDED ASSESSMENT SECTION - SEE BELOW - Maybe helpful in completing the required Domestic Violence Assistance Agreement (DHS 1543)

QUESTIONS TO HELP IDENTIFY SAFETY CONCERNS:

>Interview the client in a private-confidential location<

1. SEND IMPORTANT MESSAGES TO THE DV SURVIVOR:

..I believe you
..You are not alone
..You are not to blame
..You do not deserve to be treated this way

2. WHAT ARE YOUR IMMEDIATE SAFETY CONCERNS OR WHAT BROUGHT YOU HERE TODAY?

..what lead the client to apply?
..what is the current situation?
..what is the client afraid will happen?
..is the client afraid to go home or anywhere else?
..does the client need police intervention?

List safety Concerns identified (OAR 461-135-1215):

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

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

4. TELL ME A LITTLE ABOUT THE ABUSER:

A. Does your abuser know you want to leave?

..If not currently with the abuser, does the abuser know where the victim is staying?

- B. Does your abuser work? What hours?
C. Does your abuser have access to weapons? Has the abuser ever threatened you (or your children) with weapons?*
- D. Has your abuser ever been convicted of a crime?*
- E. Does your abuser abuse alcohol or drugs?*

*these factors are associated with an increased risk

ASSESSING THE NEEDS:

5. WHAT TYPE OF HELP DO YOU NEED?

---Medical Related

A. Do you need medical help?

- ..Medical care for injuries
- ..Medical care for your children
- ..Prenatal care
- ..Mental Health Counseling
- ..Support with A&D
- ..Family Planning

---Housing Related:

B. Where are you staying now? Is this a safe place to stay? How long can you stay? Does your abuser know that you're at this location?

****Help finding safe housing

- ..Refer to local housing resources; HUD; low income housing; local community action agency for Housing Stabilization Program (HSP)
- ..If substance abuse issues - consider drug free housing
- ..Transitional housing
- ..Shared housing resources

****Shelter

- ..DV shelter or if no room available, other shelters with family options
- ..Name of advocate if currently in shelter:

****Hotel/Motel

- ..First look for safe families or friends the client may stay with or shelter

****Utility help

..Phone

Refer Oregon Telephone Assistance Program

Refer to local DV service provider for 911 cell phone

..Utilities

Refer to local community action agency for utility assistance (LIEP)

****Item to keep victim/children safe in current location

- ..New locks
- ..Motion detectors for windows
- ..Motion lights
- ..Other:

****Other

- ..Address Confidentiality Program

Refer to local DV service provider or victim's assistance program
..Crime victim's compensation
Refer to local DV service provider or victim's assistance program
..budget planning
..credit concerns

C. What type of support (if any) do you have or need?

---Support
..family friends
..Support group
..Individual counseling
..Counseling for the children
..other:

---Legal - refer to legal aid (www.oregonlawhelp.org)
..Divorce or legal separation
..Custody
..Contested restraining orders

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

..DV Service Provider?
..Restraining order?

Though not needed for eligibility, if the client has a restraining order, ask for a copy for the file. Make it clear that it is for safety reasons and not eligibility.

..Police?
..Victim's Assistance?
..Family?
..Friend?
..Other:

7. IF YOU LEFT BEFORE, WHAT WORKED?

8. IF THE CLIENT WANTS TO FLEE:

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

a. What support do you have here?

b. Who do you know and/or what support do you have where you're wanting to move?

9. IF THE CLIENT WANTS TO STAY AT HOME:

A. HAS THE ABUSER OR IS THE ABUSER LIKELY TO BREAK IN?

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

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

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

NOTE: The information contained in this eligibility and assessment tool can inform the Domestic Violence Assistance Agreement (DHS 1543) but can not be used in lieu of the 1543.