



Employment & Benefits Division DOMESTIC VIOLENCE SCREENING TOOL

PLEASE READ: The information you provide is very important, because there are time limits on how long you can receive benefits. It is important for us to discuss anything that will make it difficult or prevent you from working. If we know this, we can develop with you, a safe and workable plan. We can also help you find the services you need to stay out of danger. The information you provide on this form will not affect your eligibility for assistance. Your answers are confidential, except if you state that a child(ren) is being abused, workers are required by state law to report that information to child protective services.

CUSTOMER NAME: _____

CASE NUMBER OR SSN: _____

SAFE PHONE # OR EMAIL: _____

SAFE TIME TO CONTACT: _____

- Yes No **1)** Will pursuing child support put you or your children in danger?
- Yes No **2)** Does a former or current partner make you feel unsafe now?
- Yes No **3)** Has a former or current partner kept you away from people you care about such as family or friends?
- Yes No **4)** Do you ever feel frightened, anxious or uncomfortable because of anything a former or current partner says or does?
- Yes No **5)** Has a former or current partner
- hurt
 - threatened
 - intimidated
 - insulted or
 - screamed at you?
- (things like stalking or threatening to hurt you, your children, your pets, or other family or friends, pushing, grabbing shoving, slapping, hitting, choking or holding you down; constantly putting you down or telling you that you are worthless, or asking you to do anything sexually that you don't want to do?)
- Yes No **6)** Has a former or current partner taken advantage of you financially by doing such things as
- taking your money or other things of value
 - prohibited you from working or required you to work only in certain jobs
 - prohibited you from going to school or training, destroyed your school material, clothing, or other things that you need to work or attend school or training?
- Yes No **7)** Is there anything you would like me to know about a past or present relationship that would impact your ability to work?

Comments: _____

NOTE FOR THE CUSTOMER: If you have answered "no" to these questions, **please let us know at any time if you feel that you or your child(ren) are in danger.** I am giving you a Resource Packet that includes places to call and information on how to stay safe.

TO BE COMPLETED BY PERSON CONDUCTING THE SCREENING:

County Worker Printed Name & Signed Initials _____

Date _____

INSTRUCTIONS: Place one copy in the **participant file and offer one copy to the participant.** The customer does not have to take the copy.