



Department of Human Resources
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FIA ACTION TRANSMITTAL

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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS**

**FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA
LINDA ELLARD, EXECUTIVE DIRECTOR, SSA
DENESE MAKER, ACTING EXECUTIVE DIRECTOR, CSA**

RE: DOMESTIC VIOLENCE SCREENING

PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE

**ORIGINATING OFFICE: OPA/ DIVISION OF PROGRAM POLICY AND
REGULATION**

Background: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) allows the option to screen applicants and recipients for the occurrence of domestic violence. The option also allows the State to waive certain requirements where compliance with such requirements would make it more difficult for individuals receiving assistance to escape such violence. Recognizing the fact that domestic violence may impact on the ability of the customer to successfully become independent, Maryland selected this option.

Definition of Domestic Violence: A victim of domestic violence is one who has been subjected to one or more of the following by an intimate partner:

- physical acts that resulted in, or threatened to result in, physical injury to the individual
- sexual abuse
- sexual activity involving a dependent child
- being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities
- threats of, or attempts at, physical or sexual abuse
- mental abuse
- neglect or deprivation of medical care
- false imprisonment

Identification Procedure: To screen and identify individuals with a history of domestic violence the local department should include several appropriate screening questions as part of the individual front end assessment. The same screening should also be part of the redetermination process. Victims of domestic violence generally hide the fact that this situation is occurring. It is important to integrate the questions into the interview in appropriate places. One spot may be when talking about the child's **absent** parent and the relationship that exists between the child, the other parent and our customer. Another place to integrate the questions can be when discussing employment and the customer is putting up barriers. Suggested questions are:

- Are you or have you been in a relationship in which your partner has harmed you either physically or sexually? (examples punching, grabbing, pushing, choking, restraining)
- Have you ever been afraid that your partner might hurt you?
- Has your partner made threats to physically harm you?
- Has your partner ever prevented you from leaving your home, traveling to **work**, or visiting family or friends?
- Has your partner ever harmed or threatened to harm your children?

The questions listed are guides to the indicators for domestic violence, but can be rephrased as appropriate. For instance, instead of asking if "a partner prevented **you** from leaving home?" it may be rephrased to ask, "Does your partner have concerns about you going to work?" In addition, it is important to listen carefully to what is **said** and **unsaid** that may provide clues to a **threatening relationship**. These clues should be followed up with additional questions and service referral offers.

The computer systems will be programmed with codes "**Y**" for yes and "**N**" for no to track the incidence of domestic violence.

Enter the code at application or the first redetermination after the coding is available. The domestic violence information must be considered when formulating an independence plan with the customer. Use current procedures to maintain the confidentiality of such individuals.

Service Referral: If, during the interview, the customer or the local department has reason to believe that domestic violence interferes with the ability of the customer to work toward independence, refer the customer to counseling and supportive services.

Direct referrals may be made to partners in the community who provide counseling and other support services which are appropriate for this population and which will assist the customer to move in the direction of independence. A current list of providers can be obtained from the service partners in your agency. If direct outside referrals are not available, refer the customer to SSA using the DHR/FIA 461.

Waiver: Certain program requirements may be waived or extended if the customer and the local department have good cause to believe that compliance with these requirements would make it more difficult for the customer to escape domestic violence. These program requirements are:

- time limits - Any month in which a victim of domestic violence is working with a counselor toward recovery or independence does not count toward the 60 month limit.
- residency requirements - A new resident to Maryland will receive the Maryland benefit and not a lesser benefit from the former State.
- child support cooperation requirements - Use the good cause procedure as defined for child support non-cooperation.
- Work activities - Based on the recommendation of a service provider, some or all of the work activities may be deferred. For instance, job search may not be appropriate, but a work experience activity in a supportive environment such as social services could be required.

Good Cause: "Good cause" means that circumstances exist in which the compliance with program requirements may be against the best interests of the caretaker relative or the child. These circumstances are:

- That compliance is reasonably anticipated to result in serious physical or emotional harm to the child, or the caretaker relative.
- A reduction in benefits would endanger the child or the caretaker.

In general, use the same criteria to determine good cause as is done for child support. Acceptable evidence upon which the local department may begin a determination of good cause without need for further investigation is limited to the following specified documents:

- Court, medical, criminal, child protective services, psychological, licensed social worker, or law enforcement record which indicates that physical or emotional harm might be inflicted on the child or caretaker relative.

- Medical record which indicates the emotional health history and the present emotional health status of the child or caretaker relative, or written statement from a mental health professional that indicates a diagnosis or prognosis of the emotional health of the child or the caretaker relative.
- Documentation from the domestic violence counselor.

These documents alone do not mean a waiver is approved. The current circumstances, along with a history of circumstances and a recommendation from a service provider, must be considered. In making an investigation of a good cause claim, the local department may **not** contact the violator.

The local department shall make a determination that good cause does or does not exist and shall inform the caretaker relative of the decision in writing. The decision contains the local department's findings and the basis for the determination, a copy of which shall be retained in the FIP record. The decision is to be made within 30-days of the receipt of the claim by the local department unless:

- The information required to verify the claim cannot be obtained within the time standard, or
- The claimant did not provide corroborative evidence within 20 days.

The local department reviews the good cause at each redetermination. If a determination is made that the circumstance has changed and that good cause no longer exists, the local department proceeds to enforce the program requirements of FIP.

ACTION TO BE TAKEN: By all local departments for all applications and redeterminations received on or after November 1, 1996. Attached is a copy of the Program Directory from the Women's Services Program. Please contact Sue Woolford at (410) 767-7190 or Kay Finegan at (410)767-7939 with questions.

cc: FIA Management Staff
Social Services Management Staff
Constituent Services
Community Services Administration

STATE OF MARYLAND
DEPARTMENT OF HUMAN RESOURCES
REFERRAL FOR SERVICES

T O	DOMESTIC VIOLENCE COUNSELING SUBSTANCE ABUSE TREATMENT FAMILIES NOW SERVICES TO FAMILIES WITH CHILDREN CHILD PROTECTIVE SERVICES LOCATION:	F R O M	LDSS: WORKER: TELEPHONE #: ()
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I. CUSTOMER INFORMATION

1. CUSTOMER NAME <hr/> 2. CASE # _____ TEL. # _____	4. SOCIAL SECURITY # <hr/> 5. D.O.B. ___/___/___ 6. DATE(S) REFERRED: 1ST _____ 2ND _____	7. REFERRAL PROCESS (<i>CHECK ALL THAT APPLY</i>) ___ CUSTOMER REQUIRES SERVICES FROM ___ FAMILIES NOW ___ SERVICES TO FAMILIES W/ CHILDREN ___ CPS ___ OTHER (SPECIFY) <hr/>
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II. REFERRAL INFORMATION

8. REASON(S) FOR REFERRAL (<i>PLEASE SUMMARIZE ASSESSMENT RESULTS</i>) <hr/> <hr/>
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II. SOCIAL/COMMUNITY SERVICES ONLY -- RETURN TO FIA WORKER

9. DATE RECEIVED:	10. RECEIVED BY:	11. ASSIGNED TO:	12. TELEPHONE: ()	13. DATE ASSIGNED:
14. ACTION TAKEN: 				