

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<sup>1</sup>, 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.

<sup>1</sup>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.

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## 家庭暴力排查表

### 用於家庭暴力選項

**是否填寫本表格為自願選擇：** 填寫本表格並非是領取公共援助的必須條件。不會影響您領取援助的資格性<sup>1</sup>、援助金額、或處理申請需要的時間長度。

如果您是家庭暴力的受害者，並認為達到某些規定會將您或孩子置於危險之中，或更難逃逸虐待，您可填寫本表格並會見家庭暴力聯絡員(DVL)，要求延緩（免除）該規定。您可選擇現在不填表，將來任何時候都可以填寫。也可在任何時候會見家庭暴力聯絡員。

您向家庭暴力聯絡員敘述的任何事情，包括和施虐人的關係問題，都會被保密，只有兒童虐待與忽略除外。

無論您的性別、性取向和婚姻狀況為何，都可填寫本表格並要求會見家暴聯絡員。不一定非要有孩子或已經脫離受虐狀況才可會見家暴聯絡員。在轉介至家暴聯絡員之前，您無需向任何工作人員提供任何有關家暴資訊或細節。

#### **家人、同居人或前同居人是否通過以下方式將您置於危害之中：**

- 擊打、掌摑、足踢、勒頸或任何導致生理痛苦的方法？
- 孤立您，讓您感到像個囚犯，控制您的行動？
- 恐嚇會傷害您、您的孩子或與您親近的人？
- 堵截、跟蹤或監視您？
- 羞辱或貶低您，不斷輕視您，說您一錢不值？
- 在您不願意時強迫您做愛，或做您不願做的性活動？
- 讓您恐慌？

**是：** 我希望會見家暴聯絡員，討論我的處境。

**是：** 但是現在我不想會見家暴聯絡員。

**不：** 上述情況不適用於我或現在我不想回答這些問題。

我認證，簽署表格，即表明我已經或將會向社會服務部門提供真實資訊。

**簽名：** \_\_\_\_\_ **日期：** \_\_\_\_\_

\*本表格必須存放於顧客臨時援助個案記錄中。表格任何部分一旦填寫，必須轉至家庭暴力聯絡員，作為機密存檔。

<sup>1</sup>如果您是移民家暴受害人，且尚未獲取合法永久定居身份，可能必須會見家暴聯絡員，才能決定是否具備援助資格。