

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DISTRICT OF FISCAL RESPONSIBILITY (DFR)
**DETERMINATION WORKSHEET FOR DOMESTIC VIOLENCE PROGRAMS FOR VICTIMS NOT
RECEIVING OR APPLYING FOR TEMPORARY ASSISTANCE (TA)**

Domestic Violence (DV) Agency Name:	
DV Program Name:	
OCFS Domestic Violence Information System (DVIS) Program Code:	
The Office of Children and Family Services (OCFS) DVIS PRIMARY ID:	
DATE: / /	

A. The victim has consented to provide information necessary to complete this worksheet:
YES (Go to B.)
NO (Go to C.)

B. If YES, then:

a. What was the date of the DV incident that prompted the victim's entry into the DV shelter?
_____ / _____ / _____

b. What is the victim's county of residence on that date? _____

That is the DFR while the person remains in the DV shelter.

C. If NO, then what is the social services district in which the DV program is located? _____

That is the DFR while the person remains in the DV shelter.

After the victim leaves the DV shelter, other DFR rules would apply as appropriate (for example, the Transition Rule). See OTDA 06 INF-34 for further information.

PLEASE USE CAUTION IN EXCHANGING INFORMATION ABOUT VICTIMS OF DOMESTIC VIOLENCE. CHECK WITH YOUR SUPERVISOR OR THE DOMESTIC VIOLENCE LIAISON TO DETERMINE HOW INFORMATION SHOULD BE EXCHANGED.

**Instructions for Completing the District of Fiscal Responsibility (DFR)
Determination Worksheet for Domestic Violence Programs for Victims not Receiving or
Applying for Temporary Assistance (TA)**

This form is utilized only when a victim of domestic violence (DV) chooses not to apply for TA. DV programs shall utilize this form in order to determine the DFR responsible for payment of a victim's stay in a residential program for victims of DV. Do not use this form when a victim is receiving or applying for TA. DV programs are expected to present the DFR worksheet to DV victims and request the information within the first business day of a victim's stay. DV victims are not required to supply the information requested. Should a DV victim decline to provide the information necessary to complete this form, the attempt to obtain the information will be documented in their case file and programs may make subsequent requests that the DV victim voluntarily provide the information. In the absence of this information the where-found district is fiscally responsible for meeting that need.

OCFS DVIS PROGRAM CODE:

This is the code in DVIS that is specific to the facility (e.g., DV shelter, DV program, safe dwelling, safe home network). It also the code that appears on the operating certificate for the facility (Example: A022201).

OCFS DVIS PRIMARY ID:

The "Primary ID" in DVIS is developed by the DV program to identify the family unit. DV program must the following Primary ID convention: Last four digits of program code (e.g. A01**1201**) followed by sequential numbering for each primary ID. Example: 1201-00001, 1201-00002, 1201-99999.

DATE:

The date the form is sent to the DFR.

A. The victim has consented to provide information necessary to complete this worksheet:

Check **YES** if the victim consents to share the information necessary to complete this worksheet.

Check **NO** if the victim does not consent to share this information, and complete only question C.

B. If the client has consented to provide information, answer these two questions:

a. What was the date of the domestic violence (DV) incident that prompted the victim's entry into the DV shelter?

This is the date the victim of domestic violence provides to the DV shelter at intake.

b. What is the victim's county of residence on that date?

Enter the name of the county the victim was living in at the time of the domestic violence incident. See OTDA 06 INF-34 for further information.

C. If the client has NOT consented to provide information, the DV program enters the name of the social services district in which the DV program is located.

Enter the name of the social services district in which the DV program is located.