

Model Assessment Tool	
Client's Name:	Case Number:
DVL's Name:	Date:
Type of Full Waiver granted:	Type of Partial Waiver granted:
<input type="checkbox"/> No Waiver granted ( <i>please check box if applicable and provide explanation in this box</i> )	
Date of Waiver period: From: (MM/DD/YYYY)	To: (MM/DD/YYYY)

**Purpose: The assessment tool is designed to:**

- Obtain an attestation of domestic violence (DV)
- Get a fuller understanding of the DV situation, so the program or service needs of the individual and or their minor child(ren) can be met.
- Determine an individual's need to obtain a waiver while applying for or receiving Public Assistance (PA)
- Document the individual's responses for the Domestic Violence Liaison's (DVLs) case file.

**Before beginning the assessment, it is important that you:**

- Explain what you do as a DVL.
- Explain the purpose of the interview to individual.
- Give a short summary of PA requirements.
- Explain that you are available to answer questions about domestic or other forms of abuse.

**How was the assessment completed:**

*(Please check which applies)*

- In person
- By phone or other digital means

# Domestic Violence Assessment Determination

## Part 1:

The following three questions will assist in understanding the individual's DV situation, the type of abuse, and the relationship with the person who causes harm.

- When was the most recent incident in which you felt unsafe?

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- What is the relationship between you and your abuser?

- Related by blood or marriage
- Legally Married
- Formerly Married
- Have a child(ren) in common
- Unrelated with continuous contact or had an intimate relationship; and has access to the household or had regularly lived in the same household.

- Did the incident result in or threaten to result in any of the following?

- Physical Injury
- Sexual abuse / Harassment
- Mental / Emotional abuse
- Financial Abuse
- Controlling or stalking
- Neglect or deprivation of medical care

- Are you willing to provide a self-attestation to the domestic violence?

*(Show the individual a copy of the Self-Attestation form)*

## Part 2:

Individuals are not required to provide documentation to confirm their experience of DV or other forms of harm. However, if the individual does not want to sign an attestation, they can share documentation instead.

***(Explain to the individual that any provided documentation will be stored safely and securely within the DVL's case files.)***

It is not necessary to ask for all the items if one form of documentation gives enough information to make a determination. ***(Individuals can choose to provide any and or all documentation.)***

- Self-Attestation
- Documents such as an (Order of protection, Domestic Incident report, Medical, DV provider verification.
- Verification through collateral contact. (A signed release must be obtained, and this option should only be pursued if it does not jeopardize the victim's/survivor's safety)

**“Would you like to provide any records to support the claims above”**

## Waiver Assessment

### Part 1:

**The following questions and statements may be helpful in determining whether a waiver is necessary; however, they do not cover every topic or scenario in which domestic violence may occur. The DVL should engage the survivor in a conversation to best understand their individual needs. Additionally, the information gathered can be used to determine what service and safety planning are needed for the person's individual circumstances.**

*Guidance for DVL:*

***The DVL should mirror the client's language (e.g., if the client uses the first name of the person who causes harm, use that name not "perpetrator" or "abuser") to be survivor-centered and trauma-informed. Use open-ended questions to encourage an open dialogue.***

*The following questions are a starting point for the conversation the DVL will have with the client to assess their waiver needs. Allow the survivor to share their situation and listen for details that may be relevant to waivers and/or safety planning while ensuring you meet their individual needs.*

**The DVL must discuss Public Assistance requirements with the client to determine if any of the requirements would put the individual and or their child or children in danger or make it more difficult to escape abuse. Affirmative responses should be further explained in the space provided.**

Would (specific requirements) put you or your child(ren) in danger or make it more difficult to escape the abuse?

- Participating in work or work-related activities?
- Participating in a substance abuse assessment or treatment program?
- Establishing paternity and or pursuing child support?
- Other Public Assistance requirements?

- At any time, has the other party made you feel unsafe, isolated, or make you afraid?

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- Does or has, the other party ever stalked you?

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- Has the other party ever “choked” or strangled you, put their hands around your neck, or covered your mouth, making it hard to breathe?

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- Has the other party physically hurt you, threatened to hurt you, or threatened to harm your child(ren), family, friends, or your pet(s)?

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- Has the other party threatened to kill you or themselves?

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- Does the other party have access to a gun or other weapons? If yes, has the other party ever threatened you with a weapon?

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- Has the other party ever destroyed your property?

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- Has the other party ever sent you so many messages that you felt unsafe or harassed (e.g., text messages)?

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- Does the other party do things to you that make you feel ashamed or uncomfortable?

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- Has the other party forced or pressured you to engage in sexual activities that you did not want to do?

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- Does the other party control what you do or who you talk to?

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- Has the other party ever prevented you from leaving the house, using the car, or going somewhere?

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- Does the other party keep you or your child(ren) from getting medical care?

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- Have you ever had to seek medical care due to abuse by the other party?

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- Are you hiding from the other party?

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- Does the other party have any gang affiliations?

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- Do you currently live with the other party?

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- Do you feel safe going places (e.g., grocery store) or when completing everyday household errands?

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- Do you have a current order of protection, or have you ever had an order of protection against this person(s)? If yes, has the other party ever violated it?

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- Has a report ever been filed with the police concerning the other party's behavior towards you? If yes, when?

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- Has the other party ever been arrested based on behavior to you or your child(ren)? If yes, when?

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- Are there any pending court cases involving the other party, based on behavior toward you or your child(ren)?

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- Have you ever sought/received shelter or services due to the domestic violence?

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- Have you ever contacted a hotline due to this person's abuse or threats?

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#### Part 2:

Discuss Public Assistance program requirements with the client to determine if any of the requirements would put the individual and or their child(ren) in danger or make it more difficult to escape abuse.

*(Affirmative responses should be further explained in the space provided.)*

#### **Employment/Education**

The following questions are asked to help understand if the survivor can safely meet the employability or education program requirements. *(Education-specific questions should only be asked of minor parent individuals.)*

- Has the other party kept you from using money?

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- Has the other party ever affected your employment/education?

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- Has the other party caused you to miss work/ school, get in trouble, or get fired from any job/ or removed from school?

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- Do you feel safe at work or school?

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- Has the other party prevented you from having access to transportation for daily activities?

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- Do you feel like participating in the employment/ education program requirement could place you or your child(ren) in danger or make it more difficult for you to escape abuse?

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- Would participating in work or work-related or school-related activities put you or your child(ren) in danger or make it more difficult to escape abuse?

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## **Substance Abuse**

The following questions are asked to help understand if the survivor can safely meet the substance use disorder program requirement.

- Has the other party forced or pressured you to take drugs or alcohol?

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- Would participating in substance use assessment or treatment programs put you and or your child(ren) in danger or make it more difficult to escape abuse?

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## **Child Support**

The following questions are asked to help understand if the survivor can safely meet the child support cooperation program requirements.

These questions should only be asked if the client has age applicable children.

- How safe do you feel bringing your child(ren) to school or activities outside of their school (e.g., park or sports game)?

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- Are you concerned about safety if/ when exchanging the child(ren) for visitation or during visitation?

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- Do you have safety concerns if the other party knows your current or future address, where you work or how to contact you?

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- Are you concerned that while applying for child support or obtaining a waiver, the other party will retaliate against you by using Child Protective Service(s) or any other systems (e.g., family court)?

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- Would establishing paternity and or pursuing child support put you or your child(ren) in danger or make it more difficult to escape abuse?

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## **Non-Citizen/Sponsor Deeming**

The following questions are asked to help understand if the survivor can safely meet the program requirements.

These questions should only be asked if the individual meets the criteria for that requirement.

- Does the other party control your personal documents?

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- Do you feel like participating in this program requirement could place you or your child(ren) in danger or make it more difficult for you to escape abuse?

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- Would other PA program requirements put you or your child(ren) in danger or make it more difficult to escape abuse?

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**Part 3:**

This question is to assist in determining the length of a waiver.

- Do you foresee the circumstances that put you in danger changing? If so, when and how?

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**This document is recommended by the New York State Office of Temporary and Disability Assistance (OTDA) to be used by Domestic Violence Liaisons who conduct waiver assessments. Although it is not a state-required form, alternative assessment tools must be approved by OTDA.**