

Request for a Waiver of TAFDC Program Requirement(s) Due to Domestic Violence

INSTRUCTIONS

Domestic violence is a crime! It comes in many forms. It includes any or all of the following acts by a current or former intimate partner, relative or household member:

- physical abuse, such as pushing, hitting, shoving, kicking, biting, choking;
- being forced to have sex;
- threats of physical or sexual abuse; or
- serious emotional abuse.

You may be excused from certain Transitional Aid to Families with Dependent Children (TAFDC) program requirements if you or your children have been hurt by domestic violence, and meeting these requirements may hurt you or your children. When you ask to be excused from a requirement, you are asking for a “waiver.” You may receive a waiver if a requirement:

- might lead you or your children to be physically or emotionally harmed by domestic violence;
- makes it harder for you or your children to escape domestic violence; or
- unfairly penalizes you or your children because of past domestic violence.

To help DTA decide if you are eligible for a waiver, you must answer the questions on this form. Attach more paper if you need to. Try to give as much information as possible. You will be asked to tell us when the domestic violence happened. If you can't remember the exact dates, write the month and the year you think is correct. You will also need to provide some proof. (Examples of proof are on the last page of this form.)

In applying for a waiver, you should show **two** things:

1. that you or your children have suffered from domestic violence; **and**
2. why the domestic violence you or your children experienced makes it difficult for you to meet a DTA requirement; **or**
3. if you are asking to waive the family cap rule for one or more of your children, that the child was conceived as a result of the domestic violence.

You may ask for help answering these questions or getting the proof you need. You may also ask your case manager for a referral to people who can help you. DTA has Domestic Violence Specialists who can help you with this process. We encourage you to speak with a Specialist. You may also take the form home with you to complete.



Massachusetts Department of Transitional Assistance

Request for a Waiver of TAFDC Program Requirement(s) Due to Domestic Violence

TAO_____

Name _____

Address _____

City/Town/ZIP _____

Agency ID _____ Your Age _____

Ages of children living in your home _____

Ages of children not living in your home _____

What is the name of the person(s) who abused you? _____

What is the abuser's address or last address you know? _____

Is your abuser related to you? yes no

If yes, what is your relationship? _____

Is your abuser related to your children? yes no

If yes, list your children's names and the abuser's relationship to each of them.

Child's Name

Relationship

Does the abuser know where you live? yes no

In the last 6 months, how many times have you had contact with your abuser? _____

If you had contact with your abuser in the last 6 months, what type of contact was it?

Have you filed a restraining order? yes no If so, expiration date of order. _____

This section is for Department use only.

Was there a previous waiver request? yes no If yes, type of waiver _____

Decision: _____ Decision date: _____

Domestic violence includes any or all of the following acts by a current or former intimate partner, relative or household member. Check any of the following that has happened to you or your children:

- physical abuse, such as pushing, hitting, shoving, kicking, biting, choking, stabbing, shooting or being threatened with a weapon;
- sexual acts with your child;
- being forced to have sex or other sexual abuse;
- threats that you would be hurt if you refused sex;
- threats of physical or sexual abuse, or attempts to physically or sexually abuse you or your child;
- serious emotional abuse;
- prevented from going where you want to go, or talking to people when you want to;
- prevented from getting medical care;
- followed (also called “stalking”).

Check all the waiver types you are requesting due to your experience with domestic violence. **Check only those rules which apply to you now. If you aren't sure if a rule applies to you ask your case manager. If domestic violence is affecting your ability to follow a rule that isn't listed below, talk to a Domestic Violence Specialist.**

- Work Program** - The Work Program only applies to you if you are required to participate in work or a work-related activity. Please explain below why domestic violence is affecting your ability to fully meet your work program requirement.

- 24-Month Time Limit** – TAFDC is limited to 24 months within a 60-month period for many people. Please explain why domestic violence is affecting your ability to move to self-sufficiency within 24 months.

- Teen Parent School Attendance** - This requirement only applies to you if you are a teen parent without a high school diploma or equivalency. Please explain below why domestic violence is affecting your ability to participate fully.

Complete the Family Cap section only if you are requesting a Family Cap waiver.

Family Cap – The Family Cap rule only applies to you if you had a child born after your family cap date. If you do not know your family cap date, ask your case manager. List the name(s) of any child born after your family cap date who you are asking to have added to your grant. Please give us the child's father name.

Child's name _____ Father's name _____

Child's name _____ Father's name _____

Child's name _____ Father's name _____

Check the following box(es) that apply to you. You became pregnant with the child born after your Family Cap date because:

- You were forced to have sex.
- You were afraid you would be hurt by your abuser if you refused to have sex.
- You were afraid you would be hurt by your abuser if you used birth control.
- Your abuser prevented you from using birth control.

Explain what happened.

Did you speak to a friend, family member or professional about the abuse that was taking place prior to your pregnancy? yes no If yes, please explain.

Services Received:

If you or your children have received any of the following services in the last 6 months check the box(es) and answer the questions below.

- shelter in a battered women's program(s)
date entered: / / date left: / /
name of shelter _____
date entered: / / date left: / /
name of shelter _____
- other emergency shelter
period of time services were received _____
- support groups for battered women

- therapy for yourself
- therapy for your child
- medical treatment for illness or injury as a result of the domestic violence
- parent-aid or parenting classes
- substance abuse treatment, Alcoholics Anonymous or Narcotics Anonymous
- services from DCF
- other services for yourself and/or your child

please describe _____

I understand that in signing this form, I am giving permission to the Department to contact any service organization or agency which I have identified in this form to verify and/or support my waiver request and to discuss appropriate service plans. If you do not want the Department to contact a particular agency, list that agency here.

 Client Signature

 Date

 Case Manager Signature

 Date

 TAO Supervisor Signature

 Date

 DV Specialist Signature

 Date

 DV Liaison/ Director Signature

 Date

List the name(s) of anyone who helped you complete this form and their relationship to you.

Required Verifications:

Attach at least 1 of the following verifications to your waiver request:

1. court, medical, criminal, child protective services (DCF), social service, psychological, school or law enforcement records; or
2. documents showing that you have: a restraining order; taken legal steps against the abuser; asked to be placed in a domestic violence shelter or other shelter due to domestic violence; or
3. if you are unable to provide any of the verifications listed in 1 or 2, a statement from at least one other individual with knowledge of your circumstances.

If your waiver is approved, it will be for a specific time period. During that time, we want to help you get the services you need to be safe and reduce the effects of domestic violence on you or your children. It is important that you obtain services which can help you during the waiver period. Failure to obtain services may affect any requests for additional waivers. Ask your Domestic Violence Specialist or your case manager for a list of services.