



### DCF/DSA Referral Form

TANF Recipient Name: \_\_\_\_\_ TANF Approval Date: \_\_\_\_\_

DCF ID #: \_\_\_\_\_ (Please include DCF ID # on DCF/DSA Monthly Progress Report form)

EES Case Manager: \_\_\_\_\_ Phone number: \_\_\_\_\_

Return to: \_\_\_\_\_  
*Local DCF Office                                      Address                                      Location                                      Phone number*

I understand my EES Case Manager is referring me to the local Domestic Violence/Sexual Assault (DV/SA) Center for more information and/or further assessment. I understand it is my choice to participate in the DSA program and I am under no obligation to be assessed by the local DV/SA Center or participate in DSA as a TANF Work Program activity. If I do not choose DSA as a TANF Work Program activity, I must contact my local DCF office to develop a new Self-Sufficiency Agreement. I may be required to participate in other Work Program components. Further, if I choose to be assessed by the local DV/SA Center, I authorize release of referral and status change information that may be required for TANF Program Administration.

\_\_\_\_\_  
*TANF Recipient Signature*

\_\_\_\_\_  
*Date of Initial DSA Referral*

- DSA
- Non-DSA

**To be completed by Local DV/SA Center:**

TANF Recipient receiving services from Center: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Recommendation of DV/SA Center: (Please describe DCF Work Program activities the DSA participant may engage in outside of the DV/SA Center activities.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*DV/SA Center Advocate Signature*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Local DV/SA Center*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Location*

\_\_\_\_\_  
*Date*

**After DCF/DSA Referral Form is completed, the TANF recipient or DV/SA Center will please return signed form to DCF within 10 days from Date of Initial DSA Referral above.**