



ES-4416
03-19

DV/SA Referral Form

TANF Recipient Name: _____ TANF Approval Date: _____

DCF ID #: _____ (Please include DCF ID # on DV/SA Monthly Progress Report form)

Career Navigator: _____ Phone number: _____

Return to: _____
Local DCF Office Address Location Phone number

I understand my Career Navigator 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 DV/SA program and I am under no obligation to be assessed by the local DV/SA Center or participate in DV/SA activity for TANF Employment Services. If I do not choose the DV/SA as an activity, I must contact my local DCF office to develop a new Self-Sufficiency Agreement. I may be required to participate in other Employment Services activities. 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 DV/SA Referral

Appointment Date: _____ Time: _____ Location: _____

To be completed by Local DV/SA Center:

TANF Recipient receiving services from Center: _____ Yes _____ No

Recommendation of DV/SA Center: *(Please describe DCF Employment Services activities the DV/SA 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 the DV/SA Referral Form is completed, the TANF recipient or DV/SA Center will please return the signed form to DCF within 10 days from the Date of Initial DV/SA Referral above.