

**DCF/S.A.F.E. PROJECT
DOMESTIC AND SEXUAL VIOLENCE REFERRAL FORM**

CUSTOMER'S NAME: _____ REFERRAL DATE: _____

CUSTOMER'S PHONE NUMBER: _____ SAFE/ALT PHONE NUMBER: _____

DCF CASE MANAGER'S NAME: _____ Customer ID: _____

DCF CASE MANAGER'S PHONE #: _____ E-MAIL _____

I understand that my EES case manager is referring me to the S.A.F.E. Project case manager in _____ County for more information and/or further assessments. I understand that it is my choice to participate in the S.A.F.E. Project and I am under no obligation to be assessed by the S.A.F.E. Project case manager or participate in the S.A.F.E. Project as a TANF Work Program activity. If I do not choose the S.A.F.E. Project as a TANF Work Program activity, I must contact my EES case manager 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 S.A.F.E. Project, I authorize the release of referral and status change information as may be required for TANF program administration.

_____ CRISIS _____ NON-CRISIS
_____ DSA _____ Non-DSA
_____ CUSTOMER'S SIGNATURE _____ DATE

S.A.F.E. CASE MANAGER REPLY

PARTICIPANT PLACED IN S.A.F.E. PROJECT: _____ YES _____ NO
ADVOCATE RECOMMENDATION: _____ S.A.F.E. Project Only
_____ S.A.F.E. Project combined with other TANF Work Program activities
(see below box for detail)

Recommended # hours _____	Explanation: _____
_____	_____

_____ Participant not placed in S.A.F.E. Program Explanation: _____

_____ Participant Requests Good Cause Exemption from pursuing Child Support

CONFIDENTIAL - this information has been disclosed to you from records that are confidential. You are prohibited from making any further disclosure of it without specific written consent of the person to whom it pertains.

S.A.F.E. Project at Catholic Charities Wichita Case Manager Signature Date Phone #
For use in the following counties only: (Please list.....)