**TURN-AROUND FORM**
**SRS Referral for OARS**
**(Orientation-Assessment-Referral-Safety)**

Kansas Coalition Against
Sexual and Domestic Violence
04/11rev.

ES-4320
04/11rev.

**PARTICIPANT NAME** | **TAF MONTHS** | **DATE OF TAF APPROVAL** | **SAFE/ALTERNATIVE PHONE**

**ADDRESS** | **CITY** | **ZIP** | **KS CARES ID NUMBER**

**SRS OFFICE** | **COUNTY**

**EES CASE MANAGER/SRS OFFICE** | **EES PHONE** | **DATE**

**I understand that my case manager is referring me to the OARS Advocate for more information and/or further assessment. I understand that it is my choice to participant in the OARS program and I am under no obligation to be assessed by the OARS Advocate or participate in OARS as a TAF Work Program activity. If I do not choose OARS as a TAF Work Program activity, I must contact my 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 OARS, I authorize the release of referral and status change information as may be required for program administration.**

_____ **CRISIS**
_____ **NON-CRISIS**

**PARTICIPANTS SIGNATURE** | **DATE**

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## OARS REPLY

**PARTICIPANT PLACED IN OARS:** _____ **Yes** _____ **No**

**ADVOCATE RECOMMENDATION:** _____ **OARS Only**
_____ **OARS combined with other TAF Work Program activities**
**(recommended hours and explanation)**

_____ **Wants Good Cause Exemption from pursuing Child Support**
_____ **Participant not placed in OARS because:**

**OARS EMPLOYEE SIGNATURE** | **PHONE** | **DATE**

**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.

## Contact Log

| Date | Time | Contact Method | Date | Time | Contact Method |
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