



Sexual Harassment/Domestic Violence/Sexual Assault or Stalking Referral Form

Eligibility workers will complete this form for victims of sexual harassment and survivors of domestic violence, sexual assault, or stalking.

Date of Initial Referral: _____

Client requests and gives consent to be contacted by the local DV/SA Agency.

Check all that apply:

TANF Child Care Food Assistance Non-Assistance

Client Name: _____

DCF Client ID: _____ County Client Resides In: _____

Residing In a Shelter? YES NO

Is the Abuser in the Home? YES NO Unknown

Is it safe to contact you? YES NO

If so, check all that apply: Phone Email

Phone number: _____ Is it safe to leave a message? YES NO

Best Time to Call: _____

Email: _____

Other Safe Contact Person:

Name of Safe Contact Person: _____

Check all that apply for that Safe Contact Person: Phone Email

Phone number: _____ Is it safe to leave a message? YES NO

Best Time to Call: _____

Email: _____

Additional Information Regarding Safety and Confidentiality:

All information provided on this referral and all information provided to DCF staff is protected by state and federal confidentiality laws (KSR 39-709 b and KEESM 1220 and subsections). In addition to domestic violence shelter facilities, Kansas provides a Safe at Home (SAH) Program which is a statewide address confidentiality program that assists survivors of domestic violence, sexual assault, stalking, and others who fear for their safety by providing alternate address for people who move or are about to move to a new location unknown to their aggressors. For more information visit <https://dcfnet.dcf.ks.gov/EES/Pages/Resources/SafeAtHome/Safe-at-Home.aspx>

Send the completed referral to DCF.EESDVSA@ks.gov

Note: If participating with Employment Services, further contact may be initiated by a Career Navigator.