



## 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.

Note: The client needs to be informed that it is their responsibility to contact the DV/SA provider.

How was client provided with the DV/SA Provider's contact information

Date of Initial Referral: \_\_\_\_\_

Check all that apply:

- TANF       Child Care       Food Assistance       non-Assistance

Client Name: \_\_\_\_\_

DCF Client ID:

County Client Resides In:

### Additional Information Regarding Safety and Confidentiality:

All information provided on this referral and all information provided to DCF staff is protected by state confidentiality laws (KSA 39-709b) and DCF policy (KEESM 1220 and subsections). In addition to domestic violence shelter facilities, Kansas provides a Safe at Home (SAH) Program which is an address confidentiality program that benefits victims of domestic violence, sexual assault, stalking, and/or human trafficking who are in a location unknown to their abuser. The program provides (1) a substitute address to be used by participants as their legal address when interacting with state and local agencies, and (2) a free mail forwarding service for first-class mail for participants. Victims can register to vote, obtain a driver's license, etc., without concern of public records putting them at risk of being located by their abuser.

For more information visit the Safe at Home website at

<https://ag.ks.gov/divisions/victim-services/safe-at-home>

Send the completed referral to [DCF.EESDVSA@ks.gov](mailto:DCF.EESDVSA@ks.gov)

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