

**IM-2DVS DOMESTIC VIOLENCE SCREENING**

**Purpose:** To provide a form to be used for identifying victims of domestic violence. The form will be completed by Income Maintenance staff at each application for Temporary Assistance and at each interim contact that eligibility factors are reviewed (adding a child, reinvestigations, etc.). The form will be used to provide a method of referral for assessment or services available to the participant identified as a victim of domestic violence. It will also be used as the preliminary step in exploring cooperation with Division of Child Support Enforcement.

**Number of Copies and Distribution:** This form is on NCR paper with an original and two copies. The original is maintained in the participant's Temporary Assistance case record. One copy is forwarded to the appropriate referral resource for assessment and/or services. The third copy is forwarded to Division of Child Support Enforcement when good cause for non-cooperation has been approved.

This form is required at all applications, re-applications, and interim contacts for Temporary Assistance benefits.

It is to be used in conjunction with the IM-2E parts one and two when discussing cooperation and assignment of child support.

**INSTRUCTIONS FOR COMPLETION**

Complete participant's name, SSN/DCN, DCSE cooperation required, telephone number or contact number, and sex of participant.

**Section 1** - Check each box appropriately with currently (c) in the past (p), or (n) not at all, as it applies to participant.

Comments: enter any additional comments in this section.

**Section 2 and Section 3** - Check yes or no in appropriate box.

**Section 4** - Check yes or N/A if screening for domestic violence was completed.

**Section 5** - Check yes, no, or N/A if referred for domestic violence assessment.  
Check yes, no, or N/A if a referral for resources was offered.

**Interviewer name/signature:** Staff signs and dates upon completion.