



W-1 DV Cash  
(REV 06/23)

# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES

### REQUEST FOR CASH ASSISTANCE DUE TO DOMESTIC VIOLENCE

Referral Source <input type="checkbox"/> Walk-in <input type="checkbox"/> Phone <input type="checkbox"/> DV Safe Connect <input type="checkbox"/> CCADV Member Agency				
<i>If referral source is DV Safe Connect, it is not required for the DSS Social Worker to see a restraining order or police report. Please submit this form via email to dss.swsdreferral@ct.gov</i>				
Name (first, middle, last)		Legal or other name (if different)		
DSS Client ID (if known)	Date of Birth	Social Security Number	Sex	Safest phone number to contact you
Preferred Language (Spoken/ASL)		Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Street Address		City	State	Zip Code
Mailing Address (If different)		City	State	Zip Code
Ethnicity (optional)	<input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic, Latino/a or Spanish			
Race (optional)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian			
Names, Dates of Birth, and relationship of dependents age 18 or younger who live with you				
Safest place for the benefit to be issued		<input type="checkbox"/> Home Address	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Other <input type="checkbox"/> DSS Local Field Office
Safest Benefit Issuance Method		<input type="checkbox"/> EBT	<input type="checkbox"/> New EBT Card Needed	<input type="checkbox"/> Check

I am requesting a **one-time cash assistance benefit** from the Department of Social Services because **I am a current victim of domestic violence** as defined in section 17b – 112a of the Connecticut General Statutes. Under section 17b – 112a, a victim of domestic violence is a person who has been abused or subjected to extreme cruelty in one of the following ways:

- Physical acts that resulted in or were threatened to result in physical injury;
- Sexual abuse;
- Sexual activity involving a child in your home;
- Being forced to participate in nonconsensual sexual acts or activities;
- Threats of or attempts at physical or sexual abuse;
- Mental abuse; or
- Neglect or deprivation of medical care.

I am currently experiencing domestic violence as noted above:  Yes  No

**Date of last incident of abuse:**

<b>Type of Incident</b>	<input type="checkbox"/> Assault	<input type="checkbox"/> Threatened	<input type="checkbox"/> Harassed	<input type="checkbox"/> Stalked
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Other (please describe):

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**Any type of crisis intervention or support services received for the incident identified above?**

- Domestic Violence Services
- Community Based Agency
- Law Enforcement
- Other (please describe):

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**Any current or pending orders of protection in place in the last 90 days?**

- Police Report issued within the last 90 days
- Protective Order or Restraining Order issued within the last 90 days
- Other (please describe):

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**If approved, how will the benefit support the safety of me and/or my family:**

- |                                     |   |                                    |
|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Basic Needs    | <input type="checkbox"/> Medical   |
| <input type="checkbox"/> Utilities  | <input type="checkbox"/> Transportation | <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other:         |                                    |

**DSS Social Worker comments:**

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<b>Verification submitted:</b>	<input type="checkbox"/> Police Report issued within the last 90 days
	<input type="checkbox"/> Protective Order or Restraining Order issued within the last 90 days
	<input type="checkbox"/> CCADV Member Agency or DV Safe Connect

I certify that all of the information given to DSS is true and complete to the best of my knowledge. I certify that I am currently experiencing domestic violence and that the information I provide above is accurate to the best of my knowledge. I also declare and certify that I have provided true and accurate (correct) information. I understand that when DSS has reason to believe that I am making a misstatement of fact or withholding information from DSS, I will be required to provide proof of what I have said. I may be referred to a domestic violence services partner who will assist in determining eligibility for the DVCP benefit and to discuss what other help may be available to me. If I have knowingly given incorrect information, I understand that I may be subject to penalties for false statement as specified in sections 53a-157b and 17b-97 of the Connecticut General Statutes; to penalties for larceny as specified in sections 53a-122 and 53a-123 of the Connecticut General Statutes; and to other criminal and civil penalties under state law. I authorize the Department of Social Services to verify any information given on this form. **If someone helped you complete this form or completed this form for you, that person must also sign this form as a Helper.**

<b>Applicant's Name</b>	<b>Date</b>	<b>Applicant's Signature</b>	<b>Date</b>
<b>Helper Name and relationship to applicant</b>	<b>Date</b>	<b>Helper Signature</b>	<b>Date</b>

*(To be completed by DSS)*

<b>DV Agency (if applicable)</b>				<b>Contact Number</b>	<b>Date</b>
<b>Referred to DV Safe Connect (888) 774-2900</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Already receiving DV Support Services	<b>DSS Social Worker Name and Office</b>	<b>Date</b>

The Department has a TDD/TTY hotline number for persons who are deaf or hearing impaired. If you have a TDD/TTY, you can call 1 (800) 842-4524. The Department also has auxiliary aids for the blind or visually impaired. Please call your local Department of Social Services for more information at 1 (860) 424-5040.