

**DEPARTMENT FOR SOCIAL SERVICES K-TAP REPORT
TO DEPARTMENT FOR SOCIAL INSURANCE**

DOMESTIC VIOLENCE DETERMINATION

Alleged Victim Name _____ Social Security No. _____

- Upon receipt of the referral from the Department for Social Insurance, the Department for Social Services has completed an investigation or general adult services assessment regarding the above-named alleged victim of domestic violence and made the following determination:

- The reported alleged victim is in a domestic violence situation.
- The reported alleged victim is not in a domestic violence situation.
- The reported alleged victim cannot be located or refused to be interviewed by DSS.

- In addition to being offered protection and supportive services provided by the Department for Social Services, the alleged victim has been informed and/or referred to community agencies for the following services:

- | | |
|--|--|
| <input type="checkbox"/> Spouse Abuse Center (Emergency Shelter,
Crisis Line, Counseling) | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Legal Protection | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Counseling/Support Group | <input type="checkbox"/> Education/Vocational Services |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Advocacy Services |
| <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Parenting Skills Instruction |
| <input type="checkbox"/> Other _____ | |

Family Services Worker Signature _____ Date _____

Comments _____

