

Georgia Department of Human Services

_____ County Department of Family and Children Services

AUTHORIZATION TO REMOVE THE DOMESTIC VIOLENCE INDICATOR

Information:

PLEASE READ THE FOLLOWING prior to completing this form:

The Domestic Violence (DV) indicator was added to (a) your case (b) your mother's case (c) other adult's case for the safety of the family. Your request to remove the DV indicator must be an informed and responsible decision.

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This request is voluntary and signing or not signing this form cannot be used as a condition of your eligibility for benefits.

You still have right to contact the Department of Family and Children Services if you or your family needs assistance due to domestic violence. If you need immediate domestic violence services, please contact: 1- 800-33-HAVEN (1-800-334-2896).

Authorization to Remove the Domestic Violence

This section is to be completed by the client only.

By signing this form I authorize

Print your name

County DFCS to remove the DV flag from my records for the following reason(s): (Check all that apply)

I am not the person who was a DV victim. The circumstances have changed and my family and I am no longer in danger. I understand that once the DV indicator is removed, the DV waiver(s) will not apply to the TANF recipient and, therefore, I may not be entitled to waivers previously granted .

_____	_____
Printed Name	Date
_____	_____
Signature	Date

Instructions:

- Fax the Completed Form to _____ County DFCS at: _____
O
R,
- Mail the Completed Form to _____ County DFCS
- Retain a copy of the completed form for your personal records.