

**TANF/COLORADO WORKS  
DOMESTIC VIOLENCE SCREENING DOCUMENT**

**County Worker:** Begin by asking the applicant/participant the questions below. You can say "The information you provide us is very important, because there are time limits on how long you can receive benefits. It is important for us to discuss anything that will make it difficult or prevent you from working. If we know this, we can develop with you, a safe and workable plan. We can also help you find the services you need to stay out of danger. Your information will not affect your eligibility for assistance and everything you say will be confidential. However, if you tell me that a child(ren) is being abused, I am required by state law to report that information to child protective services."

NAME: \_\_\_\_\_ M/F (circle one)

CASE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Are you or have you been, in a relationship where your past  or current  partner (spouse, boy/girlfriend) has been physically, sexually, emotionally or verbally abusive? For example:

- Yes  No Pushed, shoved or slapped?
- Yes  No Kept away from family and friends?
- Yes  No Hit, kicked or punched?
- Yes  No Destroyed your possessions such as car, clothes, furniture, family photos or hurt your pets?
- Yes  No Threatened to take your child(ren) away from you?
- Yes  No Monitored your actions, like listening to calls, following you, checking your mileage?
- Yes  No Stalked you, like driving by your work, your house, showing up unexpectedly, or making a lot of phone calls to your work?
- Yes  No Forced to do anything sexual you did not want to do or raped you?
- Yes  No Told you that you are worthless, called you names or made you feel bad about yourself?

*Record the person's experiences below*

\_\_\_\_\_

\_\_\_\_\_

1. When did this happen? In the last month? In the last 6 months? \_\_\_\_\_

\_\_\_\_\_

2. Is the abuser a parent of any of your children? Yes No If yes, who? \_\_\_\_\_

\_\_\_\_\_

3. Are you afraid of this person? Yes No If so, describe? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever called the police because of this person? Yes No If yes, why?  
\_\_\_\_\_
5. Have you ever requested or gotten a Restraining Order? Yes No If yes,  
has the Restraining Order ever been violated? Yes No If yes, how many  
times? \_\_\_\_\_  
\_\_\_\_\_
6. Did this person ever prevent you from working or attending a training program or  
harass you at your workplace, or prevent you from receiving medical treatment?  
Yes No If yes, explain? \_\_\_\_\_  
\_\_\_\_\_
7. Does this person use alcohol or drugs? Yes No If so, what? \_\_\_\_\_  
\_\_\_\_\_
8. Does this person own any weapons? Yes No If yes, what kind? Have  
they ever threatened you with a weapon? Yes No \_\_\_\_\_  
\_\_\_\_\_
9. Has this person ever displayed cruelty to animals? Yes No If yes, when  
was the last time and what happened? \_\_\_\_\_  
\_\_\_\_\_
10. Has this person ever threatened to hurt or kill himself or herself? Yes No  
If yes, when was the last time? \_\_\_\_\_  
\_\_\_\_\_
11. Has this person ever threatened to hurt or kill you, your child(ren), or a family  
member? Yes No If yes, when was the last time? \_\_\_\_\_  
\_\_\_\_\_

If you have answered "no" to these questions, **please let us know at any time if you feel that you or your child(ren) are in danger.** I am giving you a Resource Packet that includes places to call and information on how to stay safe.

\_\_\_\_\_  
County Worker Initials

\_\_\_\_\_  
Date