

# **Increasing Access to Emergency Assistance Grants for Domestic Violence Survivors in Wisconsin**

Prepared for End Domestic Abuse Wisconsin and the Wisconsin Department of Children and Families

By  
Erik Gartland  
Nathaniel Haack  
Corissa Mosher  
Maddie Sychta  
Erik Thulien

Workshop in Public Affairs  
Spring 2020



**Robert M. La Follette  
School of Public Affairs**  
UNIVERSITY OF WISCONSIN-MADISON

©2020 Board of Regents of the University of Wisconsin System

All rights reserved.

For an online copy, see [www.lafollette.wisc.edu/outreach-public-service/workshops-in-public-affairs-publications@lafollette.wisc.edu](http://www.lafollette.wisc.edu/outreach-public-service/workshops-in-public-affairs-publications@lafollette.wisc.edu)

The Robert M. La Follette School of Public Affairs is a teaching and research department of the University of Wisconsin–Madison. The school takes no stand on policy issues; opinions expressed in these pages reflect the views of the authors.

The University of Wisconsin–Madison is an equal opportunity and affirmative-action educator and employer. We promote excellence through diversity in all programs.

## **ACKNOWLEDGEMENTS**

There were many people who helped us complete this report. We would like to thank our clients, Abby Swetz and Megan Sprecher from End Domestic Abuse Wisconsin, for the opportunity to participate in this analysis. We sincerely appreciate the time, data, and resources they gave our group consistently throughout this process. We also would like to thank the Wisconsin Department of Children and Families' Marianne Rosen, Audrey Proaño, and Edward Emmons for their support, expertise, and feedback throughout this process. We appreciate all the time they put into answering our questions and providing us with data. Additionally, we would like to thank frontline workers and advocates who took time out of their busy schedules to complete informational interviews that were crucial in guiding our research and trajectory. We would also like to thank Lisa Hildebrand of the La Follette School for her feedback and critical editing of this report. In particular, we thank Professor Greg Nemet, whose feedback, guidance, and confidence in our abilities helped us complete this report.

## **CLIENTS AND AUTHORS**

Our clients are End Domestic Abuse Wisconsin and the Wisconsin Department of Children and Families. End Domestic Abuse Wisconsin is a statewide nonprofit organization led by social policy advocates, attorneys, and experts who work to support, connect, equip, empower, and lead organizations for social change to end domestic violence. The Wisconsin Department of Children and Families is the state agency that oversees the administration of Emergency Assistance grants through the Wisconsin Works program. The five authors are graduate students at the University of Wisconsin–Madison's La Follette School of Public Affairs.

## FOREWORD

This report is the result of collaboration between the La Follette School of Public Affairs at the University of Wisconsin–Madison, End Domestic Abuse Wisconsin, and the Wisconsin Department of Children and Families. The overall learning objective of our Masters in Public Affairs program is to provide graduate students at the La Follette School the opportunity to improve their policy analysis skills while providing the client an analysis of a policy problem on which a decision or set of decisions needs to be made.

The La Follette School offers a two-year graduate program leading to a master of public affairs (MPA) degree. Students study policy analysis and public management, and they spend the first year and a half of the program taking courses in which they develop the expertise needed to analyze public policies, including statistics, economics, and policy analysis. The authors of this report all are in the final semester of their degree program and are enrolled in the Workshop in Public Affairs. Although acquiring a set of policy analysis skills is important, there is no substitute for actually doing policy analysis as a means of experiential learning. The Workshop in Public Affairs gives graduate students that capstone opportunity by producing a report for real-world clients who have identified a question of importance to their organization.

The clients for this project are End Domestic Abuse Wisconsin and the Wisconsin Department of Children and Families, which are addressing an issue of highest importance to the state. Two key contacts at End Abuse, Abby Swetz and Megan Sprecher, brought the issue of domestic violence to the La Follette School seeking input on how the Wisconsin Department of Children and Families might improve access to Emergency Assistance grants for survivors of domestic violence.

This group of five graduating MPA students—Erik Gartland, Nathaniel Haack, Corissa Mosher, Maddie Sychta, and Erik Thulien—have spent the last four months working on this issue. They diligently collected data on the problem, analyzed trends, and identified the areas of highest concern, focusing on understanding the barriers people face in accessing Emergency Assistance. They creatively developed a long list of interventions with the potential to improve access. They then prioritized a set of eight highly recommended actions for the Department of Children and Families. These eight recommended actions are the result of careful analysis and rigorous research and, as such, embody the mission of the La Follette School, to:

*Train leaders and conduct research to inspire evidence-based policymaking and to advance the public good.*

Gregory F. Nemet

Professor of Public Affairs  
La Follette School of Public Affairs  
Madison WI  
May 2020

## **Table of Contents**

ACKNOWLEDGEMENTS	2
CLIENTS AND AUTHORS	2
FOREWORD	3
TABLES AND FIGURES	5
ACRONYMS USED	5
DEFINITIONS OF TERMS	5
EXECUTIVE SUMMARY: EIGHT HIGH PRIORITY ACTIONS TO INCREASE ACCESS DOMESTIC VIOLENCE IN WISCONSIN	7 8
RESEARCH GOAL: IDENTIFY BARRIERS TO SAFE HOUSING	9
PROBLEM: DECLINING USE OF EA AND INCREASING DENIAL RATES	10
EMERGENCY ASSISTANCE PROCEDURES	15
PROCEDURAL BARRIERS TO ACCESS FOR SURVIVORS OF DV	16
TRAINING W-2 STAFF IN DV RESPONSIVENESS	19
SCREENING APPLICANTS FOR DV	20
SCREENING BEST PRACTICES	21
PRIVATIZATION OF BENEFIT SERVICES	22
ASSESSMENT OF POSSIBLE ACTIONS TO REDUCE BARRIERS FOR DV SURVIVORS	23
CONCLUSION	25
REFERENCES	27
APPENDICES	32
APPENDIX A - HOUSING FIRST MODEL	33
APPENDIX B - EA APPLICATIONS, APPROVALS, AND APPROVAL RATES BY REGION	35
APPENDIX C - MAP OF REGIONS BY COUNTY	37
APPENDIX D - EA APPLICATION	38
APPENDIX E - ILLINOIS CRISIS ASSISTANCE APPLICATION	42
APPENDIX F - DV SCREENING TOOLS	43

## TABLES AND FIGURES

Table 1. Summary Statistics of Counties with Ten or More Applications in 2018 (n=14) .....	14
Table 2. County-level Data for Counties with Ten or More Applications in 2018 .....	14
Table 3. Summary of Organizations Administering EA in Wisconsin.....	22
Table 4. Summary Statistics of For-profit vs. Nonprofit Administration in 2018 (Among Those with Complete Data) .....	22
Table 5. Recommended Procedural Actions.....	23
Table 6. Recommended Training Actions .....	24
Table 7. Recommended Screening Actions .....	24
Table 8. Recommended Financial Actions .....	25
Table 9. Recommended Cultural Actions.....	25

## ACRONYMS USED

DCF	Wisconsin Department of Children and Families
DV	Domestic Violence
EA	Emergency Assistance
W-2	Wisconsin Works

## DEFINITIONS OF TERMS

**Advocate** - an individual or organization that offers services for domestic violence survivors, one who advocates on behalf of survivors and/or connects them to resources (counseling, shelters, legal assistance, government assistance, etc.).

**Economic deprivation** - the control over financial resources with the intent to create financial dependence, includes preventing a partner from working; sabotaging employment; limiting access to cash, credit/debit cards, or bank accounts; forcing a partner to take on debt; or refusing to pay child/spousal support.

**For-profit** - a private organization/business seeking to generate a profit.

**Nonprofit** - a tax exempt or charitable organization that does not pay income tax, often affiliated with a religious, educational, or research mission with an IRS designation of 501(c).

**Physical violence** - the use of physical force to intimidate or harm a partner to establish control, includes hitting, punching, kicking, threatening violence, intimidation with a weapon, or assault.

**Privatization** - the contracting of publicly funded services and activities by an organization that is not the government, i.e., nonprofit and for-profit organizations/businesses.

**Coercive control** - efforts to control a partner utilizing emotional manipulation, includes a variety of abusive behaviors where the effect is often “invisible”—threatening harm to pets, children, loved ones; accusing the survivor of cheating; displaying extreme jealousy; embarrassing or shaming of the survivor; and/or destroying property.

**Sexual violence** - the use of sex to control and humiliate a partner, includes pressuring a partner to have sex, forcing sex with other people, refusing to use protection, etc.

**Stalking** - to pursue an individual aggressively with the intent to control, follow, or monitor someone to the point of harassment.

**Survivor** - a person who has experienced domestic violence, an empowering term used in place of "victim."

## EXECUTIVE SUMMARY: EIGHT HIGH PRIORITY ACTIONS TO INCREASE ACCESS

End Domestic Abuse Wisconsin (End Abuse) is a statewide nonprofit organization led by social policy advocates, attorneys, and experts who work to support, connect, equip, empower, and lead organizations for social change to end domestic violence. A major service gap identified by End Abuse is access to safe housing for survivors of domestic violence (DV). Emergency Assistance (EA) grants are available to DV survivors in Wisconsin as a one-time payment to prevent homelessness or to secure permanent housing. However, EA is increasingly difficult to attain in Wisconsin. In 2005, 67 percent of all applications were approved. That number decreased to 31 percent by 2018. This trend is consistent with applicants who identify as DV survivors although DV survivors are approved at higher rates than other applicants. Graduate students at the La Follette School of Public Affairs worked with End Abuse and the Wisconsin Department of Children and Families (DCF) to prepare this report to better understand the reasons for this trend and develop policy solutions to increase the accessibility of EA for DV survivors.

Using administrative data from DCF, we found large variation among counties in approval rates for EA applicants, suggesting that contractor discretion may play a role in application approval or denial. We also found a steadily increasing number of applicants from 2005 to 2014 with a small decrease from 2014 to 2018. Despite a large increase in applicants, the total number of approved EA applications has remained relatively constant, resulting in much higher denial rates. End Abuse provided results from a survey of Wisconsin DV service providers that identified numerous procedural barriers that DV survivors face when applying for EA, including: (1) application complexity, (2) inability to access financial documentation safely, (3) lack of reliable transportation, (4) privacy concerns, and (5) confusion around whether the applicant should list the abuser as part of their family unit.

We examined the DV training provided to all EA administrators and found it to be impactful and well-prepared, albeit with a few places for improvement, such as using gender-neutral pronouns in all training materials. We also analyzed the procedure to screen applicants for DV, which is discretionary for EA applicants but not for applicants for Temporary Assistance for Needy Families (W-2 in Wisconsin). We conclude that failure to successfully screen applicants and provide DV-responsive services may be a result of organizational culture and/or personal biases rather than administrative or procedural shortcomings. While all EA services are administered by private contractors, some are administered by nonprofit organizations and others by for-profit entities. Our data shows some evidence that for-profit agencies may deny applicants at a higher rate, but this finding is not statistically significant.

We propose 35 actions that DCF could take to increase access to EA for DV survivors and prioritize by potential impact and implementation feasibility. **Our eight highest priority recommendations are:**

### Procedures

- Simplify the EA application
- Specify that the abuser should not be listed as a member of the family
- Add a confidentiality statement to the application
- Waive the need for financial documentation for DV survivors

### Training

- Require W-2 staff to rehearse screening procedures

### Screening

- Screen all women ages 18 to 45 for DV

### Organizational Culture

- Analyze organizational culture in DCF and W-2
- Include a question about DV in the hiring process

The findings in this report highlight the barriers to access that DV survivors face and provide tangible opportunities for DCF to increase their support of this vulnerable population in their time of need.



## DOMESTIC VIOLENCE IN WISCONSIN

Wisconsin reported 405 unmet requests for services in a single day in 2019 (National Network to End Domestic Violence, 2020). Of those requests, 91 percent were for housing or emergency shelter (National Network to End Domestic Violence, 2020). Domestic violence is not limited to physical violence, and includes sexual violence, stalking, coercive control, or economic deprivation. There are many names for violence between partners, such as domestic violence, intimate partner violence, intimate partner terrorism, family violence, private violence, spousal abuse, and domestic abuse (Snyder 2019). We utilize the term “domestic violence” (DV) to promote a cultural shift in how we frame DV. Advocates stress the importance of identifying victims as “survivors.” We use the term “survivor” in this report to reinforce and support that shift (Quinn 2010).

DV encompasses a variety of behaviors used to establish and maintain control over a partner. Wisconsin state statute defines DV as:

“any of the following engaged in by an adult person against his or her spouse or former spouse, against an adult with whom the person resides or formerly resided or against an adult with whom the person has a child in common: (1) intentional infliction of physical pain, physical injury or illness, (2) intentional impairment of physical condition, (3) a violation of [sexual assault], or (4) a physical act that may cause the other person reasonably to fear imminent engagement in the conduct described above” (Wis. Stat. § 968.075(1)(a)).

The Wisconsin Department of Children and Families (DCF), expands on this definition, describing DV as:

“any of the following acts that affect the individual and are engaged in by a spouse or former spouse, an adult with whom the individual has or had a dating relationship, an adult with whom the person has a child in common, an adult or minor family, or an adult or minor with whom the person resides or formerly resided: (1) physical acts that result in pain, illness, or injury, (2) sexual abuse or sexual assault, (3) threats of, or attempts at, physical or sexual abuse, (4) emotional or mental abuse, (5) verbal abuse, (6) deprivation or destruction of physical or economic resources, (7) neglect or deprivation of medical care, (8) forced isolation, or (9) stalking or harassment” (DCF 101.15(3)(a)).

End Domestic Abuse Wisconsin (End Abuse) defines DV as abusive behaviors intended to control a person with whom an abuser might be married, separated, cohabitating, dating, or share a child in common (National Center for Injury Prevention and Control 2019). DV includes physical violence, sexual violence, stalking, coercive control, or economic deprivation (National Center for Injury Prevention and Control 2019). Examples of physical violence include physical assault or battery or intimidation with a weapon. Sexual violence is not limited to sexual assault or rape and includes sabotaging birth control, pressuring a partner for sex, or forcing a partner to engage in sexual behaviors against their will. Stalking refers to the monitoring of a partner’s actions via the internet, GPS, or personal phone in an effort to track and control. Coercive control describes emotionally abusive behaviors such as accusing the partner of cheating, extreme jealousy, or controlling a partner’s social interactions in an attempt to isolate them (National Coalition Against Domestic Violence 2018). Economic deprivation consists of behaviors such as hiding or limiting access to income, preventing a partner from finding or keeping a job, and controlling spending.

Gender is a critical component to understanding DV because it informs social constructions of violence and victimhood. Cultural stereotypes of DV (male abuser, female victim) affect a survivor’s ability to identify a situation as abusive or seek help. DV is frequently framed exclusively as a “women’s issue,” resulting in gender-specific or gender-segregated programs and resources. (Huntley et al. 2019). This segregation can alienate survivors who do not identify within the gender binary (Courvant and Cook-

Daniels 2003; Quinn 2010). Transgender and intersex survivors face the threat of additional violence upon disclosure of DV due to discrimination (Courvant and Cook-Daniels 2003). Additionally, transgender survivors are more likely to experience DV in a public setting as compared to their cisgender peers (National Coalition Against Domestic Violence 2018).

The prevalence of DV among lesbian, gay, and bisexual people is higher than that of heterosexual people. Nearly 13 percent of lesbian women, 40 percent of gay men, and nearly half of bisexual people have experienced DV (National Center for Injury Prevention and Control 2010), compared to one in three of all women and one in four of all men who have experienced DV (Black et al. 2011). Homophobia and heterosexism compound challenges to reporting and accessing resources for survivors in queer relationships (Bornstein 2006; Rollè et al. 2018). The threat of “outing” a person—revealing one’s sexual orientation or gender identity without consent—is a type of abuse specific to queer relationships (National Coalition Against Domestic Violence 2018).

While people of all races and ethnicities experience DV, rates of violence within and between racial groups vary. Nearly half (46 percent) of Native American women experience DV, the highest rate of any demographic group (Bredling, Chen, and Black 2014; National Center for Victims of Crime 2018). Black and multiracial people experience greater rates of DV than white, Latinx, and Asian Americans (Bredling, Chen, and Black 2014). Historical, structural, and present-day racism compound identification and reporting barriers for survivors of color (Nash 2005). Survivors of color face harmful stereotypes that negatively impact their ability to ask for help, access resources, and process trauma with support (Nash 2005).

People living in poverty are particularly susceptible to economic deprivation. Poverty places additional strain on individuals and families, manifesting in feelings of hopelessness and loss of control (Lyon 2000). In a DV situation, consistent employment is difficult to attain and sustain. Economic resources, especially public benefits, are critical to support survivors fleeing violence (Lyon 2000).

Survivors of DV face housing barriers when fleeing a violent situation, particularly access to safe and affordable housing. DV survivors are four times more likely to experience housing insecurity than those who have not experienced DV. Roughly 25 percent of women experiencing housing insecurity attribute their homelessness to DV (Sullivan and Olsen 2016). Barriers to housing for survivors include: (1) unforeseen increases in rent or additional fees, (2) rental, credit, or criminal histories, (3) under resourced or uninformed service providers and (4) social service bureaucracy (Clough et al. 2014). One approach that some U.S. cities have adopted is a Housing First model, in which homeless residents are placed into housing without preconditions. For more information on Housing First, please see Appendix A.

In Wisconsin, DV survivors are eligible to apply for Emergency Assistance (EA) grants. EA grants are available to people who are at-risk of or are experiencing homelessness. EA is a one-time grant available in a 12-month period to survivors to pay for an emergency housing expense, such as a security deposit on a new apartment, a utility bill, or a rent payment to avoid eviction. DCF administers the EA program through a contracted Wisconsin Works (W-2) agency. EA approval rates for DV survivors are decreasing. This report seeks to understand why large numbers of applicants, specifically DV survivors, are denied EA grants and provides recommendations for addressing this issue.

## **RESEARCH GOAL: IDENTIFY BARRIERS TO SAFE HOUSING**

End Abuse commissioned this report to identify opportunities to increase access to safe, permanent housing for DV survivors. For survivors with children, EA may be an option to finance a transition away from an abusive situation. Other services and financial programs exist across the state but vary by region,

availability, and eligibility requirements. Therefore, this report focuses on the EA program and its role in helping survivors attain or maintain safe housing.

As policy analysts, we sought to develop an understanding of the underlying barriers to access that DV survivors encounter when applying for EA. Some of the identifiable barriers to access are specific to DV survivors while others are universal to all potential EA applicants. While we encourage DCF to consider the mitigation or elimination of universal barriers, this report focuses predominantly upon barriers specific to DV survivors.

The barriers faced by survivors when attempting to access EA may exist in other interactions between survivors and government programs. We encourage DCF to consider which barriers and recommendations may be generalizable to other benefit programs.

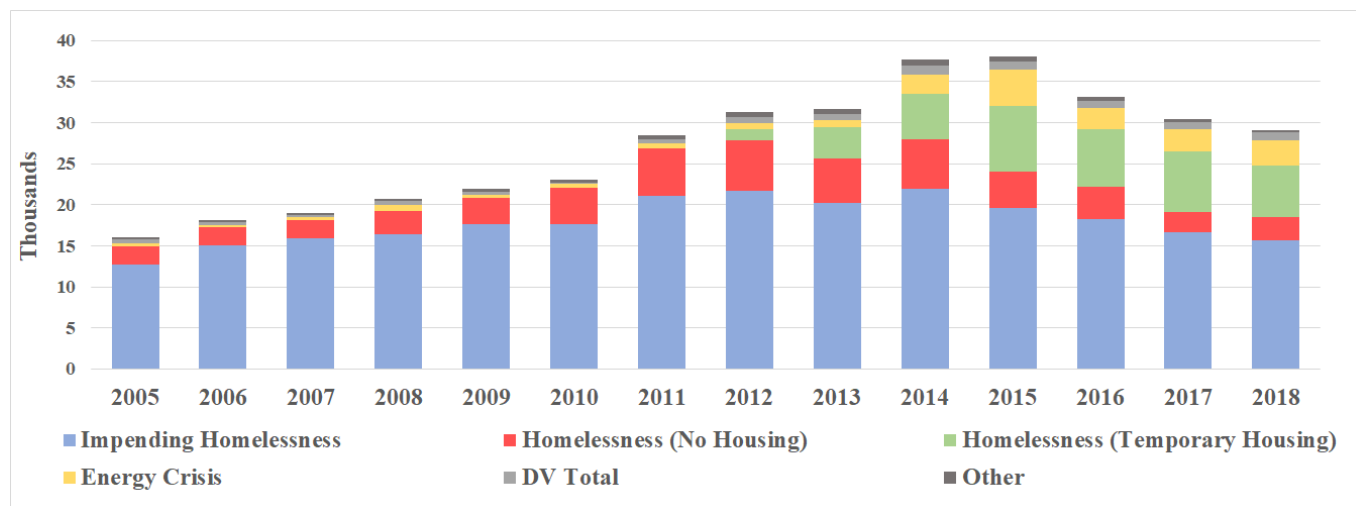
## PROBLEM: DECLINING USE OF EA AND INCREASING DENIAL RATES

### Statewide Analysis

Analysis of statewide and county-level EA data from 2005 to 2018 shows declining approval rates across all applicant types, including DV survivors. DV approval rates remained constant from 2005 to 2010 before steadily declining from 2011 to 2018. From 2010 to 2014, the number of applications increased at a faster rate than the number of approvals. From 2014 to 2018, both applications and approvals declined at the same approximate rate.

From 2005 to 2015, the total number of EA applications increased from 16,015 to 38,095 before dropping to 29,130 by 2018 (see Figure 1). Applications by DV survivors followed a similar trend, increasing from 486 in 2005 to 1,182 in 2014, before decreasing to 925 in 2018.

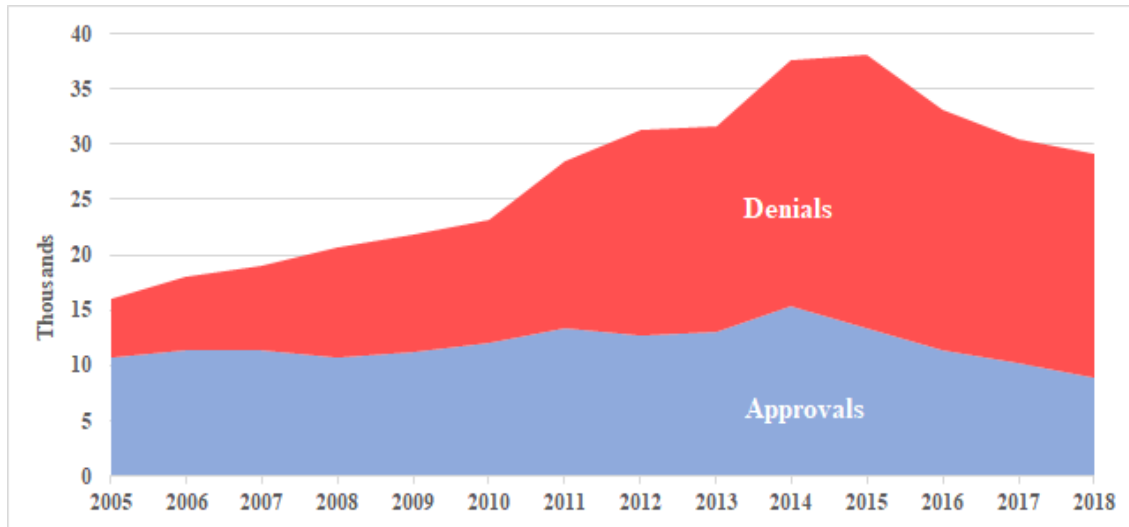
**Figure 1. Total Number of Applications by Applicant Type, 2005-2018**



Most applications came from four applicant types: Impending Homelessness (Financial Crisis and Notice to Terminate Tenancy), Homelessness (No Housing), Homelessness (Temporary Housing), and Energy Crisis. In 2018, these four applicant types made up 95.7 percent of all applications, with Impending Homelessness (Financial Crisis and Notice to Terminate Tenancy) accounting for 53.9 percent of applications. DV applicants accounted for 3.2 percent of all EA applications in 2018.

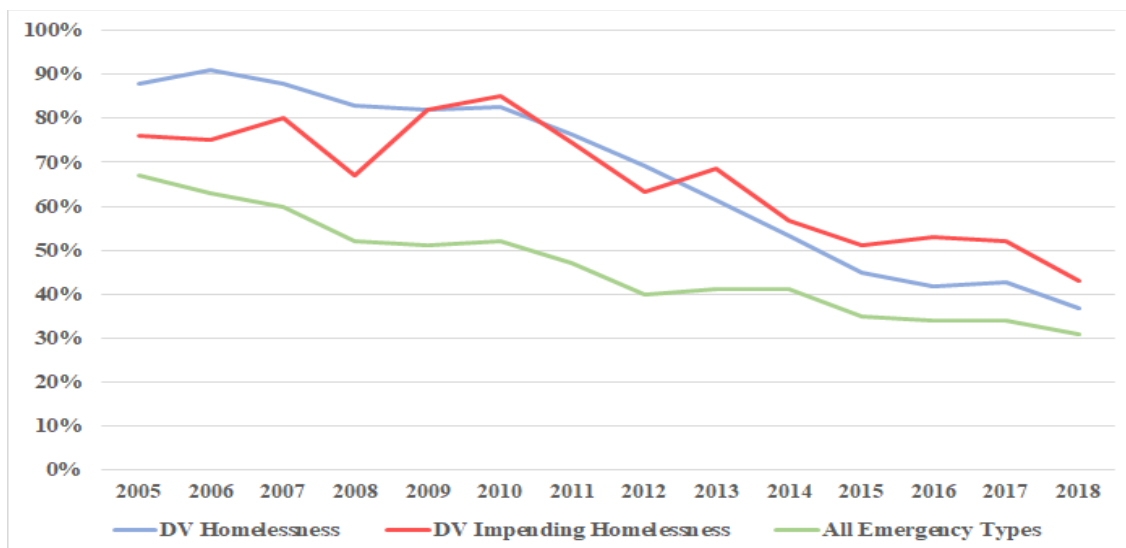
Across all applicant types, the approval rate steadily declined from 67 percent in 2005 to 31 percent in 2018. This drop is largely accounted for in the rising number of applications with a roughly constant number of approvals over this period. The number of approvals rose from 10,793 in 2005 to a peak of 15,049 in 2014, before dropping to 8,792 by 2018 (see Figure 2).

**Figure 2. Total EA Approvals and Denials, 2005-2018**



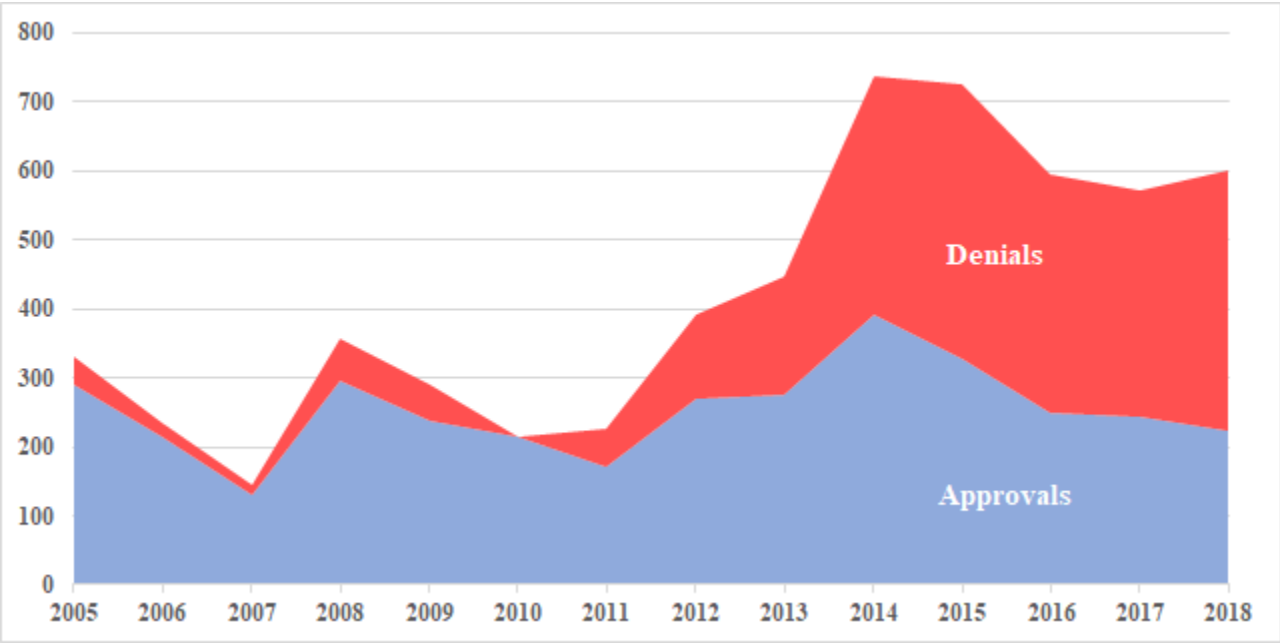
Approval rates for DV applicants followed a similar downward trend, with slightly higher approval rates relative to the overall rates across all applicant types. DV (Homelessness) approval rates remained relatively constant, dropping slightly from 88 percent in 2005 to 83 percent in 2010 before dropping to 37 percent in 2018. Similarly, DV (Impending Homelessness) approval rates rose slightly from 76 percent in 2005 to 85 percent in 2010 before dropping to 43 percent in 2018 (see Figure 3). Declining approval rates were consistent across all emergency types, with a drop in the overall approval rate from 67 percent in 2005 to 31 percent in 2018 (see Figure 3).

**Figure 3. Approval Rates by Emergency Type, 2005-2018**

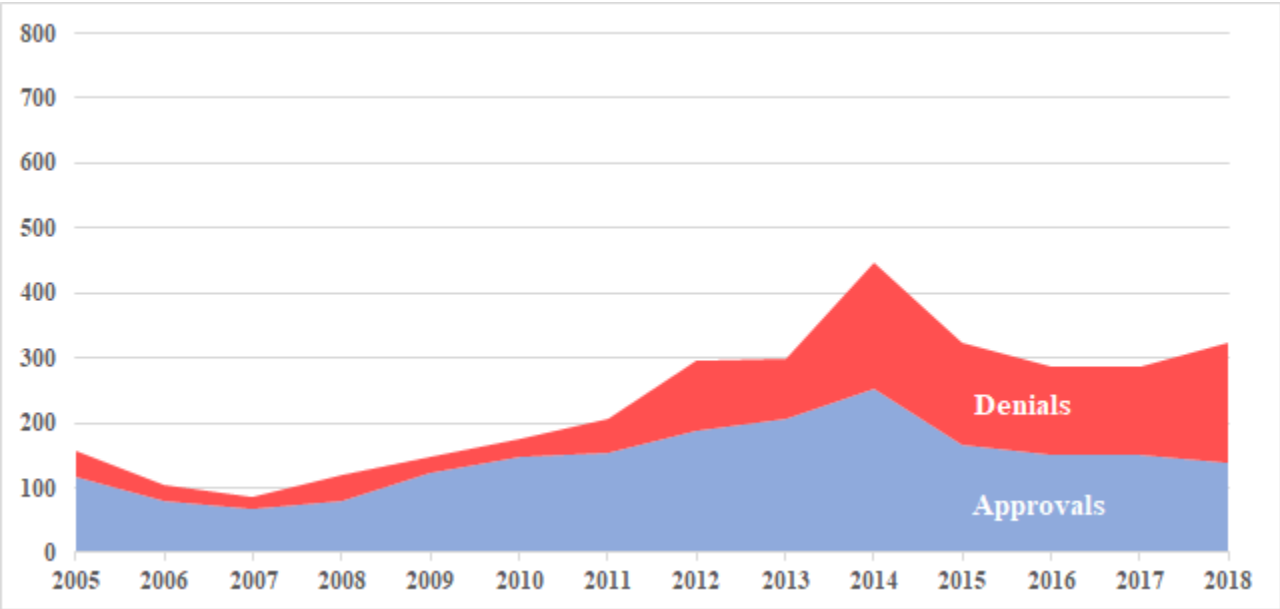


The decline in approval rates over time for DV applicants could be a result of an increase of applications with a relatively constant number of approvals. DV (Homelessness) approvals rose from 289 in 2005 to 393 in 2014 before dropping to 222 in 2018. The number of applications rose from 330 in 2005 to 736 in 2018 before dropping to 602 in 2018 (see Figure 4). DV (Impending Homelessness) applicants followed a similar trend, with an increase in approvals from 118 to 253 between 2005 and 2014 before dropping to 139 approvals in 2018 (see Figure 5).

**Figure 4. DV Homelessness Applications and Approvals, 2005-2018**

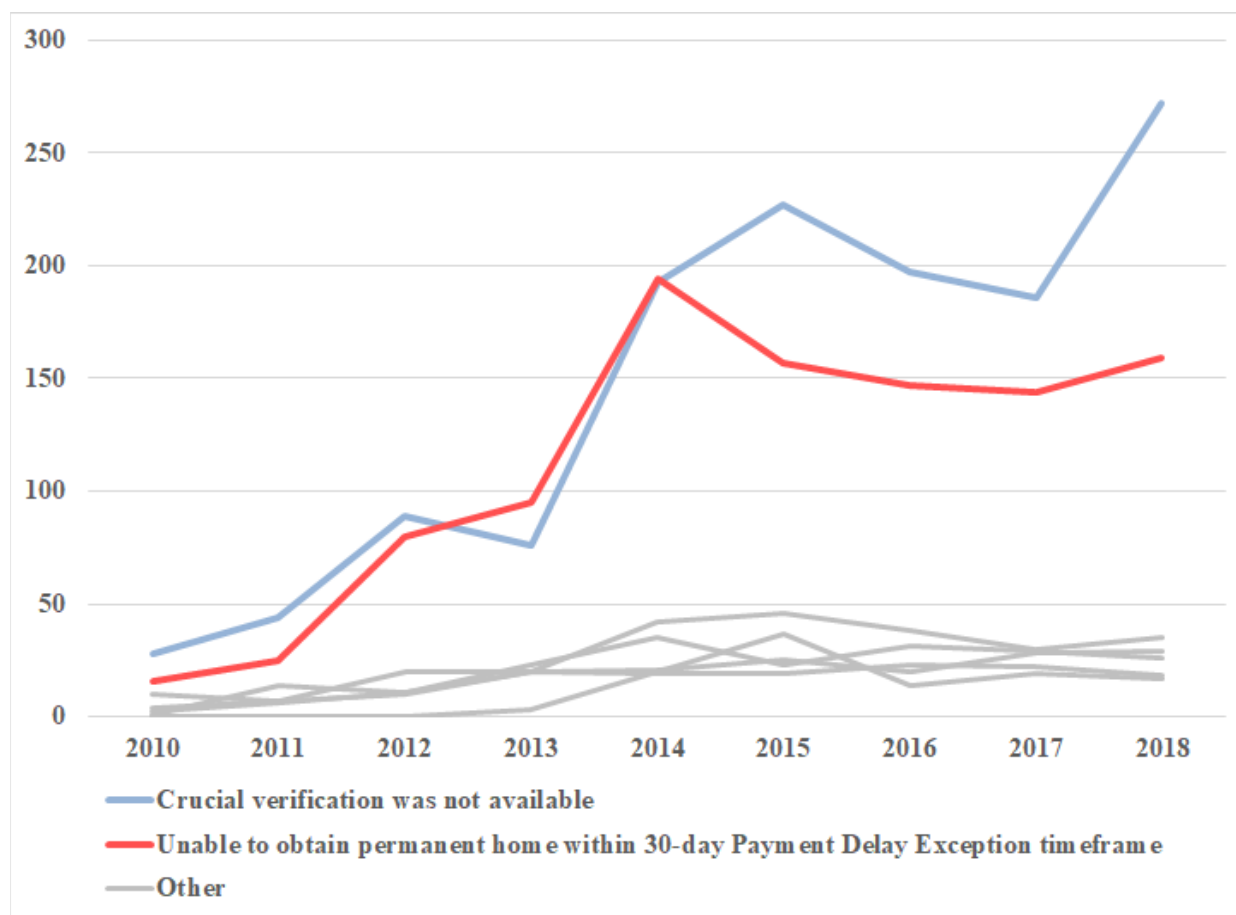


**Figure 5. DV Impending Homelessness Applications and Approvals, 2005-2018**



There were 15 reasons that an EA application for DV was denied from 2010 to 2018. The decline in approval rates for DV survivors was driven by an increase in two specific denial reasons. Of the 562 DV EA applications that were denied in 2018, 272 of them were denied because “crucial verification was not available” and 159 were denied because the applicant was “unable to obtain [a] permanent home within [the] 30-day Payment Delay Exception timeframe” (see Figure 6). There were 28 and 16 denials for these two reasons in 2010, respectively. These two denial reasons accounted for 77 percent of all denials of EA applications for DV survivors in 2018.

**Figure 6. DV Application Denial Reasons**



### **Regional and County-Level Analysis**

Analysis of county-level data from 2018 shows that the largest counties in the state account for the largest number of EA DV applicants, recipients, and denials. In 2018, 14 counties received at least ten EA DV applications. Among those counties, the mean approval rate was 38 percent, and on average, approximately 80 percent of denials were due to the lack of crucial verification and failure to obtain permanent housing within the 30-day Payment Delay Exception timeframe (see Table 1).

**Table 1. Summary Statistics of Counties with Ten or More Applications in 2018 (n=14)**

	Approval Rate	Denial Reason as a Percentage of All Denials		
		Crucial Verification	30-day Delay Timeframe	Financial Eligibility
Mean	38.0	54.9	25.1	8.0
Median	37.0	58.0	26.5	8.7
Minimum	28.6	32.1	0	0
Maximum	61.9	75.0	62.5	17.9

Among counties with more than ten applications, the county with the highest approval rate was Outagamie at 62 percent and the county with the lowest approval rate was Wood at 29 percent. The two largest counties, Milwaukee and Dane, had approval rates of 39 and 41 percent, respectively. The two smallest counties, Sauk and Shawano, had approval rates of 40 and 42 percent, respectively. Among the 14 counties with ten or more applications, three have for-profit agencies administering their EA program. All three of these counties have approval rates that are approximately equal to or below the mean approval rate (see Table 2).

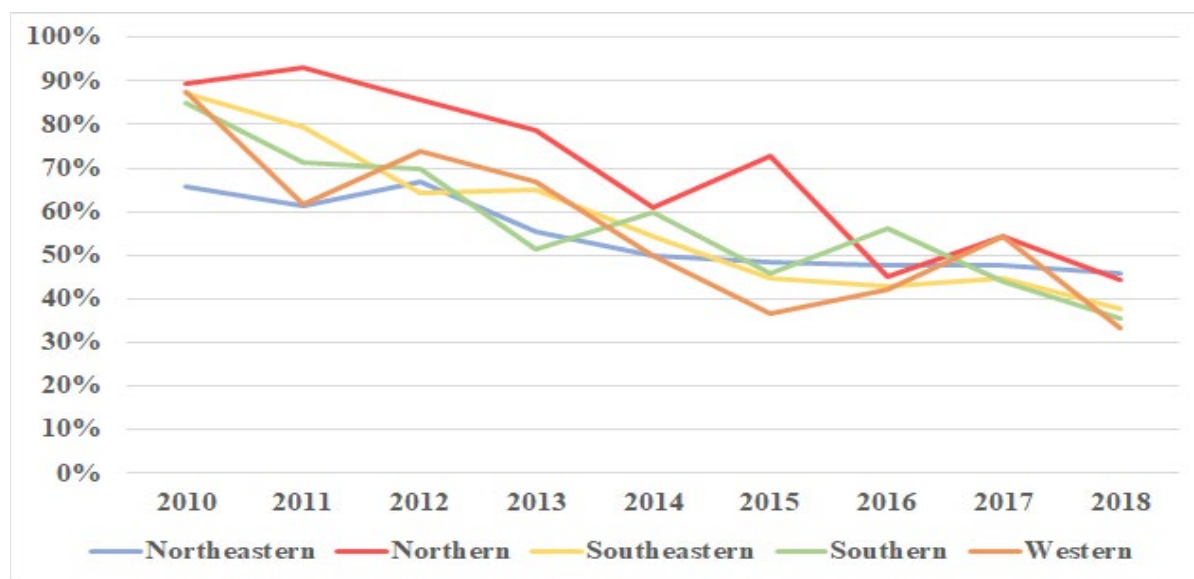
**Table 2. County-level Data for Counties with Ten or More Applications in 2018**

County	Approval Rate	For-Profit Administrator	Denial Reason as a Percentage of All Denials			Region
			Crucial Verification	30-day Delay Timeframe	Financial Eligibility	
Outagamie	61.9	No	75.0	0	12.5	NE
Winnebago	41.7	No	42.9	21.4	7.1	NE
Shawano	41.7	No	57.1	28.6	0	NE
Dane	40.7	No	43.8	29.2	12.5	S
Rock	40.4	No	32.1	39.3	17.9	S
Sauk	40.0	No	66.7	33.3	0	S
Milwaukee	38.7	*Yes	55.2	25.8	8.2	SE
Sheboygan	35.3	No	45.5	27.3	9.1	NE
Marathon	34.6	No	58.8	11.8	17.6	N
Racine	33.3	Yes	62.5	18.8	6.3	SE
Fond du Lac	33.3	No	66.7	33.3	0	NE
Brown	31.5	No	64.9	10.8	10.8	NE
Kenosha	30.4	Yes	37.5	62.5	0	SE
Wood	28.6	No	60.0	10.0	10.0	N

\*The Milwaukee EA program is administered by 4 different administrators, 3 of which are for-profit

Analyses of approval rates by region revealed similar trends across all five of the DCF service area regions: Northeastern, Northern, Southeastern, Southern, and Western (see Appendix C for a map of counties included in each region). Approval rates dropped consistently from 2010 to 2018 in each region (see Figure 7).

**Figure 7. EA Approval Rates by Region**



Individual analyses of applications and approvals across each region revealed a similar trend of decreasing approval rates (see Appendix B for approval rate trends over time by region).

## **EMERGENCY ASSISTANCE PROCEDURES**

### **Eligibility**

EA grants are available to Wisconsin citizens or documented immigrants with at least one dependent child who experience a form of housing emergency resulting from a financial crisis. Emergencies that qualify include homelessness, impending homelessness, fires, floods, natural disasters, energy crises, or fleeing a DV situation. Applicants, including DV survivors, are eligible for an EA grant only once every 12 months. Unlike other applicants, DV survivors are not required to experience a financial crisis but still must experience a housing emergency (Wisconsin Department of Children and Families 2019).

Applicants must meet two financial tests to be eligible for EA grants. First, EA applicants must have income below 115 percent of the federal poverty level, including child support income. Second, applicants must have less than \$2,500 in assets, not including a home or vehicle worth less than \$10,000. The EA application and manual are unclear whether survivors need to list the incomes and assets of abusive spouses on their application and whether there are exceptions to either of the two financial tests for survivors (Wisconsin Department of Children and Families 2012).

To attain an EA grant, applicants must provide documentation of all eligibility requirements, both financial and nonfinancial, within five days of applying. W-2 caseworkers may ask applicants to sign statements regarding their DV status if they are unable to provide documentation but are not required to provide this option (Wisconsin Department of Children and Families 2019, Section 2.1). The EA manual acknowledges that survivors may be unable to provide documentation of their status as a DV survivor and that W-2 caseworkers should accept any available documentation—including a completed and signed application—as acceptable verification (Wisconsin Department of Children and Families 2019, Section 4.6.4). Conversations with DV advocates suggest that despite the policy that W-2 caseworkers accept a signed application as verification of DV status, many survivors are still asked to provide documentation.



## **Application Procedures**

EA applicants must submit their applications in person with a W-2 caseworker present to verify all claims made on the application. Applicants must submit their application in their home county unless the applicant is moving to another county, in which case they may apply in the county where they intend to move (Wisconsin Department of Children and Families 2019, Section 1.2). Upon submission, W-2 caseworkers must issue a decision within five business days. W-2 caseworkers must deny all applications that do not sufficiently demonstrate the applicant's eligibility. Applicants who are denied may reapply for an EA grant at any time (Wisconsin Department of Children and Families 2019).

## **Payment**

EA payment must be made within the five-business day window for eligible applicants. Payments may be made to the landlord of the property or by check to the applicant in some situations. EA payments have a maximum payment amount of \$516 for families of four or fewer, \$645 per family of five, and \$110 per family member for families of six or more. If the financial need caused by the emergency is less than this maximum, W-2 caseworkers must pay the lower figure (Wisconsin Department of Children and Families 2019, Section 5.2). Before paying a landlord, the W-2 agency must verify that the landlord will cease eviction proceedings or has formally agreed to rent to the applicant. Applicants have 30 days in which to find permanent housing but may ask for a 30-Day Payment Delay Exception (a 30-day extension to find permanent housing). If no housing is found after these 60 days, the application is denied (Wisconsin Department of Children and Families 2019, Section 1.5).

## **Reapplication and Appeals**

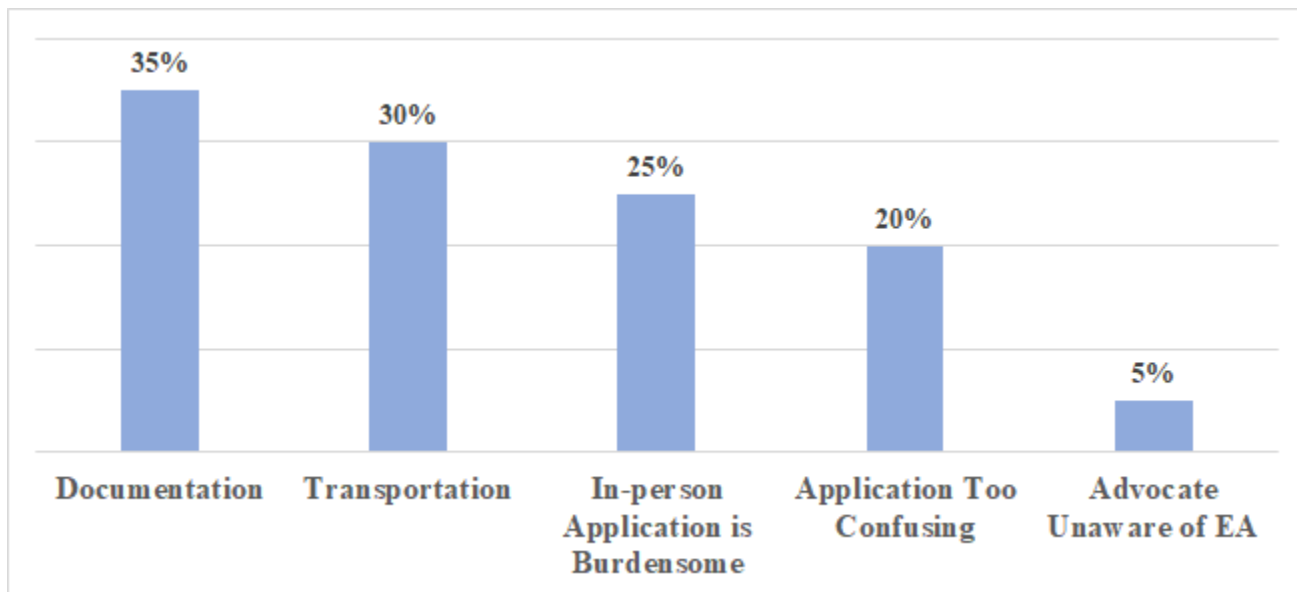
Upon denial, W-2 caseworkers are instructed to inform applicants that they can reapply at any time but to do so would reset the five-business day process. If applicants disagree with the W-2 caseworker's decision, they may request a Fact Finding Review within 45 days and then further appeal this decision within 14 days of the Fact Finding Review.

## **PROCEDURAL BARRIERS TO ACCESS FOR SURVIVORS OF DV**

### **Application Process**

The process to attain EA requires applicants to apply in person at a W-2 office. While this procedure allows W-2 caseworkers to conduct verification of application requirements, it poses a substantial burden to applicants, especially DV survivors. According to a recent survey conducted by End Abuse (End Domestic Abuse Wisconsin 2020), 25 percent of DV advocates do not refer clients to EA because applying in person is overly burdensome, and 30 percent do not refer clients due to transportation barriers (see Figure 8).

**Figure 8. Reason(s) DV Service Provider Did Not Refer Client to EA**



Source: End Domestic Abuse Wisconsin. “Emergency Assistance Survey (Unpublished),” 2020.

The first major barrier presented by this procedure is the availability of the W-2 office. W-2 offices have differing office hours; some are open Monday through Friday, and others are open less frequently or by appointment only. Even for W-2 offices with regular business hours, they may be inaccessible to parents who work traditional hours. Survivors in some rural counties have no access to public transit or taxis and even in urban or suburban areas, the time and money spent commuting to and from W-2 offices can be prohibitive. Barriers to availability and transportation are compounded for applicants who are told to return with more documentation and/or reapply.

According to DCF staff, parents are supposed to be able to bring kids to the W-2 office when applying for EA. That said, advocates we spoke to said that some W-2 offices have told parents that they cannot bring their children into the office. We are uncertain about the scope of this concern and acknowledge that some offices not only allow children but provide on-site childcare. In counties where children are disallowed from the W-2 office, parents or guardians fleeing DV situations may not have a safe location for their children while they apply for EA. This forces parents already in crisis and experiencing serious threats to their family’s physical and emotional safety to make an impossible choice between their children’s immediate safety and funding to secure housing away from the abuser.

EA requires all applicants to provide financial documentation. DV survivors who are fleeing an unsafe situation often lack safe access to these documents. Furthermore, abusers preventing or manipulating access to financial documentation is a common form of DV (Voth Schrag 2019) and is an often-cited reason for inability to leave an abusive situation (Strube and Barbour 1983; Warren et al. 2019).

Finally, because applicants must apply in their home county, the application procedure can impose considerable threats of identification and/or stalking by the abuser. Privacy concerns were mentioned frequently in conversations with advocates who expressed that W-2 caseworkers often failed to conduct questioning and verification in a private location.

In addition to physical safety from the abuser, requiring survivors to apply in their home county can stigmatize applicants, particularly in rural communities due to their “closed social nature” (Roush and Kurth 2016, 312) and for male survivors who suffer disproportionate social stigmatization (Tsui, Cheung,

and Leung 2010) and invalidation (Hall 2012). Disproportionate stigmatization in turn reduces help-seeking behavior (Overstreet and Quinn 2013; Tsui, Cheung, and Leung 2010), such as applying for government assistance.

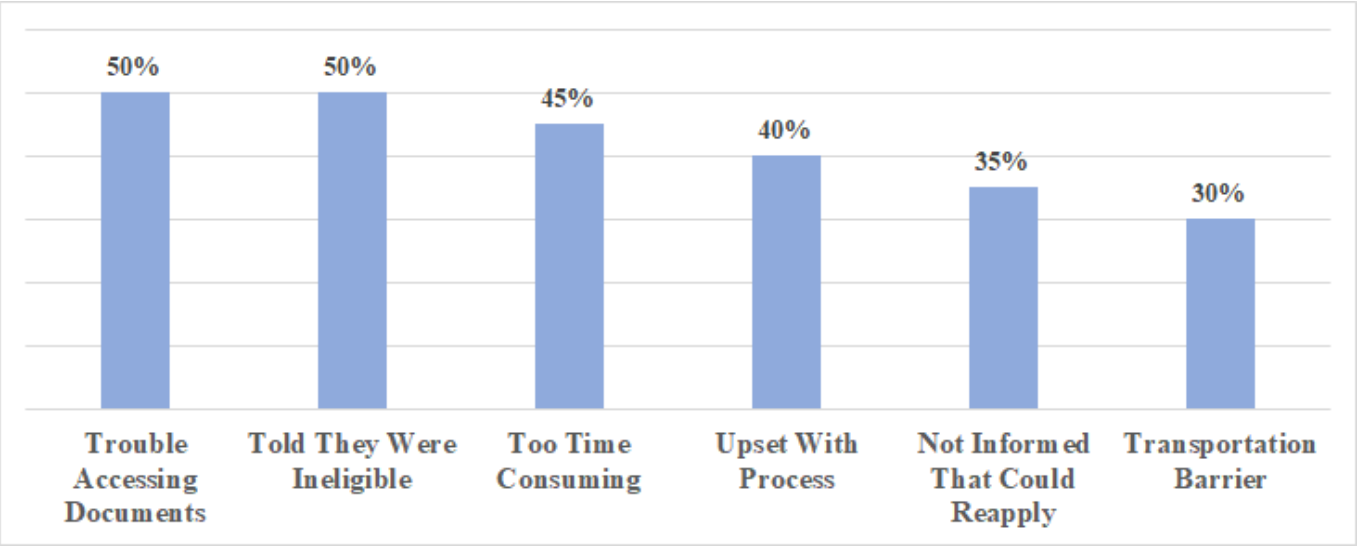
EA allows beneficiaries to apply only once every 12 months, presumably in a cost-saving effort. This regulation is inflexible to the realities of DV survivors. Most DV survivors make many efforts to leave their abuser before succeeding in severing ties (Roush and Kurth 2016).

**Application Form**

The application form to receive EA can be a barrier to access for survivors; 35 percent of DV advocates find the EA application to be very or somewhat difficult to complete (End Domestic Abuse Wisconsin 2020).

The most obvious barrier to access in the application form (see Appendix D) is that the form does not clearly state that fleeing DV is a valid reason to apply. DV is not listed under the first substantive question, asking for the type of emergency, an especially crucial point given that only a small proportion of survivors choose to disclose their survivor status when applying for benefits (Hetling 2011). When it is listed, it is listed as a checkbox underneath other reasons to apply for EA. On the instructions to complete the application, DV is not mentioned once. Furthermore, the application form does not state that DV survivors do not need to provide documentation of DV status.

***Figure 9. Reason(s) DV Survivors Did Not Reapply to EA After Denial***



Source: End Domestic Abuse Wisconsin. “Emergency Assistance Survey (Unpublished),” 2020.

Documentation is a major barrier for survivors because their abuser may be withholding the survivor’s personal and financial documents, such as Social Security cards and paycheck statements. Lack of access to documents was cited by 35 percent of DV advocates as a reason they did not refer survivors to EA and by 50 percent as a reason that survivors did not reapply (see Figures 8 and 9).

The application has no confidentiality statement, a cause for concern for survivors who may not know how their information will be used or who will have access to it. The application states that personal information on the form may be used for “secondary purposes” without specifying use (Wisconsin Department of Children and Families 2012).

The application asks for information that survivors may be concerned about sharing due to warnings of the consequences of misinforming W-2 staff. The application does not specify whether the abuser should be listed as a family member, which may lead survivors to include their abuser on the form or fear that failure to do so will bear negative consequences. Survivors may also feel they do not qualify based on the income and assets of the abuser because the form and instructions do not make it clear whether the abuser's income and assets are considered in processing an EA application. Furthermore, the application asks for personal information that could jeopardize the safety of applicants, such as address, phone number, Social Security number, and landlord information.

The application asks if the applicant has "care and control" of their children (Wisconsin Department of Children and Families 2012). This terminology is ambiguous, could be triggering, and may exclude parents whose children temporarily do not live with them as they experience homelessness or transition out of an abusive home situation.

Lastly, the application uses complex language that may be a barrier for applicants of all emergency types.

### **Reapplication and Appeals**

W-2 caseworkers are supposed to communicate with denied applicants that they can reapply at any time. Despite this, 35 percent of advocates report that their clients were not informed of their right to reapply, suggesting implementation does not match established policy (End Domestic Abuse Wisconsin 2020).

Even when they are informed, survivors often do not reapply due to lack of access to required documents, belief that they are ineligible, time constraints, and frustration with the application process. The appeals process is not clearly communicated during the application process (see Figure 9). The additional time barriers involved in appealing make it inaccessible because EA applicants are experiencing time-sensitive situations.

## **TRAINING W-2 STAFF IN DV RESPONSIVENESS**

EA caseworkers in the W-2 program attend a two-day training facilitated by the DCF Partner Training Team called "Balancing Domestic Abuse Issues and W-2 Participation." Attendees participate in a series of hands-on scenarios demonstrating the difficult daily choices faced by DV survivors and how lack of support from caseworkers has the potential to discourage survivors from seeking help. Training staff utilize visuals such as the "Power and Control Wheel" and the "Case Management Advocacy Wheel." Participants log their thoughts in a workbook. Many realistic case studies and narratives provide an example of DV warning signs based on a survivor's actions and demeanor (Wisconsin Department of Children and Families DFES/Partner Training Team 2019).

The training is well designed and addresses many important factors of DV. However, we identified two areas of improvement for the training materials. First, the training materials use only she/her pronouns, which is not representative of the DV survivor population. The training materials prompt the facilitator to announce the problems inherent in using only she/her pronouns; however, the take-home materials do not mention survivors who do not identify as women (Wisconsin Department of Children and Families DFES/Partner Training Team 2019). Second, throughout the script, workbook, and presentation, DV survivors are referred to only as victims. Experts advise against using the term "victim." Instead, experts recommend using the empowering term "survivor" (Wisconsin Department of Children and Families DFES/Partner Training Team 2019).

## SCREENING APPLICANTS FOR DV

W-2 caseworkers can, but are not required to, screen EA applicants for DV utilizing a series of questions in the “Domestic Abuse Screening” section of the W-2 manual (Wisconsin Department of Children and Families 2020). These questions must be triggered by the applicant’s voluntary disclosure of DV or at the caseworker’s discretion. The applicant must self-identify as a “victim of domestic abuse” or communicate that they are “at risk of further domestic abuse” (Wisconsin Department of Children and Families 2019). The caseworker may then ask the DV survivor screening questions if they believe that the situation is secure. Caseworkers are prohibited from conducting the screening if there are additional people present, such as the EA applicant’s partner or children. It is unclear whether an advocate may be present. It is important to note that caseworkers are not required to screen EA applicants who have not self-identified as a survivor of DV.

The DV screening process for EA applicants differs based on whether the applicant receives W-2 benefits. W-2 participants receive case management services and are assessed for additional “participant barriers,” including DV (Wisconsin Department of Children and Families 2019). W-2 participants are screened for DV if the caseworker initiates the process on the intake questionnaire.

If the EA applicant is not part of the W-2 program but has self-identified as a survivor of DV and the caseworker determines that the situation is secure, the caseworker must read the initial statement as it is written to the survivor to initiate the screening:

“We are speaking with all families about safety and relationships because we want to address any potential challenges that may prevent you from being able to work. This information will be kept confidential. If you are uncomfortable with answering any of the questions, just let me know and we will move on to the next question.”

The following screening questions are displayed to the W-2 caseworker (Wisconsin Department of Children and Families 2019):

1. Is someone hurting you, your children, your other family or friends, or your pet(s)?
2. Have you ever been in a relationship in which your partner has harmed you either physically or sexually? (examples: punching, grabbing, pushing, choking, restraining)
3. Has your partner ever refused to let you have money, made you ask for money, or took money from you against your will?
4. Have you ever received services or lived in a shelter for victims of domestic abuse or sexual assault?
5. Is someone emotionally or verbally abusing you or your children?
6. Does your current or former partner call, harass, or stalk you at work or training classes?
7. Is your partner doing anything to make it difficult for you to do work or do other activities in your daily life?
8. Are you or any of your children feeling overwhelmed with the trauma of a rape or sexual assault?
9. Are you involved with the court system due to domestic violence or sexual assault?

The W-2 caseworker must then read each screening question to the applicant exactly as it is written in the manual (Wisconsin Department of Children and Families 2020). The applicant may refuse to answer any question and/or request to revisit the questions. One or more “yes” answers “may indicate the need to refer the applicant or participant to local domestic abuse and/or sexual assault services” (Wisconsin Department of Children and Families 2019, Section 5.6.1).

If a caseworker identifies an applicant as a DV survivor, that caseworker must provide information for community-based services, such as shelters, programs for DV survivors, medical services, hotlines, counseling, and support groups. If a participant declines a referral, they should not be penalized. W-2 program participant responses are confidential.

Additionally, W-2 program participants are required to share proof of DV or third-party verification (Wisconsin Department of Children and Families 2019). This includes a verification from a DV shelter or service provider, a police report, or a call to a DV hotline. Unlike W-2 applicants, EA applicants are not required to submit proof of DV, potentially resulting in confusion for the caseworker.

## **SCREENING BEST PRACTICES**

There is a large body of research focused on DV screening in healthcare and social work settings. Both settings provide critical insight on the development of effective screening procedures. Training is a critical part of the screening process. Caseworkers should feel prepared and well equipped to perform a DV screening. This section focuses on screening tools and techniques and reveals relevant suggestions for EA caseworkers, including: (1) universal screening of all women between the ages of 18 and 45, (2) office reminders to screen, and (3) screening questions.

Studies in healthcare settings indicate that screening survivors is the best way to identify DV (Richardson et al. 2002). Healthcare settings provide important insights into an effective screening process. Practitioners who integrate DV screening questions into a general health and wellbeing conversation find that the normalization of the DV questions puts patients at ease (Gerbert et al. 1999). Clinicians are more likely to conduct regular DV screenings if they are trained to do so and if their work environment reminds them to screen for DV (U.S. Department of Health and Human Services 2013). Training provides practitioners the resources necessary to conduct DV screening while posters, pamphlets, on-site social workers, and other reminders, prompt them to initiate the screening process (U.S. Department of Health and Human Services 2013).

Project RADAR, an initiative utilized by the Virginia Department of Health, recommends that clinicians

“...use [their] RADAR. [R:] Routinely inquire about violence. [A:] Ask direct questions. [D:] Document findings. [A:] Assess safety. [R:] Review options and referrals” (Basile, Hertz and Back 2007; Virginia Department of Health 2004).

Practitioners are encouraged to ask about DV even if physical indicators of violence are absent, to utilize a private setting, and to normalize the discussion with framing statements. Framing statements provide context for the survivor, facilitating a safe environment for disclosure and building trust. Examples include, “[b]ecause violence is common in many people’s lives, I’ve begun to ask my patients about it” (Virginia Department of Health 2004). Practitioners are taught to validate a survivor's experience in a non-judgmental manner, using culturally and linguistically appropriate language. Documentation of the screening is critical to connect the survivor to resources (Virginia Department of Health 2004).

Some populations are at greater risk for DV, particularly women between the ages of 18 and 45 (U.S. Department of Health and Human Services 2013). Other at-risk populations include the unemployed, people in poor health, or those experiencing financial difficulty (Richardson et al. 2002). DV is also more prevalent in families with young children (U.S. Preventative Service Task Force 2015). It is critical, at a minimum, to screen these populations for DV.

The Vermont Department for Children and Families encourages caseworkers to broach the topic of DV to challenge the associated stigma and encourage survivors to seek help (Vermont Department for Children and Families 2016). Caseworkers also share informational pamphlets with clientele, normalizing the

discussion of DV with a framing statement. These pamphlets provide an opportunity to review DV information and initiate a discussion (Vermont Department for Children and Families 2016). They also serve as an additional reminder to screen patients for DV.

The Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, and the American Congress of Obstetricians and Gynecologists recommend various screening tools to identify DV (Basile, Hertz and Back 2007). Self-administered or computerized screenings are as effective as those used in an interview setting (U.S. Preventative Service Task Force 2015). See Appendix F for examples of screening tools.

**PRIVATIZATION OF BENEFIT SERVICES**

Privatization refers to “a broad range of methods and models, including contracting out for services, voucher programs, and even the sale of public assets to the private sector” (Smith Nightingale and Pindus 1997). According to this definition, Wisconsin has an entirely privatized EA program. All of Wisconsin’s 72 counties have contracted out the EA program to four nonprofit and four for-profit administrators (see Table 3).

*Table 3. Summary of Organizations Administering EA in Wisconsin*

	Forward Services Corp.	Workforce Resources Inc.	Workforce Connections	ResCare Inc.	Milwaukee Administrators			
					United Migrant Opportunity Services	America Works Inc.	Maximus Inc.	Ross Innovative Employment Solutions
Counties Administered	41	16	8	6	Southern	East-central	West-central	Northern
Type	Nonprofit	Nonprofit	Nonprofit	For-profit	Nonprofit	For-profit	For-profit	For-profit

We observed a point of tension between the organizational purposes of private EA administrators and the EA program’s mission. Private administrators employ caseworkers to carry out their organizational missions, which primarily focus on training self-sufficiency. The EA program is not designed to promote self-sufficiency but rather to provide basic needs to manage a housing crisis. This point of tension could be addressed when training caseworkers.

End Abuse requested an analysis of denial rates for nonprofit and for-profit administrators. Our analysis showed a small difference in approval rates; the difference is not statistically significant (see Table 4). We were unable to evaluate the impact of privatization because all EA administrators in Wisconsin are private. We encourage further analysis of the impacts of privatization on EA.

*Table 4. Summary Statistics of For-profit vs. Nonprofit Administration in 2018 (Among Those with Complete Data)*

	Applications	Approval Rate	Denial Reason as a Percentage of All Denials		
			Crucial Verification	30-day Delay Timeframe	Financial Eligibility
For-Profit* (n=7)	511	38.0	53.9	28.4	7.6
Nonprofit (n=54)	405	40.0	51.4	24.3	10.3

\*See table 2 for note on Milwaukee County

\*\*The difference in approval rates is not statistically significant

## ASSESSMENT OF POSSIBLE ACTIONS TO REDUCE BARRIERS FOR DV SURVIVORS

### Review of Goals and Barriers

The goal of this report is to identify barriers for DV survivors in attaining EA and to develop potential actions to eliminate or mitigate these barriers. We identified five primary areas to focus on in improving access: (1) application procedures, (2) W-2 caseworker training, (3) DV screening, (4) financial insufficiency, and (5) organizational culture. We prioritized actions based on the potential impact on access to EA for DV survivors as well as feasibility of implementation.

### Potential Procedural Actions and Recommendations

There are several procedural actions that DCF can take with varying degrees of ease to improve access to EA for DV survivors. See Appendix E for an example from Illinois of a simplified application. Some procedural actions could be taken without impacting the program's financing, scope, or rules. These actions focus on adjusting content and wording of the EA application and manual. Other potential actions would require programmatic changes, statutory changes, increased financial capacity, and/or changes in agency contracts.

*Table 5. Recommended Procedural Actions*

<b>High Priority</b> <ul style="list-style-type: none"><li>● Simplify the EA application</li><li>● State early in the application that DV is a valid reason to apply for EA</li><li>● Specify that the abuser should not be listed as a member of the family</li><li>● Add a confidentiality statement to the application</li><li>● State clearly that DV survivors do not need to provide documentation of survivor status</li><li>● Waive the need for financial documentation from DV survivors who may lack safe access to them</li></ul>
<b>Medium Priority</b> <ul style="list-style-type: none"><li>● Develop a robust and consistent policy regarding children in W-2 offices</li><li>● Waive the home county rule for DV survivors</li><li>● Clearly state the appeals process in the application instructions</li><li>● Waive the need for DV survivors to have immediate care and control of children</li><li>● Provide childcare vouchers to parents to use while they apply for EA</li><li>● Provide transportation vouchers to applicants upon arrival at the W-2 office</li><li>● Reduce emphasis on penalties for misinformation throughout the application</li></ul>
<b>Low Priority</b> <ul style="list-style-type: none"><li>● Allow DV survivors to apply more than once every 12 months if they are in an unsafe situation</li><li>● Increase availability of W-2 staff in counties without a full-time office</li></ul>



## **Potential Training Actions and Recommendations**

We identified specific actions that could be implemented in DV training to make sure that W-2 workers are responsive to the needs of DV survivors.

***Table 6. Recommended Training Actions***

<b>High Priority</b> <ul style="list-style-type: none"><li>● Require W-2 staff to rehearse screening procedures</li><li>● Use gender-inclusive pronouns in all training materials</li></ul>
<b>Medium Priority</b> <ul style="list-style-type: none"><li>● Use the term “survivor” instead of “victim” in all training materials</li><li>● Include a “Why Emergency Assistance?” section in the training module</li><li>● Provide ongoing professional development on DV responsiveness</li></ul>
<b>Low Priority</b> <ul style="list-style-type: none"><li>● Continue to include DV service providers in training sessions</li></ul>

## **Potential Screening Actions and Recommendations**

Whether EA applicants are screened for DV is largely a matter of W-2 caseworker discretion. We have identified actions that could streamline this process and improve the likelihood that survivors will be identified. See Appendix F for examples of screening tools.

***Table 7. Recommended Screening Actions***

<b>High Priority</b> <ul style="list-style-type: none"><li>● Screen all women age 18 to 45 for DV</li><li>● Consider revising existing DV screening questions</li><li>● Train interpreters in DV screening procedures</li></ul>
<b>Medium Priority</b> <ul style="list-style-type: none"><li>● Use culturally and linguistically appropriate language in DV screening</li><li>● Universally screen all EA applicants for DV</li><li>● Validate applicants’ disclosure of DV</li></ul>
<b>Low Priority</b> <ul style="list-style-type: none"><li>● None</li></ul>

## **Potential Financial Actions and Recommendations**

While not exclusive to DV survivors, perhaps the most impactful action that could be taken to improve access to EA for DV survivors is to increase the maximum size of EA awards. This action would likely reduce the number of applicants denied for failure to find permanent housing. The size of the award is determined by DCF, not by state statute (Wis. Stat. § 49.138 (1m)).

***Table 8. Recommended Financial Actions***

<b>High Priority</b> <ul style="list-style-type: none"><li>• None</li></ul>
<b>Medium Priority</b> <ul style="list-style-type: none"><li>• Increase the maximum size of EA awards</li></ul>
<b>Low Priority</b> <ul style="list-style-type: none"><li>• Index EA award size to be commensurate with median county housing costs</li></ul>

## **Potential Cultural Actions and Recommendations**

We lacked sufficient time and resources to understand the organizational cultures of DCF and contracted W-2 agencies but believe that a shift in organizational cultures may impact survivors' experiences applying for EA.

***Table 9. Recommended Cultural Actions***

<b>High Priority</b> <ul style="list-style-type: none"><li>• Analyze organizational culture around DV in DCF and W-2 agencies</li><li>• Include a question about DV in the hiring process</li></ul>
<b>Medium Priority</b> <ul style="list-style-type: none"><li>• Consider alternatives to current privatization scheme</li><li>• Tie agency contracts to applicant satisfaction</li></ul>
<b>Low Priority</b> <ul style="list-style-type: none"><li>• None</li></ul>

## **CONCLUSION**

Our findings show that DV survivors face numerous obstacles when applying for EA in Wisconsin. Many, though not all, of these barriers are unique to DV survivors. Through our research, we identified these barriers and found that many can be removed or mitigated by focusing on five key areas: (1) application procedures, (2) W-2 caseworker training, (3) DV screening, (4) financial benefits, and (5) organizational culture.

In determining which of our recommendations to implement, we suggest that DCF consider the potential impact on DV survivors as well as implementation concerns, such as: (1) staffing capacity, (2) coordination among W-2 service providers, (3) cost, and (4) communication with external stakeholders.

Despite the extant barriers faced by DV survivors, we are encouraged by the efforts of End Abuse, DCF, and local service providers around the state to coordinate shared solutions and develop pathways for Wisconsin DV survivors to safely seek permanent housing.

## REFERENCES

- Barocas, Briana, Danielle Emery, and Linda G. Mills. "Changing the domestic violence narrative: Aligning definitions and standards." *Journal of Family Violence* 31, no. 8 (2016): 941-947.
- Basile, Kathleen C., Marci F. Hertz, and Sudie E. Black. *Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings. Version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Center for Disease Control and Prevention, 2007.
- Bell, Carl C., and Jacqueline Mattis. "The Importance of Cultural Competence in Ministering to African American Victims of Domestic Violence." *Violence Against Women* 6, no. 5 (2000): 515-532.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report." Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bobel, Chris, and Samantha Kwan, eds. *Body Battlegrounds: Transgressions, Tensions, and Transformations*. Nashville, TN: Vanderbilt University Press, 2019.
- Bornstein, Danica R., Jake Fawcett, Marianne Sullivan, Kirsten D. Senturia and Sharyne Shiu-Thornton. "Understanding the Experiences of Lesbian, Bisexual and Trans Survivors of Domestic Violence." *Journal of Homosexuality*, 51, no. 1 (2006): 159-181.
- Breiding, M.J., J. Chen, and M.C. Black. *Intimate Partner Violence in the United States – 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Center for Disease Control and Prevention, 2014.
- Byrna Sanger, Mary. "When the Private Sector Competes: Providing Services to the Poor in the Wake of Welfare Reform." *Brookings Institute Reform Watch* 3, October 2001.
- California Department of Social Services. "Fact Sheet: CalWORKs Homeless Assistance (HA) Program," 2019.
- Capaldi, Deborah M., Naomi B. Knoble, Joann Wu Shortt, and Hyoun K. Kim. "A Systematic Review of Risk Factors for Intimate Partner Violence." *Partner Abuse* 3, no. 2 (April 2012): 231–80. <https://doi.org/10.1891/1946-6560.3.2.231>
- Chen, Ping-Hsin, Sue Rovi, Judy Washington, Abbie Jacobs, Marielos Vega, Ko-Yu Pan, and Mark S. Johnson. "Randomized comparison of 3 methods to screen for domestic violence in family practice." *The Annals of Family Medicine* 5, no. 5 (2007): 430-435.
- Cho, Richard. "Four Clarifications about Housing First." United States Interagency Council on Homelessness.
- Clough, Amber, Jessica E. Draughon, Veronica Njie-Carr, Chiquita Rollins, and Nancy Glass. "'Having housing made everything else possible': Affordable, safe and stable housing for women survivors of violence." *Qualitative Social Work* 13, no. 5 (2014): 671-688.
- Courvant, Diana and Loree Cook-Daniels. "Trans and Intersex Survivors of Domestic Violence: Defining Terms, Barriers, and Responsibilities." *National Coalition Against Domestic Violence*, (2003): 1-6.

- Drijber, Babette C., Udo JL Reijnders, and Manon Ceelen. "Male victims of domestic violence." *Journal of Family Violence* 28, no. 2 (2013): 173-178.
- Einat Peled, Zvi Eisikovits, Guy Enosh, and Zeev Winstok. "Choice and Empowerment for Battered Women Who Stay: Toward a Constructivist Model." *Social Work* 45, no. 1 (January 2000): 9-25.
- Elliott, Denise E., Paula Bjelajac, Roger D. Fallot, Laurie S. Markoff, and Beth Glover Reed. "Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women." *Journal of Community Psychology* 33, no. 4 (2005): 461-477.
- End Domestic Abuse Wisconsin. "Survey of Domestic Violence Advocates (Unpublished)," 2020.
- End Domestic Abuse Wisconsin. "Home." <https://www.endabusewi.org/> (accessed March 12, 2020).
- Forward Services Corporation. "About Us," 2020. <https://fsc-corp.org/our-story/> (accessed April 6, 2020).
- Gerbert, Barbara, Nona Caspers, Amy Bronstone, James Moe, and Priscilla Abercrombie. "A Qualitative Analysis of How Physicians with Expertise in Domestic Violence Approach the Identification of Victims," *American College of Physicians--American Society of Internal Medicine*, 131 (578-584), 1999.
- Greene, Chad. "Intimate Partner Violence: Diagnosing the 'Hush-Hush' American Epidemic in the Trauma Bay," n.d.
- Hall, Ronald E. "The feminization of social welfare: Implications of cultural tradition vis-à-vis male victims of domestic violence." *Journal of Sociology and Social Welfare* 39 (2012): 7.
- Harris, Angelique C., Katherine M. Anderson, and Daniel J. Bergen. "Intersecting Identities, Intersecting Issues: Exploring the Needs of LGBTQ+ Communities in Wisconsin." *Humanity and Society*, 2019.
- Hegar, Rebecca L. "Privatization of Child Welfare Services in the U.S.A.: Current Policy in Historical Context," *Social Science Journal*, no. 2-3. (190-207), 2005.
- Hetling, Andrea. "Welfare caseworker assessments and domestic violence services: Findings from administrative data and case narratives." *Violence Against Women* 17, no. 8 (2011): 1046-1066.
- Holmes, Breena, and Ilisa Stalberg. "Domestic Violence and Women: Screening, Intervention, Referral and Resources." Lecture, UVM Women's Health Conference, Burlington, VM, May 10, 2013.
- Hopper, Elizabeth K., Ellen L. Bassuk, and Jeffrey Olivet. "Shelter from the storm: Trauma-informed care in homelessness services settings." *The Open Health Services and Policy journal* 3, no. 2 (2010): 80-100.
- Huntley, Alyson L, Lucy Potter, Emma Williamson, Alice Malpass, Eszter Szilassy, and Gene Feder. "Help-Seeking by Male Victims of Domestic Violence and Abuse (DVA): A Systematic Review and Qualitative Evidence Synthesis." *BMJ Open* 9, no. 6 (2019): e021960. <https://doi.org/10.1136/bmjopen-2018-021960>.
- Illinois Department of Human Services. "Request for Crisis Assistance," n.d.
- "Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: (410572008-001)." American Psychological Association, 2007. <https://doi.org/10.1037/e410572008-001>.

- Lyon, Eleanor. *Welfare, poverty, and abused women: New research and its implications*. Harrisburg, PA: National Resource Center on Domestic Violence, (2000).
- Nash, Shondrah Tarrezz. "Through Black Eyes: African American Women's Constructions of Their Experiences with Intimate Male Partner Violence." *Violence Against Women* 11, no. 11 (2005): 1420–40. <https://doi.org/10.1177/1077801205280272>.
- Minnesota Department of Human Services. "Combined Application Form," n.d.
- National Center for Injury Prevention and Control. "Preventing Intimate Partner Violence," 2019.
- National Center for Injury Prevention and Control. "NSVS: An Overview of 2010 Findings on Victimization by Sexual Orientation," 2010.
- National Center for Victims of Crime. "2018 National Crime Victims' Rights Week Resource Guide: Crime and Victimization Fact Sheets," 2018.
- National Coalition Against Domestic Violence. "Domestic Violence and the LGBTQ Community (blog)," June 6, 2018. <https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community>.
- National Coalition Against Domestic Violence. "Domestic Violence in Wisconsin," 2019.
- National Network to End Domestic Violence. "14th Annual Domestic Violence Counts Report." Accessed March 1, 2020. <https://nnedv.org/content/domestic-violence-counts-14th-annual-census-report/>.
- National Organization for Women. "Violence Against Women in the United States: Statistics." Accessed March 1, 2020. <https://now.org/resource/violence-against-women-in-the-united-states-statistic/>.
- Nurse, Jo, Samuel Bauer, Peter Davies, Angela Taft, Kelsey Hegarty, Mike Crilly, Andy Howe, Mary Goodwin, Patricia Dietz, Alison Spitz, Ileana Arias, Linda Saltzman, Gene Feder, Birte Twisselmann. "Screening for Domestic Violence." *BJM* 325 (2002): 1417-1420.
- Overstreet, Nicole M., and Diane M. Quinn. "The intimate partner violence stigmatization model and barriers to help seeking." *Basic and Applied Social Psychology* 35, no. 1 (2013): 109-122.
- Peled, Einat, Zvi Eisikovits, Guy Enosh, and Zeev Winstok. "Choice and empowerment for battered women who stay: Toward a constructivist model." *Social Work* 45, no. 1 (2000): 9-25
- Proaño, Audrey. Email about DV screening, 2020.
- Quinn, Mary-Elizabeth. *Open Minds Open Doors*. Boston, MA: The Network/La Red 2010.
- Richardson, J. "Identifying Domestic Violence: Cross Sectional Study in Primary Care." *BMJ* 324, no. 7332 (February 2, 2002): 274–274. <https://doi.org/10.1136/bmj.324.7332.274>.
- Rollè, Luca, Giulia Giardina, Angela M. Caldarera, Eva Gerino, and Piera Brustia. "When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence." *Frontiers in Psychology* 9 (2018). <https://doi.org/10.3389/fpsyg.2018.01506>.
- Roush, Karen, and Ann Kurth. "The Lived Experience of Intimate Partner Violence in the Rural Setting." *Journal of Obstetric, Gynecologic and Neonatal Nursing* 45, no. 3 (2016): 308–19. <https://doi.org/10.1016/j.jogn.2016.02.008>.

- Schulman, Meryl, and Christopher Menschner. "Laying the Groundwork for Trauma-Informed Care," Center for Health Care Strategies, January 2018.
- Sherman, Jay Michael, Kari Sand-Jecklin, Jessical Walters, Courtney Fox Dunithan, Teassa Eddy, and Cynthia Harper. "Implementation of a Brief Abuse and Basic Needs Tool: Impact on Utilization of Social Services in Ambulatory Medical Clinics," *National Association of Social Workers: Health and Social Work*, 42, no. 4 (223-230), 2017.
- Smith Nightingale, Demetra, and Nancy Pindus. "Privatization of Public Social Services: A Background Paper." *Urban Institute*, 1997.
- Snyder, Rachel Louise. *No Visible Bruises: What We Don't Know About Domestic Violence Can Kill Us*. New York City: Bloomsbury Publishing USA, 2019.
- Strube, Michael J, and Linda S. Barbour. "The Decision to Leave an Abusive Relationship: Economic Dependence and Psychological Commitment." *Journal of Marriage and the Family* 45, no. 4 (1983): 785. <https://doi.org/10.2307/351791>.
- Sullivan, Cris M., and Linda Olsen. "Common Ground, Complementary Approaches: Adapting the Housing First Model for Domestic Violence Survivors." *Housing and Society* 43, no. 3 (2016): 182–94. <https://doi.org/10.1080/08882746.2017.1323305>.
- Tolman, Richard M., and Jody Raphael. "A Review of Research on Welfare and Domestic Violence." *Journal of Social Issues* 56, no. 4 (2000): 655–82. <https://doi.org/10.1111/0022-4537.00190>.
- Tsui, Venus, Monit Cheung, and Patrick Leung. "Help-Seeking among Male Victims of Partner Abuse: Men's Hard Times." *Journal of Community Psychology* 38, no. 6 (2010): 769–80. <https://doi.org/10.1002/jcop.20394>.
- U.S. Department of Health and Human Services: Office of Human Services Policy. "Screening for Domestic Violence in Health Care Settings," 2013.
- U.S. Department of Health Office on Women's Health. "Relationships, Safety, and Violence," 2017.
- U.S. Interagency Council on Homelessness. "Aligning Affordable Housing Efforts with Actions to End Homelessness," 2019.
- U.S. Interagency Council on Homelessness. "The Evidence Behind Approaches that Drive and End to Homelessness," 2019.
- U.S. Interagency Council on Homelessness. "The Importance of Housing Affordability and Stability for Preventing and Ending Homelessness," 2019.
- U.S. Preventative Service Task Force, "Healthier Pregnancy: Tools and Techniques to Best Provide ACA-Covered Preventive Services: Provider Fact Sheet," 2015.
- Virginia Department of Health. "Project RADAR: Violence Prevention Steps for Health Care Professionals," 2004.
- Voth Schrag, Rachel J. "Experiences of Economic Abuse in the Community: Listening to Survivor Voices." *Affilia* 34, no. 3 (2019): 313–24. <https://doi.org/10.1177/0886109919851142>.
- Warren, Amy, Trudi Marchant, Darcee Schulze, and Donna Chung. "From Economic Abuse to Economic Empowerment: Piloting a Financial Literacy Curriculum with Women Who Have Experienced

Domestic and Family Violence.” *Affilia* 34, no. 4 (2019): 498–517.  
<https://doi.org/10.1177/0886109919868828>.

Weaver, Terri L., Cynthia K. Sanders, Carole L. Campbell, and Meg Schnabel. “Development and Preliminary Psychometric Evaluation of the Domestic Violence—Related Financial Issues Scale (DV-FI).” *Journal of Interpersonal Violence* 24, no. 4 (2009): 569–85.  
<https://doi.org/10.1177/0886260508317176>.

Washington State Department of Social and Health Services. “Emergency Assistance Programs - Additional Requirements for Emergent Needs (AREN) | DSHS.” Accessed February 26, 2020.  
<https://www.dshs.wa.gov/esa/emergency-assistance-programs/emergency-assistance-programs-additional-requirements-emergent-needs-aren>.

Wisconsin Department of Children and Families. “DV Screening Questions: Informal Assessment,” n.d.

Wisconsin Department of Children and Families. “Emergency Assistance Application,” 2012.

Wisconsin Department of Children and Families. Emergency Assistance Tracking System Data. February 21, 2020. Distributed by the Wisconsin Department of Children and Families.  
<https://eats.wisconsin.gov/>.

Wisconsin Department of Children and Families. “W-2 Emergency Assistance Manual,” Release 19-01, 2019.

Wisconsin Department of Children and Families. “Wisconsin Works Manual,” Release 20-02, 2020.

Wisconsin Department of Children and Families. “Wisconsin Works (W-2) Overview.” Accessed February 26, 2020. <https://dcf.wisconsin.gov/w2/parents/w2>.

Wisconsin Department of Children and Families DFES/Partner Training Team. “Balancing Domestic Abuse Issues and W-2 Participation,” 2019.

Wisconsin Department of Health Services. “DHS Regions by County” April 29, 2020.  
<https://www.dhs.wisconsin.gov/aboutdhs/regions.htm>.

Worcester, Nancy. “Women’s Use of Force: Complexities and Challenges of Taking the Issue Seriously.” *Violence Against Women* 8, no. 11 (2002): 1390–1415.  
<https://doi.org/10.1177/107780102762478055>.



## **APPENDICES**

Our report includes six appendices. Appendix A describes the Housing First model of addressing homelessness. Appendix B provides a regional analysis of EA applications and approval rates. Appendix C is a map of Wisconsin regions by county. Appendix D is a copy of the application form to receive EA in Wisconsin. Appendix E is a copy of the application form to receive Crisis Assistance in Illinois, provided as a case study in simplifying application procedures. Appendix F presents potential DV screening tools that W-2 caseworkers could utilize.

## APPENDIX A - HOUSING FIRST MODEL

Housing stability is critical to building a healthy community where residents feel fulfilled and productive. Research indicates that people experiencing housing insecurity suffer reductions in their future educational attainment, career growth, health, and family stability (United States Interagency Council on Homelessness 2019). “Housing First” is a “whole-system orientation” focused on changing the way a community addresses homelessness (Cho 2014). The primary goals of a Housing First approach include: (1) to make occurrences of homelessness rare and brief, (2) to help people who experience homelessness obtain permanent housing quickly, and (3) to help people access the care and support needed to maintain their housing and achieve a better quality of life (Cho 2014). To achieve these goals, community agencies and programs must coordinate, providing services such as emergency shelter, employment and income supports, and affordable housing.

Multiple cities in the United States have adopted the Housing First model, including, Denver, Honolulu, New York City, Salt Lake City, and Seattle. The Housing First model requires communities to continually assess their approach to housing insecurity and make adjustments. It calls upon agencies and people to recognize and address their limitations as they work toward the goal of safe and stable housing (Cho 2014). Housing First practitioners must strengthen their partnerships within the community to set goals, collect data, and effectively message the model. Messaging is important because it mobilizes people and organizations, educates community members, and encourages the development of affordable housing units (United States Interagency Council on Homelessness 2020).

A Housing First approach adheres to four principles: (1) applicants can enter the program without income, (2) applicants can enter the program if they are not sober, (3) applicants can enter the program if they are or have been involved with the criminal justice system, and (4) service and treatment plans are voluntary and tenants cannot be evicted for noncompliance (United States Interagency Council on Homelessness 2016).

Case management is a critical aspect of the Housing First model because it enables a tailored approach to addressing housing insecurity, particularly critical when dealing with people who have experienced trauma, such as DV survivors (Cho 2014). Approximately 25 percent of homeless women have cited DV as a major contributor to their homelessness (Sullivan and Olsen 2017).

In the context of DV, the caseworker or advocate must work with the survivor to access supports and resources. Advocates adhere to four principles specific to working with DV survivors: (1) survivor-driven advocacy, (2) flexible engagement and funding, (3) the utilization of trauma-informed care, and (4) systems change and community engagement (Sullivan and Olsen 2017).

Survivor-driven advocacy means addressing the unique needs of survivors outside of predetermined agency needs. For example, advocates will meet survivors at a survivor-determined location. Advocates also engage survivors in safety planning. Safety planning identifies how DV has impacted a survivor’s life and creates a plan to address the resulting obstacles to self-sufficiency, such as: (1) housing, (2) economic independence, (3) custody/parenting, or (4) legal issues (Sullivan and Olsen 2017).

Many survivors need temporary financial assistance. Often, this financial assistance is not directly related to a housing crisis but is critical to maintaining housing stability. A flexible funding approach is required to meet survivor needs. Flexible funding should cover car repair, credit payments, record expungement fees, childcare costs, school supplies, etc. (Sullivan and Olsen 2017).

Trauma-informed care refers to a caregiving approach designed to meet the unique needs of people who have experienced trauma. This approach emphasizes creating a safe environment for participants where they can rebuild control. Staff members should be trained on the long reaching impacts of trauma and services should be focused on personal strengths (Hopper et al. 2009).

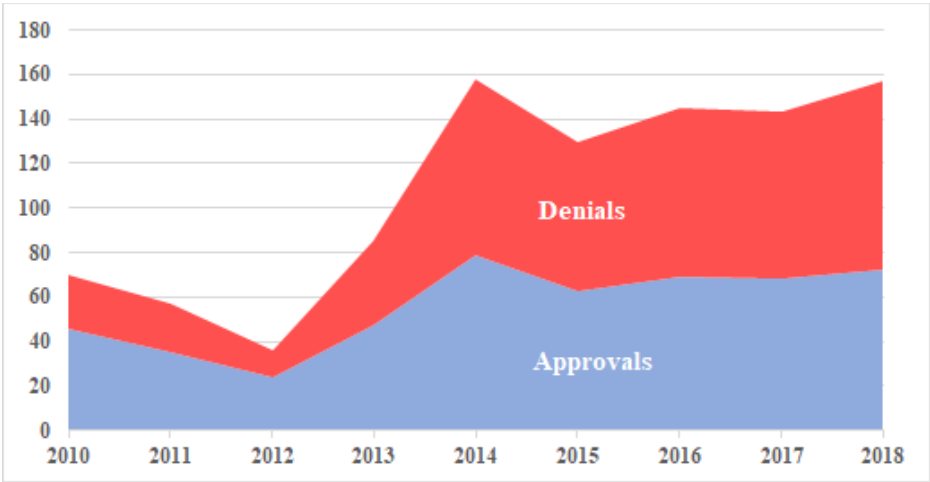
Systems change and community engagement refers to efforts by advocates to create communities that hold abusers accountable, promote justice for survivors, and offer accessible resources (Sullivan and Olsen 2017). Advocates build relationships with community partners to change ineffective or oppressive systems.

The Housing First model connects DV survivors to housing options that are tailored to personal needs. Survivors benefit from a Housing First approach by experiencing: (1) greater job stability, (2) higher income, and (3) fewer problems with alcohol/drugs (Sullivan and Olsen 2017). Their children missed fewer days of school, demonstrated improved academic performance, and had fewer behavioral issues over time (Sullivan and Olsen 2017).

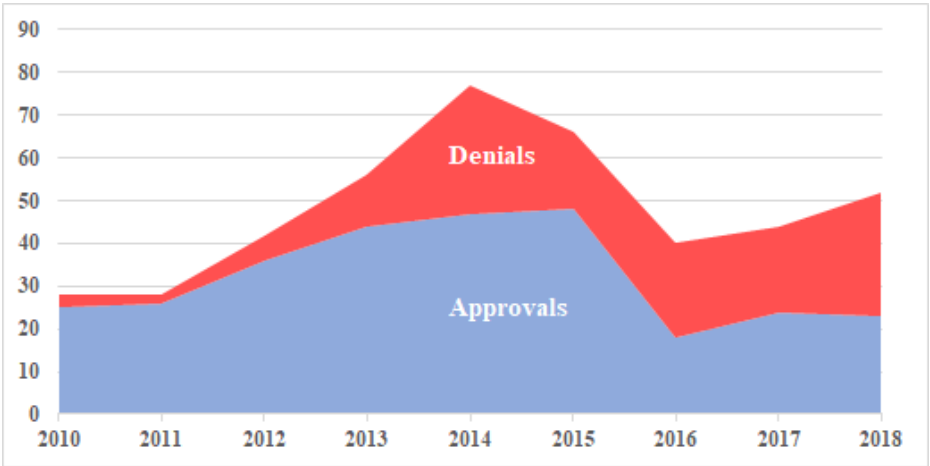
An integral part of the Housing First model is addressing the lack of affordable housing units (Clough et al. 2014). While the Housing First model effectively connects survivors to critical resources, service providers cannot implement the model without the development of additional units.

**APPENDIX B - EA APPLICATIONS, APPROVALS, AND APPROVAL RATES BY REGION**

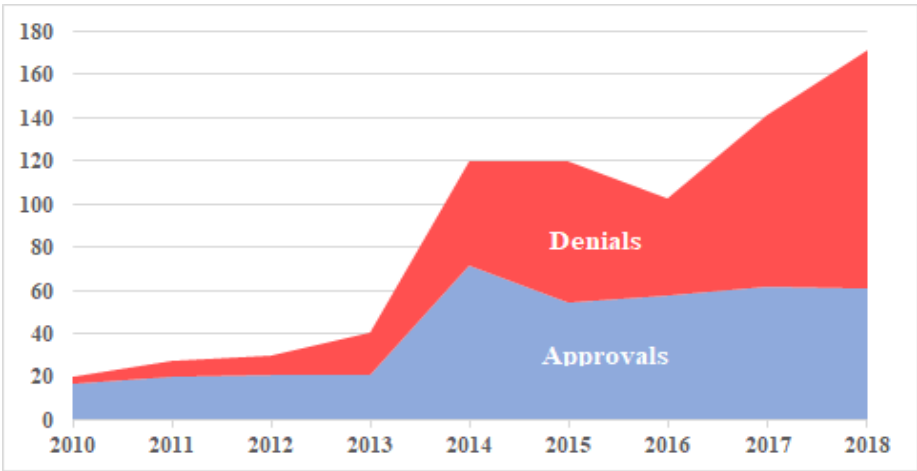
**Northeastern Region**



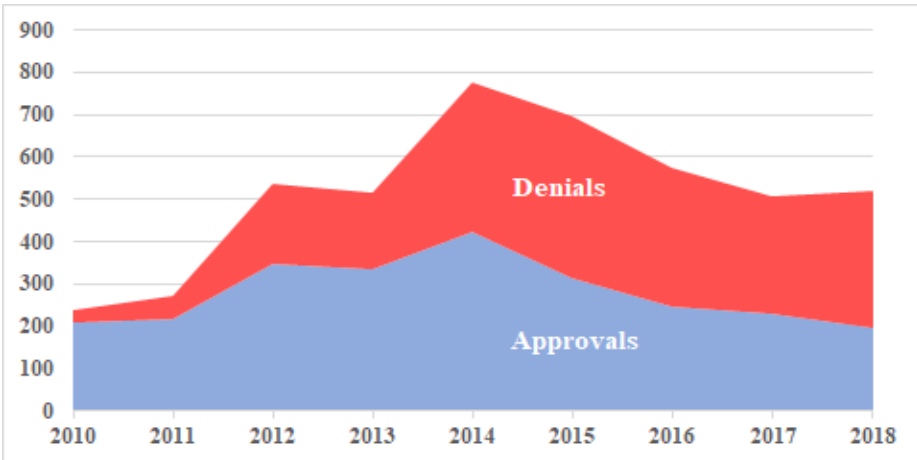
**Northern Region**



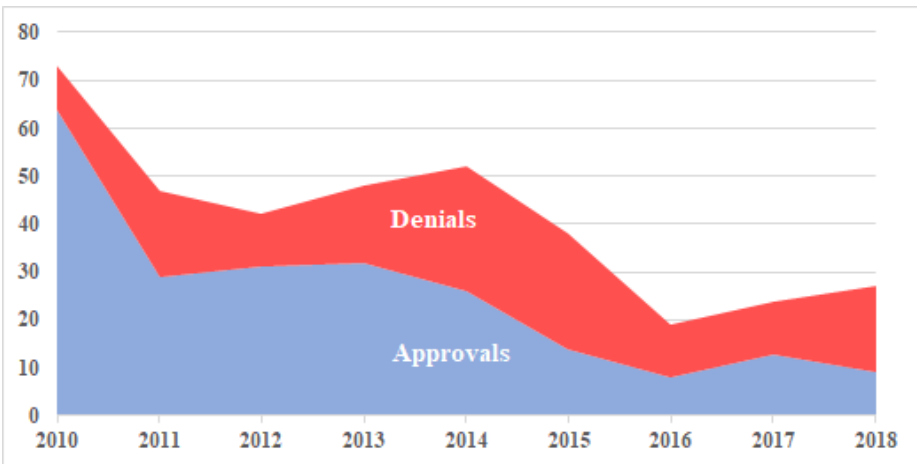
**Southern Region**



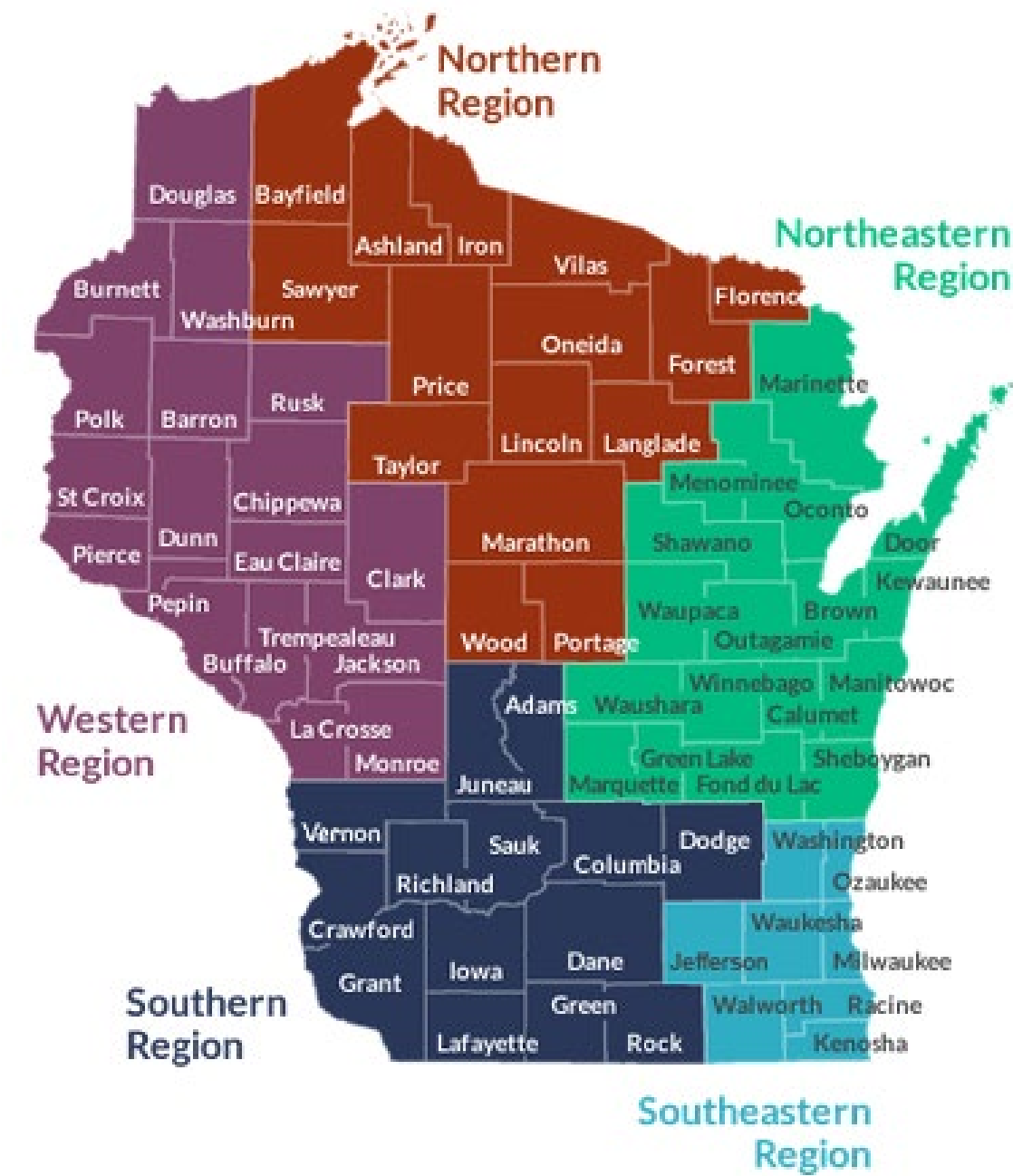
**Southeastern Region**



**Western Region**



APPENDIX C - MAP OF REGIONS BY COUNTY



Source: Wisconsin Department of Health Services. “DHS Regions by County” April 29, 2020. <https://www.dhs.wisconsin.gov/aboutdhs/regions.htm>.

## APPENDIX D - EA APPLICATION

**DEPARTMENT OF CHILDREN AND FAMILIES**  
Division of Family and Economic Security

## Emergency Assistance Application – Part 1

Agency Date Stamp		Please read each item carefully before you answer. The answers you give will be used to decide if you are eligible for Emergency Assistance. If eligible, some of the answers you give will decide the amount of your Emergency Assistance payment. Personal information you provide may be used for secondary purposes {Privacy Law, s. 15.04(1)(m), Wisconsin Statutes}.	
Last Name – Applicant		First Name – Applicant	
CARES Case Number		Telephone Number – Applicant (       )	
Address – Applicant (Street, City, State, Zip Code)			County
Mailing Address – Applicant (if not the same as above) (Street, PO Box, City, State, ZIP Code)			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Have you applied for Emergency Assistance before? If “Yes”, when?			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Do you provide the care and control of either your child or a relative’s child in your home?			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Will this child(ren) stay in your care in the future?			
<b>TYPE OF EMERGENCY</b> Describe the emergency, what happened, when it happened, and where it happened.			
Your emergency must meet one of the following categories: Impending Homelessness, Homelessness, Energy Crisis, Fire, Flood, or Natural Disaster. Check one box and fill out only that one section.			
<input type="checkbox"/> <b>IMPENDING HOMELESSNESS</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have an eviction notice or a foreclosure notice? If “Yes”, when did you receive it?			
When did you first get behind in your rent or mortgage payment? What caused this?			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you seeking a new home as a result of domestic abuse?			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you seeking a new home because your rental housing is in foreclosure? If “Yes”, when must your family leave your current rental housing?			
Provide current landlord / management company name and name of contact person.			
Provide current landlord / management company telephone number.			
Provide current landlord / management company mailing address (Street, City, State Zip Code)			
<input type="checkbox"/> <b>HOMELESSNESS</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Do you lack a fixed and regular nighttime place to live, or do you sleep in a place not meant for sleeping? If “Yes”, how did you become homeless and when did it happen?			

☐ Yes ☐ No Do you plan to get a permanent place to live?

☐ Yes ☐ No Are you now in a shelter for domestic abuse and seeking a new home as a result?

☐ Yes ☐ No Has a building or housing inspector or public health official decided your home is uninhabitable?  
If "Yes", when did this happen?

☐ Yes ☐ No Do you have a housing inspection report?

☐ **ENERGY CRISIS**

☐ Yes ☐ No Does your family have an immediate threat to its health and safety from an Energy Crisis?  
If "Yes", what help has your family obtained already?

☐ **FIRE** ☐ **FLOOD** ☐ **NATURAL DISASTER**

**HOUSEHOLD MEMBERS**

Please list all persons in your household at the time of the emergency. List yourself on the first line.

The provision of your social security number (SSN) is mandatory under Wisconsin Statutes section 49.138. Your social security number will be used to verify information relating to your Emergency Assistance application. If you do not provide the SSNs for each adult in your household, your application may be denied. You do not have to provide SSNs for children in your household.

Mark "Yes" or "No" to show if each person is a US Citizen or a Qualified Alien.

Name (list yourself first)	Social Security Number	Birth Date	Citizen or Qualified Alien	Relationship
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Self</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**HOUSEHOLD FINANCIAL INFORMATION**

Please list all household income and assets.

In the INCOME section, list the amount of income in the "Amount" column. In the "Source" column, list where the income is from such as employment, unemployment, child support, or other government resource, etc. In the "Household Member" column, list who the income belongs to.

In the ASSETS section, list the name, value and source of each asset for all household members. For example, an asset could be a vehicle, boat or snowmobile, a retirement account, or a savings account. For each asset, list the name of the household member who owns the asset.

**INCOME**

Amount	Source	Household Member



INCOME (Continued from page 2)		
Amount	Source	Household Member

ASSETS			
Name	Value	Source	Owner

#### SIGNATURES AND ASSURANCES

Initial each line to indicate that you have read and understand these statements.

- \_\_\_\_\_ I understand the questions and statements on this Application.
- \_\_\_\_\_ I understand that I must not give false information about myself or my household members. This includes:
1. Make false or misleading statements.
  2. Misrepresent or withhold facts.
  3. Act in a way intended to mislead or misrepresent or withhold facts.
- \_\_\_\_\_ I understand that if I, or one of my household members with my knowledge, is found to have intentionally given false information so that I can be eligible for EA I can be denied EA payments.
- If I, or one of my household members with my knowledge, am found to have intentionally given false information 1 time, I will be denied EA eligibility for 6 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 2 times, I will be denied EA eligibility for 12 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 3 times, I will be denied EA eligibility permanently. I understand that I may also be prosecuted for fraud if I intentionally give false information to receive payments at any time.
  - I understand that I have to pay back any EA payments that I get by mistake.
- \_\_\_\_\_ I agree to provide documents to prove my statements if it is requested and I understand that the W-2 agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of any payment.
- \_\_\_\_\_ I reside in and intend to continue residing in Wisconsin. Note: A migrant worker must reside in Wisconsin but does not have to intend to continue residence in Wisconsin.
- \_\_\_\_\_ I understand that if I do not agree with the agency's decision regarding my Emergency Assistance Application, I may request a Fact Finding Review by writing to or calling the W-2 agency that made the application decision. I must do this within 45 calendar days of the decision date.
- \_\_\_\_\_ I authorize the agency to request and receive any information that is appropriate and necessary for the proper administration of the Emergency Assistance program. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, according to Wisconsin Statutes section 49.22(2m) and 49.138.

<b>SIGNATURE</b> – Applicant	Date Signed
<b>SIGNATURE</b> – Other adult EA Group Member	Date Signed
<b>SIGNATURE</b> – Authorized Representative, if applicant is unable to sign	Date Signed
<b>SIGNATURE</b> – W-2 Agency Representative	Date Signed

## Instructions for the Emergency Assistance (EA) Application

**Overview:** You must apply for Emergency Assistance (EA) at the W-2 agency in the county where you live. If you are homeless, you may apply for EA either in the county where you are, or the county where your family is moving to. The W-2 agency will provide you with an EA Application.

**Completing the EA Application:** You have the right to complete and sign Part 1 of the EA Application on the same day that you request EA. The W-2 agency will determine whether you are eligible for EA. If you are eligible for EA, the W-2 agency usually will issue payment within five business days of the date you sign the Application.

Complete Part 1 of the application to the best of your ability. Part 2 of the application will be completed by a W-2 agency staff person with information that you provide. When the agency completes Part 2 of the application with you, be sure to review the information with the agency staff person when it has been completed.

The W-2 agency will meet with you in-person. When you come to the W-2 agency, be sure to bring all documents that show relevant information for all Application items (including page 4) such as:

- Social security number (SSN) card;
- Pay stubs and other income documents;
- Layoff notice;
- Termination notice;
- Job quit notice (and reason for job quit);
- Eviction notice;
- Mortgage foreclosure notice;
- Notice to vacate property; and
- Other relevant documents.

**Financial Eligibility:** The W-2 agency will determine financial eligibility based on your income and assets. Your income must be at or below 115% of the Federal Poverty Level and the value of your assets must not exceed \$2,500.

**Financial Need:** Emergency Assistance may help to pay for certain expenses up to the Maximum Payment Amount.

- Impending Homelessness: Unpaid rent, late fees, court costs.
- Homelessness: First month's rent, security deposit, necessary household items.
- Fire, Flood, Natural Disaster: Temporary housing, first month's rent, security deposit, clothing, medical care, transportation, household appliances, home repairs.
- Energy Crisis: Home heating, electricity, water.

The Maximum Payment Amount for impending homelessness, homelessness, fire, flood, and natural disaster are:

- \$516 for groups of 2 to 4 members.
- \$645 for groups of 5 members.
- \$110 per group member for groups of 6 or more members.

The Maximum Payment Amount for Energy Crisis is \$500 for any group size.

### **Maximum Payment Amounts:**

**Signatures and Assurances (page 3 in the Application):** A W-2 agency staff person will read through each of these statements with you to make sure you have an opportunity to ask questions. You must initial each statement to show that you understand it.

**Fact Finding:** You have the right to use the Fact Finding process as a way to resolve disputes. You may request a Fact Finding if (1) the agency does not take action on the EA Application within a reasonable amount of time, or (2) the EA Application amount is not funded in part or whole, or (3) you believe the payment amount was not calculated correctly. The Fact Finding request must be made within 45 days of the agency action that is in dispute.

## APPENDIX E - ILLINOIS CRISIS ASSISTANCE APPLICATION



State of Illinois  
Department of Human Services  
**Request for Crisis Assistance**

**1(3 YEARS)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Case Number: \_\_\_\_\_  
City: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I am requesting Crisis Assistance. I need:

☐ **Rent** because:

- ☐ I had to leave my home due to a fire, flood or other natural disaster; or
- ☐ I have received an eviction notice or court order to leave my home; or
- ☐ I had to leave my home due to domestic or sexual violence.

☐ **Furniture** because:

- ☐ Furniture was destroyed in a fire, flood or other natural disaster; or
- ☐ Essential furniture needed due to domestic or sexual violence.

☐ **Household Supplies** because:

- ☐ Household supplies were destroyed in a fire, flood or other natural disaster; or
- ☐ Needed due to domestic or sexual violence.

☐ **Clothing** because:

- ☐ Clothing was destroyed in a fire, flood or other natural disaster; or
- ☐ I have reported lost or stolen cash; or
- ☐ Needed due to domestic or sexual violence.

☐ **Food** because:

- ☐ Food was destroyed in a fire, flood or other natural disaster; or
- ☐ I have reported lost or stolen cash; or
- ☐ Needed due to domestic or sexual violence.

☐ I need help to pay travel expenses to get medical care for Name: \_\_\_\_\_

I need ☐ Transportation ☐ Food ☐ Lodging for Dates: \_\_\_\_\_

to go to (Doctor/Hospital name and address: \_\_\_\_\_)

I verify that my need for Crisis Assistance did not arise because I or family members refused without good cause to accept employment or training for employment.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

## **APPENDIX F - DV SCREENING TOOLS**

**Abuse Assessment Screen (AAS)** - If any questions are answered affirmatively, the AAS is positive for abuse. Spanish language version is readily available. See example below.

**Modified Childhood Trauma Questionnaire-Short Form (CTQ-SF)** - Questions are answered on a five-point scale.

**Humiliation, Afraid, Rape, Kick (HARK)** - Four questions, one point for every yes. A score of one or greater is positive for DV.

**Hurt/Insult/Threaten/Scream (HITS)** - Questions are answered on a five-point scale. A score of ten or greater classifies women as victimized, 11 or more for men. See example below.

**Ongoing Violence Assessment Tool (OVAT)** - Scoring procedures not available. See example below.

**Woman Abuse Screening Tool (WAST)** - Identify and sum responses with greater reported frequency, Spanish language version readily available. See example below.

**Slapped, Things and Threaten (STaT)** - A positive response is worth one point. Scale available for purchase.

**4 P's for DV** - Responses are used to assess safety or health risks.

Source: Basile, Kathleen C., Marci F. Hertz, and Sudie E. Black. *Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings. Version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Center for Disease Control and Prevention, 2007.

## Abuse Assessment Screen

Instructions: Circle Yes or No for each question

1. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times \_\_\_\_\_

3. Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone? YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times \_\_\_\_\_

Mark the area of injury on the body map. Score each incident according to the following scale:

### SCORE

1 = Threats of abuse including use of weapon \_\_\_\_\_

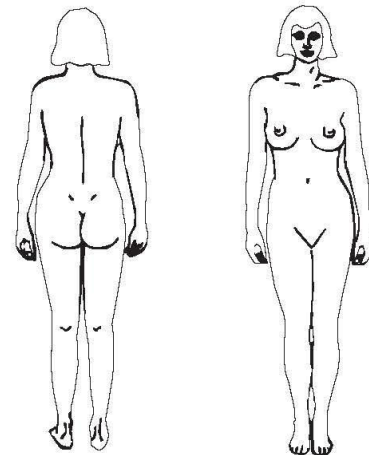
2 = Slapping, pushing; no injuries and/or lasting pain \_\_\_\_\_

3 = Punching, kicking, bruises, cuts, and/or continuing pain \_\_\_\_\_

4 = Beating up, severe contusions, burns, broken bones \_\_\_\_\_

5 = Head injury, internal injury, permanent injury \_\_\_\_\_

6 = Use of weapon; wound from weapon \_\_\_\_\_



4. Within the last year, has anyone forced you to have sexual activities? YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times \_\_\_\_\_

5. Are you afraid of your partner or anyone you listed above? YES NO

Copyright (c) 1992, American Medical Association. All rights reserved.

Journal of the American Medical Association, 1992, 267, 3176-78.

Developer: Judith McFarlane, Barbara Parker, Karen Soeken, and Linda Bullock

Publication Year: 1992

Administration method: Provide a private and confidential setting. Inform each woman that all women attending this clinic are being assessed for abuse. Read the Abuse Assessment Screen (AAS) question to the woman.

Scoring procedures: If any questions on the screen are answered affirmatively, the AAS is considered positive for abuse (Weiss, Ernst, Cham, & Nick, 2003).

Follow-up procedures: Document the abuse and respect the woman's response to the questions. If a woman reports physical abuse, give her a pencil and have her mark the areas of abuse on the body map (Soeken, McFarlane, Parker, & Lominack, 1998). At a minimum, all agencies should offer patients referral sources and legal options (Soeken et al. 1998).

Index Reference:

McFarlane J, Parker B, Soeken K, Bullock L. (1992). Assessing for abuse during pregnancy: Severity and frequency of injuries and associated entry into prenatal care. *Journal of the American Medical Association*, 267, 3176-78.

Additional References:

Norton LB, Peipert JF, Zierler S, Lima B, Hume L. (1995). Battering in pregnancy: An assessment of two screening methods. *Obstetrics & Gynecology*, 85, 321-25.

Soeken KL, McFarlane J, Parker B, Lominack MC. (1998). The Abuse Assessment Screen: A clinical instrument to measure frequency, severity, and perpetrator of abuse against women. In JC Campbell (Ed.), *Empowering survivors of abuse: Health care for battered women and their children* (pp. 195-203). Thousand Oaks, CA: Sage Publications.

Weiss SJ, Ernst AA, Cham E, Nick TG. (2003). Development of a screen for ongoing intimate partner violence. *Violence and Victims*, 18, 131-41.

## HITS

Hurt, Insult, Threaten, and Scream

How often does your partner physically **Hurt** you?

How often does your partner **Insult** or talk down to you?

How often does your partner **Threaten** you with physical harm?

How often does you partner **Scream** or curse at you?

Copyright (c) 2003 by Kevin Sherin, MD, MPH. There is a \$25 fee for copyright.

Reproduced with permission from  
Kevin Sherin MD, MPH  
Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32809  
Kevin\_Sherin@doh.state.fl.us

Developer: Kevin Sherin, James Sinacore, Xiao-Qiang Li, Robert Zitter, and Amer Shakil

Publication year: 1998

Administration method: Self report or clinician administered.

Scoring procedures: Each question is answered on a 5-point scale:

1 = never, 2 = rarely, 3 = sometimes, 4 = fairly often, 5 = frequently

The scores range from 4 to a maximum of 20. For female patients, A HITS cut off score 10 or greater was used to classify participants as victimized; for male patients, A HITS cut off score of 11 or greater was used to classify participants as victimized (Sherin et al 1998; Shakil et al. 2005).

Follow-up procedures: This information is not available.

Index Reference:

Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. (1998). HITS: A short domestic violence screening tool for use in a family practice setting. *Family Medicine*, 30, 508-12.

Additional References:

Punukollu M (2003). Domestic violence: Screening made practical. *The Journal of Family Practice*, 52, 537-43.

Shakil A, Donald S, Sinacore JM, Krepcho M. (2005). Validation of the HITS domestic violence screening tool with males. *Family Medicine*, 37, 193-98.

Chen PH, Rovi S, Vega M, Jacobs A, Johnson MS. (2005). Screening for domestic violence in predominantly Hispanic clinical settings, *Family Practice*, 22, 617-23.

## Ongoing Violence Assessment Tool (OVAT)

1. At the present time does your partner threaten you with a weapon? (Yes/No)
2. At the present time does your partner beat you up so badly that you must seek medical help? (Yes/No)
3. At the present time does your partner act like he/she would like to kill you? (Yes/No)
4. My partner has no respect for my feelings. (Never, Rarely, Occasionally, Often, Always)

Reprinted with permission from *Medical Science Monitor*.

Developer: Steve Weiss, Amy Ernst, Elaine Cham, and Todd Nick

Publication year: 2003

Administration method: Self report.

Scoring procedures: This information is not available.

Follow-up procedures: Referrals to social services are offered.

Index Reference:

Weiss SJ, Ernst AA, Cham E, Nick TG. (2003). Development of a screen for ongoing intimate partner violence. *Violence and Victims*, 18, 131-41.

Additional Reference:

Ernst AA, Weiss SJ, Cham E, Hall L, Nick TG. (2004). Detecting ongoing intimate partner violence in the emergency department using a simple 4-question screen: the OVAT. *Violence and Victims*, 19, 375-84.



## Woman Abuse Screening Tool (WAST)

1. In general, how would you describe your relationship?
  - ☐ A lot of tension
  - ☐ Some tension
  - ☐ No tension
2. Do you and your partner work out arguments with:
  - ☐ Great difficulty?
  - ☐ Some difficulty?
  - ☐ No difficulty?
3. Do arguments ever result in you feeling down or bad about yourself?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never
4. Do arguments ever result in hitting, kicking or pushing?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never
5. Do you ever feel frightened by what your partner says or does?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never
6. Has your partner ever abused you physically?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never
7. Has your partner ever abused you emotionally?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never
8. Has your partner ever abused you sexually?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never

Reprinted from *Family Medicine*, 28, Brown JB, Lent B, Brett PJ, Sas G, Pederson LL, Development of the Woman Abuse Screening Tool for use in family practice, 422-28, Copyright (1996) with permission from the Society of Teachers of Family Medicine, [www.stfm.org](http://www.stfm.org).

Developer: Judith Belle Brown, Barbara Lent, Gail Schmidt, and George Sas

Publication year: 2000

Administration method: Self report.

Scoring procedures: Recode responses to reflect a higher score for higher reported frequency of experiences and sum the WAST scores for individuals who answered all 8 items.

Follow-up procedures: This information is not available.

Index Reference:

Brown JB, Lent B, Schmidt G, Sas G. (2000). Application of the woman abuse screening tool (WAST) and WAST-short in the family practice setting. *The Journal of Family Practice*, 49, 896-903.

Additional References:

Brown JB, Lent B, Brett PJ, Sas G, Pederson LL. (1996). Development of the Woman Abuse Screening Tool for use in family practice. *Family Medicine*, 28, 422-28.

Punukollu M. (2003). Domestic violence: Screening made practical. *The Journal of Family Practice*, 52, 537-43.

Valente SM. (2002). Evaluating intimate partner violence. *Journal of the American Academy of Nurse Practitioners*, 14, 505-13.