



# Recognize and End Domestic Violence

## Domestic violence information

This brochure is informational only and must be given to all households that apply for Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP) and the Supplemental Nutrition Assistance Program (SNAP).

### What is domestic violence?

Victims of sexual harassment and survivors of domestic violence, sexual assault, or stalking often deal with patterns of behaviors that aim to coerce, control and dominate which is intended to cause fear and helplessness the adult or the child on the receiving end of such treatment. Minnesota laws help in the protection and intervention of abuse regardless of age, ability, background or economic status. Examples of violence or abuse include:

- Swearing or screaming at you
- Calling you names
- Taking money or property without permission or against your wishes
- Threatening to hurt you or others you care about
- Failing to provide care for you by someone whose responsibility it is to do so
- Not letting you leave your house
- Blaming you for everything that goes wrong
- Stalking you
- Being touched against your wishes or forced to have sex
- Choking, grabbing, hitting, pushing, pinching or kicking you.

### What services are available to victims of domestic violence or abuse?

**Toll-free Hotlines** have counselors who provide services, including:

- Crisis counseling
- Safety planning
- Assistance with finding shelter.

**Referrals** to other organizations including:

- Legal services support groups
- Advocacy with the police.

### If you are in danger from domestic violence or abuse and need help, call:

- The National Domestic Violence Hotline at 800-799-7233, or text START to 88788 (TTY: 800-787-3224) or
- The Minnesota Day One Emergency Shelter and Crisis Hotline at 866-223-1111 or
- Text 612-399-9995.

The **Safe At Home (SAH) Program** is a statewide address confidentiality program that assists survivors of domestic violence, sexual assault, stalking and others who fear for their safety by providing a substitute address for people who move or are about to move to a new location unknown to their aggressors. For information on this program visit the Safe At Home website at [sos.state.mn.us/safe-at-home/about-safe-at-home/](https://sos.state.mn.us/safe-at-home/about-safe-at-home/) or call 651-201-1399 or 866-723-3035.

### Vulnerable adults

Call the Senior LinkAge Line at 800-333-2433 to report concerns and to help a vulnerable adult get needed protection and assistance. Ask your worker for more resource information.

### What are domestic violence waivers?

If you are eligible for public assistance and you experience domestic violence, certain program requirements may not apply in your situation.

Waivers are available for eligible public assistance applicants or recipients who apply for the following programs: Supplemental Nutrition Assistance Program (SNAP), Diversionary Work Program (DWP), Minnesota Family Investment Program (MFIP), Medical Assistance and MinnesotaCare.

If domestic violence or abuse makes it hard for you to follow program rules, talk to your county worker or Tribal Nation.

## Waivers of SNAP rules

If your available gross income is less than the SNAP program limits, you may be eligible for benefits. Certain households may not have the value of assets and vehicles used when determining your eligibility for SNAP.

## Waivers of DWP and MFIP rules

If you or your child is a victim of past or current domestic violence, sexual assault, battery or stalking, you may be eligible for a Family Violence Waiver in DWP and MFIP. When you are on DWP, once you have an approved Family Violence Waiver, your family will transition to MFIP where:

- You will have more flexibility in working with employment services
- You will be exempt from the 60-month time limit while you have this waiver.

To get a Family Violence Waiver you must:

- Tell your county worker or Tribal Nation you want an MFIP Family Violence Waiver
- Provide **one** of the following items:
  - A statement from domestic violence, sexual assault advocate or a domestic violence shelter staff.
  - A statement from a professional, like a doctor, nurse, clergy, counselor or social worker who knows of the abuse
  - A sworn statement from any other person with knowledge of the circumstances, and a sworn statement from yourself
  - Police, government agency or court records
  - A sworn statement from yourself and credible evidence to support your statement. Credible evidence may include a copy of a restraining order for protection or a harassment order.

If you need help getting any of these items, talk to a domestic violence advocate or your county worker or Tribal Nation.

- Develop and follow a plan that includes activities to keep you safe.

## What is a plan?

Your plan is developed with a person trained in domestic violence prevention and an employment counselor, county worker or Tribal Nation. The plan will take your situation into account and include activities to help you become employed.

The plan will:

- Make the safety of you and your children a priority
- Include only safe work and training activities.

It is important that your plan and goals are realistic and can work for you. The plan does not guarantee your safety. If you need to change the plan or cannot follow it, contact your county worker or Tribal Nation as soon as possible.

## Other important things to know

- If you are denied a waiver, or if your waiver is removed, you can appeal.
- You may be able to get legal advice or help with an appeal from your local legal aid office. To contact your local legal aid office, call 888-354-5522.
- Some programs (MFIP, DWP, and Medical Assistance) require cooperation with child support as a condition of eligibility. If establishing paternity or collecting support could harm you or your children, the law allows you to apply for good cause to not cooperate. To read more about the good cause process, please see [DHS-2338 \(Cooperation with Child Support\)](#).

## If you have questions

For questions about the domestic violence waivers, contact your local county worker or Tribal Nation.

For TTY and Speech-to-Speech relay service, use your preferred relay service.

## How do I appeal?

If you do not agree with the action the county takes on your application, ask your county worker or Tribal Nation for an explanation on the action.

You may see the policy manuals, rules or laws that give the reasons for the action. If you still do not agree, you may appeal. Your county worker or Tribal Nation will help you ask for an appeal hearing, or contact:

Minnesota Department of Human Services  
Appeals Office  
P.O. Box 64941  
St. Paul, MN 55164-0941  
Metro: 651-431-3600 (Voice)  
Greater Minnesota: 800-657-3510 or use your preferred relay service  
Fax: 651-431-7523

You should bring any facts to the hearing that will help you explain why you do not agree. If you want a lawyer, ask your worker for information about free legal services. You may bring people to the hearing to give information about the facts. After you and the county or Tribal Nation have talked about your case, a human services judge will decide the case and you will receive the decision in the mail.

If you are still not satisfied, you have 30 days to appeal to the state district court.

## Your right to privacy

Generally the facts asked for by the human services office are called “private.” This means that you may see facts about yourself, but they are not open to the public. Certain other government agencies may see them too. You have the right to question what you think is wrong in your file.

For more facts about data privacy, ask your county worker or Tribal Nation or write the Minnesota Department of Human Services.

## Civil Rights Notice

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

## Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice) 800-657-3704 (toll free)  
711 or 1-800-627-3529 (MN Relay)  
651-296-9042 (fax)  
mail to: [Info.mdhr@state.mn.us](mailto:Info.mdhr@state.mn.us)

## U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue Suite 240  
Chicago, IL 60601  
Customer Response Center:  
Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

## U.S. Department of Agriculture

### Do Not Send Applications Here

In accordance with federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination Complaint Form](#) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email:

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

**Do Not Send Applications Here**  
**Please return to your**  
**local county or Tribal Nation human services office.**

**This institution is an equal opportunity provider.**



For accessible formats of this information, ask your county worker or Tribal Nation. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

This brochure is printed with funds from the TANF program.

**NO ENGLISH**



Attention. If you need free help interpreting this document, call the number in the box above.

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انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মেনাযোগ দিন। যিদ আপিন বিনামূল্যে এই নিখতিৰ বযাযাৰ জেনয সহায় চান তাহেল উপেক্ষাকত বাকেস থাকা নমবৰটিতে কল কৰুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကိုဘာသာပြန်ဆို့ရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wán. héčínhanj niyé wačhínjAñ wayúiyeska ki de wówapi sutá, ečíyA kin wóiyawa ed ophiye wanj. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

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સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH



Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကျိးထံလံာ်တီလံာ်မိတဖဉ်အဃိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖီခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는  
전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سهرنج بده. ئەگەر بۆ وەرگیرانی ئەم بەلگەنامەیە پێویستت بە یارمەتی بێبەرامبەرە، ئەوا  
پەڕه‌ندی به‌و ژماره‌یه‌وه بکه که له بۆکسه‌که‌ی سهره‌وه‌دایه. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoǰpín. Tóhán wanǰí thí wíyukčanpi kin yuhá níyunspe hécha čhéya, lé tkíčhun kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。  
Mandarin (Simplified Chinese)

P̥alɛ ɾɔ piny: Mi gööri luäk lɔrä ke luɔɕ kä memɛ, yɔtni nāmbär emɔ tēē nhial guāth emɛ. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man  
oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi  
ka'ka'kak. Ojibwe

**NO ENGLISH**



Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጅ ተቐማጢ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlowọ pẹ̀lú tí tú mọ̀ àkòjọ̀lẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba