CONFIDENTIAL ADDRESS PROGRAM SCREENING DOCUMENT - EXHIBIT A

(To be completed by Certified Agency Representative)

Name of Participant

Presented the following documentation that the adult, child or incompetent person has been a victim of domestic violence:

- ☐ A copy of an applicable record of conviction.
- ☐ A temporary restraining order.
- ☐ Other protective order.
- ☐ Other (Please specify):

Applicant was referred by:

- ☐ Welfare
- ☐ Medical (name of Doctor):
- ☐ Shelter (name of Shelter):
- ☐ Other (specify):