

Confidentiality - Address Confidentiality Program (ACP) for Domestic Violence Victims

Revised ~~September XX, 2023~~ October 2, 2023

Purpose:

The ACP protects the address of persons attempting to escape from domestic violence, sexual assault, trafficking, or stalking situations. Criminal Justice Affiliates, Election Officials and Protected Health Care workers may also participate in the program. ~~Participants~~ Participants may use a substitute address, issued by the Secretary of State, in place of their actual physical or mailing address. State and local agencies can then respond to public records requests without disclosing the actual location of the participant.

Rules for ~~the~~ ACP are found in WAC 434-840-001 through WAC 434-840-310 and are governed by the Office of the Secretary of State.

Clarifying Information

The ACP provides the following services ~~to survivors of domestic violence, sexual assault, trafficking or stalking:~~

- Gives each participant a substitute address that can be used in place of ~~Helps the participant maintain~~ their ~~secrecy of~~ home, work, or school address.
- ~~1. Gives the participant a substitute mailing address.~~
- Receives and forwards first-class ~~first-class~~ mail from the substitute address to the participant.
- Allows ~~Helps~~ the participant to obtain many state and local agency services without revealing ~~the physical~~ their physical or mailing address.
- Makes it easier for government agencies to respond to public records requests without disclosing the actual location of the participant.
- Helps the participant ~~to~~ register to vote or obtain a marriage license without placing their address in ~~having those~~ records available to the public.

Note: ACP works best if the participant has relocated to a location not already in public record.

Participants are given an ~~laminated~~ authorization card the size of a driver's license. The card has the participant's name, signature, substitute address, birth ~~expiration~~ date, expiration date,

and a toll-free number to the ACP office for information. The toll-free number is 1-800-822-1065. The TTY number is 1-800-664-9677.

When a public assistance client ~~user requests uses of~~ the substitute address, the ACP authorization card must be presented to the worker. The worker may make a copy of the ACP authorization card.

Worker Responsibilities

When a client states they are in danger or fleeing an abuser but are not enrolled in ACP ~~P~~:

~~We may~~ advise the client that; if they provide their physical address to the department or any state agency, they will not be able to remove the address if after they later on enroll in ACP. They ~~must not provide the department their physical address and have have~~ the option to wait to provide the department their physical address until approved for enrollment in ACP, ~~or risk address as part of our systems.~~

When a client presents an ACP authorization card or states they are enrolled in ACP and have an assigned Private Mail Box (PMB)~~MB~~ address:

1. Mail all benefits and information for the client to the substitute address, and be certain to include the (PMB) (Private Mail Box), to prevent further mail delay mail box address.
 - a. Do not ask the client to provide their actual address. Do not record the client's physical address in ACES or retain copies of any documents that list the client's physical address.
 - b. When verifying residency, household composition, or shelter costs, do not ask the client to provide documents that state their physical address. Accept any document that lists the PMB~~ACP~~ address and reasonably verifies the eligibility factor. See VERIFICATION for instructions on determining reasonableness.
 - c. If the client provides a document that lists the physical address:
 1. Do not keep the document.
 2. Explain to the client that if we have anything in the case record that lists their physical address, we may have to reveal that information if we are issued a subpoena.
 3. Document in the narrative:
 - a. What documents were used as verification;
 - b. What eligibility factor the documents verify; and
 - c. Why copies of the document are not in the record.

~~2.~~—Allow the client to provide any document that has the physical address concealed.

2.

1.3. Re-verify the client's participation in ~~the~~ ACP at eligibility review/-recertification, if questionable.

NOTE: If the individual doesn't have their authorization card, government agencies may call the ACP office ~~at 1-(800)-822-1065~~, or (360) 753-2972 to verify that the individual is an active ACP participant.

If the client wants more information about ACP:

A trained advocate ~~will assist~~ ~~must screen~~ individuals ~~with the ACP application before they can be accepted into the ACP~~. The advocate will ~~assist the individual with additional safety planning prior to enrolling~~ ~~determine if the ACP is right for the individual's circumstances and will enroll the individual~~ in the program. For a current list of advocates trained in your community to sign people up for the ACP, go to <https://www.sos.wa.gov/address-confidentiality-program-acp> and click on the map for your location.