



Hardship Extension Review

Participant's Name (Please print legibly)

Social Security Number

Case #/Category/Sequence

ESS Unit Number

Board's Region/County/Unit

Section A: To be completed by the Economic Self-Sufficiency Specialist (complete part A and forward the white and yellow copy to the Regional Workforce Board)

Special Conditions: The participant is/has: (Check one)

Change in Circumstances Receiving Temporary Cash Assistance (TCA) Changed Mind Not Receiving TCA

Receiving Transitional Medicaid: Yes No

of Hardship months previously approved: _____

of valid sanctions in last 18 months of cash assistance: _____

of out of state months, if applicable: _____

The participant will have received 48 months as of (month/year): _____

Name of ESS/staff person completing form (Please print legibly)

ESS Telephone Number

Referral Date

Section B: To be completed by the Regional Workforce Board Designee:

Criteria One: Has the participant **diligently participated?** Yes No If yes, does the participant also have an **inability to obtain employment?** Yes No Diligent participation is defined as having no more than one work sanction in the last 18 months of TCA receipt and complying with Individual Responsibility Plan. To meet criteria for extension, both "Yes" checkboxes must be selected.

Criteria Two: Has the participant **diligently participated?** Yes No Does the participant have one or more **extraordinary barriers to employment?** Yes No If yes, indicate barriers below. To meet criteria two, both "Yes" checkboxes must be selected.

Custodial parent of a child under six and has proven an inability to obtain childcare Medical Incapacity

Child less than three months Caring for a disabled family member Circumstances beyond their control (must describe below)

Other (please explain): _____

Criteria Three: Does the participant have a **significant barrier combined with** a need for additional time? Yes No If yes, indicate barriers below. To meet criteria three, the "Yes" checkbox must be selected.

Unemployment %

Labor Surplus

Underemployment

Felony Conviction

Homeless

Lack of support services

Illiteracy

Language Barrier

Domestic Violence

Explain: _____

Criteria Four: Did the parent receive cash assistance as an "adult" while a teen? Yes No **If yes**, has the parent received 24 months of eligibility beyond receipt of high school diploma or equivalent? Yes No **If no**, Criteria Four is met for an extension.

HARDSHIP EXTENSION RECOMMENDATION:

Participant working? Yes No Recommended for Hardship Extension? Yes No If yes, number of months: _____

Client delay? Yes No If yes, number of days in client delay: _____ No Show to Appointment/Ext. not

Requested: _____

Rationale: _____

Regional Workforce Board Designee (please print legibly)

Telephone Number

Regional Workforce Board Designee signature

Date

Section C: Participant

I am requesting an extension to my time limit for temporary cash assistance. (Please initial _____)

I am NOT requesting an extension to my time limit for temporary cash assistance. (Please initial _____)

I am withdrawing my request for an extension to my time limit for temporary cash assistance. (Please initial _____)

Comments: _____

Participant Name (Please print legibly)

Participant's signature

Date

Section D: Hardship Extension Decision (after determination of hardship by ESS, retain white copy, send Goldenrod copy to client, and send yellow and pink copy to the RWB)

Hardship Extension: Approved? _____ Denied? _____ If approved, extension begin date _____ Extension end date _____ Extension #: _____

If denied, reason for denial _____

(Record non-hardship eligibility factor, failed hardship criteria in Section B or participant non-request/withdrawal in Section C)

DCF Designee (Please print legibly)

DCF Designee's signature

Date