



HARDSHIP EXTENSION REVIEW

Participant's Name (please print legibly)

Case #/Category/Sequence

Section A: *To be completed by the Economic Self-Sufficiency Specialist (complete part A and forward the original and one 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 and Unit Number (please print legibly)

ESS Telephone Number

Referral Date

Section B: *To be completed by the Regional Workforce Board designee:*

Criteria One: Has participant **diligently participated?** Yes No If yes, does 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 an Individual Responsibility Plan. To meet criteria for extension, both "Yes" checkboxes must be selected.

Criteria Two: Has participant **diligently participated?** Yes No Does 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 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 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 and Board's Region/County/Unit (please print legibly)

Telephone Number

Regional Workforce Board Designee's 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's Name (please print legibly)

Participant's signature

Date

Section D: *Hardship Extension Decision (To be completed by ESS after hardship extension recommendation is received from RWB)*

Hardship Extension: Approved Denied If approved, ext. begin date: _____ Ext. 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