



# 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