

GREENE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
TIME LIMIT – HARDSHIP DETERMINATION PLAN
EFFECTIVE 10/1/00

PREPARATION

In an effort to prepare to assist families facing the OWF 36-month time limit, a special unit was created within the department in July 1999 called “Stepping Stones”. All families having a “countable individual” for time limit purposes, having received 22 months of OWF assistance are referred to this unit.

The purpose of this process is to better offer specialized, individualized assistance to those families.

A primary goal of this unit is to have adequate time to assess each family, identify barriers (including social and personal issues), evaluate employment, education and training needs, and document any other obstacles causing reliance/dependence on the public assistance system.

Once a thorough evaluation and an honest discussion with the countable individual(s) has been completed, a plan is developed between the Stepping Stones worker and the recipient(s), each having his/her respective obligations to fulfill during the next year. While the goals of this plan are very different from family to family, each has a common theme of independence from OWF prior to or at least by the 36th month of receipt, thereby preventing any financial hardship due to time limits.

Prior to any AG reaching time limits, the Stepping Stones worker will evaluate the accuracy of the number of months of receipt of OWF being counted in CRISE. This includes reviewing the case for any benefits that were issued that should not be considered countable months. An example would include any overpaid months that have been repaid in full. If any months are being counted in error the appropriate adjustments are made to CRISE. This process lends more credibility to the OWF time limit termination notice that is generated by the CRISE system.

Because of this specialized/individualized case management opportunity offered from approximately the 22nd month of OWF receipt and continuing thru the 36th month of assistance, the Greene County Department of Job and Family Services will have made a good faith effort to assist each family facing OWF time limits, by developing a realistic plan, offering supportive services, and giving technical guidance.

HARDSHIP: THE APPLICATION AND REVIEW PROCESS

In the event that the goals were not realized and self sufficiency not attained prior to the receipt of the 36th month of OWF assistance, the family may apply for consideration of extended months of OWF assistance, based on hardship, not to exceed the federal 5 year time limit of assistance. The decision for continued assistance will be based on privation, suffering or adversity.

In order to request additional months of OWF cash assistance the countable individual must complete a GCDJFS “Request for Hardship Determination” form (see copy). This form may not be completed prior to the 35th month of receipt of OWF assistance. Hardship will never begin prior to the ending of the 36th month of OWF receipt.

Once the request is received by the agency each case will be reviewed by a team consisting of, at a minimum, the IM Administrator, IM Supervisor, and IM worker assigned to the case. Other agency staff involved with the family (i.e.PCSA, BVR, Mental Health/Retardation, Daycare, CSEA, Family & Children First, Etc.) may be invited for their respective input in making this decision and helping the family move forward regardless of the hardship decision.

The reverse side of the “Request for Hardship Determination” form will be used by GCDJFS staff to document the rationale used to arrive at the final decision regarding hardship determination.

The review will include a face to face interview with the countable individual, a review of the completed request form, a review of the past cooperation/compliance with the self sufficiency contract/plan, assessment of progress made during the past 36 months toward program independence, and identification of current existing barriers or reasons that warrant continued receipt of assistance, without which the result would be privation, suffering, or adversity.

When evaluating the countable individual’s participation/cooperation with the Stepping Stones worker, sanctions and failures to comply with the provisions contained in the self sufficiency contract, without good cause, will be reviewed and may in and of themselves be reason to deny hardship.

In the event a favorable hardship decision is reached, a time limit of continued OWF receipt will be identified. This will be determined by the team.

Each case will be evaluated based on the situation, identified need for extended time, and progress made to date. Every family will not necessarily receive the same number of extended months, however the extension will provide financial assistance for an identified period of time to enable the countable individual to reach goals, become financially independent of the public assistance system or make other arrangements.

As authorized family extensions approach expiration, the same process will be repeated for consideration of additional months of hardship assistance. The criteria for granting hardship will become more restrictive as additional requests for hardship are made.

While authorized under a period of hardship, the AG must continue to meet all of the other OWF eligibility requirements and will continue to be assigned to the Stepping Stones Unit.

The following are some of the reasons a family may meet hardship and be granted extended benefits. In EVERY case, the countable individual must have cooperated fully with the Stepping Stones worker and fulfilled all aspects of his/her self sufficiency plan/contract according to the expectations of the worker. This list is not all inclusive.

- The countable individual is not employed and was not referred to the Stepping Stones Unit timely. He/she was not provided the advantage of working with a Stepping Stones specialist for at least 4 of the last 36 months of assistance.
- The countable individual continues to pend for RSDI/SSI determination.
- The countable individual is enrolled in an education or training program directly related to employment which will not be completed by the expiration of the 36 month time limit.
- The countable individual has completely cooperated and participated in the plan developed in partnership with the Stepping Stones worker and through no fault of his own, still has not been successful in entering into gainful employment.
- The countable individual has a verified physical or mental incapacity which does not qualify under the SSI/RSDI disability criteria but is preventing the individual from engaging in gainful employment. This individual should be participating in or on a participation waiting list of BVR or other rehabilitative program.
- The countable individual is providing care for a disabled family member, and other acceptable arrangements for the disabled member's care are not available.

18% REVIEW

Both federal and state law allow the State/CDJFS to exempt up to 20% of the average monthly number of families receiving OWF from the time limit on the grounds that they determine that the time limit is a hardship. This hardship provision cannot be determined to exist until the AG has received 36 months of OWF/TANF. When an assistance group receives OWF benefits on the basis of a hardship determination, such benefits continue to count toward the federal 60 month time limit.

In order to assure that the Greene County Department of Job and Family Services at no time exceeds the 20% hardship limit, the percentage of Ags receiving OWF under the hardship provision will be monitored by the department. Once the percentage of hardship cases reaches 18%, all hardship cases will be reviewed monthly. This review will be conducted by the IM Administrator, Stepping Stones Supervisor and two Stepping

Stones Workers. All cases will be prioritized in terms of reason for hardship, length of time already receiving hardship assistance and progress. Some cases may have to have their hardship time period shortened. This will be done via written prior notice. All hearing rights will be afforded. It is the intent of this department to offer hardship extensions to new families approaching time limit termination, when they qualify, rather than allow a few families to remain on the hardship provision for the full 24 month remainder of their federal time limit allowance. Therefore, those families on hardship assistance for the longest period of time will be the most scrutinized for continued assistance.

NEW APPLICANTS & FAMILIES MOVING INTO GREENE COUNTY

As new families apply for OWF assistance in Greene County the intake worker is responsible to research the application for past receipt of OWF, back to the inception of OWF time limits, October 1, 1997. Any countable individual for time limit purposes having 22 or more months of receipt of OWF assistance since that time is to be referred to the Stepping Stones Unit. This procedure would be the same whether the individual still has months available or the individual has exhausted all 36 months.

If the above noted individual is transferring from another county and has remaining months to use, the Stepping Stones worker will evaluate/document what efforts had been made in the previous county and then establish the case within the Stepping Stones Unit as noted at the beginning of this plan.

For any individual who has already exhausted his/her time limit of OWF, the Stepping Stones worker would explain hardship, give the individual a copy of this plan as well as a "request for hardship" form. If the individual chooses to apply for hardship the same process as noted earlier in this plan will be followed.

All determinations of hardship will be made by the team noted above. This should provide a consistent, fair and equitable review of each case.

NOTIFICATION/HEARING RIGHTS

All determinations of hardship will be in writing and a copy mailed to the "countable individual". (See copy of hardship determination notice). All hearing rights will be afforded via this notice. A copy of the form outlining the Hearing Process will be included with this mailing.

As noted earlier in this plan, the agency reserves the right to shorten hardship periods (if necessary) and would always follow due process procedures in exercising that right.

CONTINUED ASSISTANCE

Other forms of public assistance offered by this department are not time limited, i.e. Food Stamps and Medicaid. All AGS losing OWF for time limit reasons shall be evaluated for other public assistance benefits that they may qualify for. The PRC program shall be explained indicating that this may be one available option to assist with needs that arise related to employment. Referrals to other agencies that may be of financial or technical assistance to the family may be made at the family's request or with the family's consent. Referrals for child care or child support assistance will be made at the family's request. Referrals to the GreeneWorks may continue after loss of OWF cash. Basically, if the family identifies a need and requests assistance from this agency, the staff will help to the best of their ability, given the resources needed to resolve the problem/need.

The Greene County Department of Job and Family Services will make this plan regarding Time Limit – Hardship Determination available to all assistance groups and to the public upon request.

The Greene County Department of Job and Family Services agrees to implement this plan as written above.

FOR GREENE COUNTY COMMISSION

W. Reed Madden, President

Date

T. Shawn Campbell

Date

Kathryn K. Hagler

Date

GREENE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Jack Harding, Director

Date

Reviewed and approved by the Greene County
Prosecutor's Office by:

Date

GREENE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

REQUEST FOR HARDSHIP DETERMINATION

I understand that I have received 36 months of OWF assistance since 10/1/97 and that I am no longer eligible to receive OWF cash assistance, due to time limits, unless I am granted Hardship. I have been given a copy of the Greene County Department Job and Family Services' Time Limit Hardship Plan.

I wish to apply for hardship. The reasons that I should be considered for hardship assistance are:

Multiple horizontal lines for writing reasons for hardship.

I am requesting that my assistance be continued for _____ months (not to exceed 24).

O I understand that any additional months approved under hardship will be added to the 36 months I have already received and will count toward the federal 5-year limit. Yes _____ No _____

Signed: _____

SSN: _____

Date: _____

For Agency Use Only

HARDSHIP DETERMINATION

Date Request for Hardship Determination received by Department _____

- I. Results of the Face to Face interview conducted by the team on _____ including a review of the Request for Hardship Determination form completed by the applicant.

- II. Summary of the past cooperation/compliance with the self sufficiency contract/plan.

- III. Assessment of progress made within the last 36 months toward program independence.

- IV. Identification of current existing barriers or reasons that are preventing self sufficiency and warrant continued receipt of OWF assistance.

- V. List and explain any sanctions and/or failures to comply with the self sufficiency contract/plan, without good cause _____

- VI. If Hardship is not approved will the family be at risk of privation, suffering or adversity? Yes___ No___

Explain: _____

VII. Conclusion of the team regarding hardship _____

VIII. Hardship Approved: Yes _____ No _____ If Yes: Number of Months _____
Effective Begin Date _____

IX. Date Notice and Hearing Process Informational Letter mailed to countable
individual: _____

List attachments:

Team Signatures

IM Administrator _____ Date _____

IM Supervisor _____ Date _____

IM Worker _____ Date _____

Other attendees

Name _____ Agency _____

Name _____ Agency _____

GREENE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Notice of Decision on Your Request for Hardship Determination

Name	Assistance Group Name
Street Address	Assistance Group Number
	Program
City, State, and Zip Code	County
Mailing Date	

Your request for hardship determination, dated _____ has been
Approved for _____ months, effective _____ and continuing
through _____.

Any further requests for hardship determination will need to be made upon
expiration of the above date.

ODenied

Reason: _____

Additional Information:

Rules that require this action are: 5107.18 ORC

5101:1-23-011 OAC

If you do not understand this notice, or want to talk to someone about it, you may call:

Caseworker	District/ID
Phone Number	

Your Right to a State Hearing

This notice is to tell you about action we are taking on your case. If you do not understand this action, you may contact your caseworker. After talking with your caseworker, it is possible that we will change our decision or that you will agree with the action.

If you do not agree with this action, you have a right to a state hearing. A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing, we must receive your hearing request within 90 days of the mailing date on this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

If you want a state hearing, check the appropriate boxes below, sign and date this form, and send it to the Ohio Department of Job and Family Services, State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

- I want a county conference and a state hearing on this action.**
- I want a state hearing only.**

I want a hearing.

Signature	Date	Phone
Number		