

Huron County Department of Job and Family Services
Ohio Works First “ Good Cause” Plan
Effective 10-01-02

The Huron County Department of Job and Family Services has adopted the following criteria for determining whether an assistance group may qualify for a Good Cause extension of Ohio Works First assistance.

An assistance group that has ceased to participate in Ohio Works First due to the 36-month state time limit for at least 24-months, whether consecutive or not, may reapply to participate in the Ohio Works First program if Good Cause exists. Good Cause may not be approved for more than 24 months.

According to Federal TANF law no assistance group that includes an adult shall receive more than 60-months of TANF cash assistance. The 60-months do not have to be consecutive.

The months an assistance group received Ohio Works First assistance due to a state hardship exemption count towards the federal 60-month time limit, thus reducing the 24-months available under the Good Cause exemption. TANF benefits received in another state also will reduce the total months available under the Good Cause exemption.

Once eligibility for Good Cause is established, no subsequent determination of Good Cause is required as long as all other Ohio Works First eligibility requirements continue to be met.

The Huron County Department of Job and Family Services Good Cause extension criteria is listed below:

**Disability/Medical condition: Seriously ill individuals and seriously ill children 18 or younger. Seriously ill is defined as a life threatening condition. Those exempt must fulfill all medical requirements defined by a physician.
Reason Code 0902**

Good Cause Application Process:

An assistance group will need to complete an Ohio Works First Extension Request Form indicating the reason they meet the Good Cause definition along with all appropriate documentation for their request.

Huron County Department of Job and Family Services shall determine if the assistance group has completed the appropriate Good Cause 24-month waiting period and if there are any remaining months of assistance available under the 60-months Federal TANF cash assistance.

An assistance group must provide acceptable verifications of employment during the period the assistance group was not participating in the Ohio Works First program, including the income amount and the source of employment.

A committee comprised of the Work Activities employment counselor, administrator, and supervisor will review the Good Cause Extension Request Form and all documentation received supporting the request.

The applicant will be notified of approval or denial in writing as well as advised of the right to a state hearing.

Workforce Development Administrator

Date

Ohio Works First Good Cause Extension Request Form
Huron County Department of Job and Family Services

I am requesting an extension of Ohio Works First assistance payments under Good Cause provisions. At least 24-months have passed since I reached my 36-month Ohio Works First time limit. I am requesting this extension because I meet the following criteria:

**Disability/Medical condition: Seriously ill individuals and seriously ill children 18 or younger. Seriously ill is defined as a life threatening condition. Those exempt must fulfill all medical requirements defined by a physician.
Reason Code 0902**

Please explain circumstances:

Please list what evidence you have or can make available to the agency in support of your request for extending Ohio Works First assistance under the Good Cause provision:

I understand that if Good Cause is established our assistance group will be eligible for only the remaining months of Ohio Works First assistance up to the Federal 60-month lifetime limit for TANF cash assistance as long as all other eligibility factors for Ohio Works First are met. Decisions will be made in writing and the assistance group will be advised of the Ohio Department of Job and Family Services State Hearing Rights. Good Cause extension requests will be made within 15 calendar days of receipt of this form and will be based upon documentation and verifications available to the agency within that time frame.

Signature of person completing form

Date

Address

Phone

Social Security Number