

## Marion County Job & Family Services

### Ohio Works First (OWF) Time Limits: Policy For A Good Cause@ Extension

Effective October 1, 2002

Revised January 1, 2008

#### Legal Basis for the 36 Month Time Limit and the Good Cause Extension

**Section 5107.18 (A) of the Ohio Revised Code** states in part that an assistance group is ineligible to participate in Ohio Works First if the assistance group includes an individual who has participated in the program for thirty-six months as any of the following: an adult head of household, minor head of household, or spouse of an adult head of household or minor head of household. The time limit applies regardless of whether the thirty-six months are consecutive. **Note:** The thirty-six months starts with and includes all OWF/TANF received on and after October 1, 1997. TANF participation in States other than Ohio shall be included pursuant to OWF/PRC Letter 44. Exceptions to participation being included in the OWF 36 month participation limit are enumerated under Ohio Administrative Code section 5101:1-23-01(F).

**Section 5107.18 (B) of the Ohio Revised Code** states in part that an assistance group that has ceased to participate in Ohio Works First pursuant to **ORC ' 5107.18 (A)** for at least twenty-four months (A Waiting Period@), whether consecutive or not, may reapply to participate in the program if A Good Cause@ exists as determined by the county department of job and family services. A Good Cause@ may include losing employment, inability to find employment, divorce, domestic violence considerations, and unique personal circumstances. The assistance group must provide a county department of job and family services verification acceptable to the county department of whether any members of the assistance group had employment during the period the assistance group was not participating in Ohio Works First and the amount and sources of the assistance group's income during that period, **except regarding domestic violence claims**. The provisions of **ORC section 5107.26** regarding quitting employment without A Just Cause@ shall be applied to any request for A Good Cause@ due to losing employment. The assistance group may not participate in Ohio Works First for more than twenty-four additional months (A Durational Limit@) under the A Good Cause@ extension **except regarding domestic violence claims**. The time limit applies regardless of whether the twenty-four months are consecutive. **Note:** Ohio Works First benefits received due to a A State Hardship@ extension does not effect the A Waiting Period@. Ohio Works First benefits received due to a A State Hardship@ extension does effect the A Durational Limit@. The A Durational Limit@ is reduced proportionally for each month Ohio Works First is received due to a A State Hardship@ extension. There is no limit to the number of assistance groups that can receive a A Good Cause@ extension. Participation in Ohio Works First including the 36 month Time Limit, State Hardship and Good Cause shall not exceed 60 months, whether consecutive or not. The A Good Cause@ extension shall be administered in accordance with ORC 5107 et. al. and OAC 5101:1-23-01.

#### Application For A Good Cause@ Extension

A A Good Cause@ extension will only be considered upon the submission of a fully completed A Marion County Job & Family Services Application For An OWF Time Limit Good Cause Extension@ along with an application for Ohio Works First. All eligibility requirements for participation in Ohio Works First shall be met prior to approval of a A Good Cause@ extension. Once the A Good Cause@ extension is approved it shall remain in force through the sixtieth month of OWF participation, or through the twenty-fourth month of participation under the A Durational Limit@, or through the month in which the assistance group becomes otherwise ineligible for Ohio Works First, whichever is sooner. No subsequent determination of A Good Cause@ shall be made unless the assistance group becomes ineligible for Ohio Works First for at least one day, with the exception of a sanction due to a self-sufficiency contract failure. A A Good Cause@ extension correctly approved by any county job & family services agency in Ohio shall be accepted upon transfer to Marion County Job & Family Services, subject to the eligibility requirements for participation in Ohio Works First.

# AMarion County Job & Family Services Application For An OWF Time Limit Good Cause Extension@

It has been at least 24 months since my family exhausted our 36 months of state time limited OWF assistance. My family is not self-sufficient at this time due in part to the reason(s) I have indicated below. I would like my OWF assistance group to be considered for a Good Cause extension, as the OWF time limit is currently a hardship preventing my family from achieving and/or maintaining self-sufficiency.

Check all that apply	Reasons And Qualifying Conditions To Be Considered For A Good Cause@ * (In two-parent AG=s write the name of the person claiming the qualifying condition)	Agency Use TLGC
	Recent loss of employment at no fault of the parent <b>and</b> currently registered with an employment agency.	0151
	Current inability of the parent to find employment <b>and</b> currently registered with an employment agency.	0251
	Parent is underemployed <b>and</b> currently registered with an employment agency.	0261
	Recent divorce or separation with a significant loss of income <b>or</b> recent divorce/separation and participating in a treatment plan related to the divorce/separation with verification from the treatment provider stating the parent is currently unable to work.	0351
	<p><b>Domestic Violence: (Checking yes serves as verification for this purpose. The 3803 &amp; 7092 processes stand alone)</b></p> <p>Do you believe that your partner (or anyone else) will make or has made it hard for you to meet Work, Training, or Education requirements?</p> <p>Has your partner (or anyone else) done anything to interfere in your Work, Job Training, or School?</p> <p>If yes, Do you want your mail on Domestic Violence sent to another address? _____</p> <p>_____ Or for us to call you at another phone number? _____</p>	0451  Update WPA3
	Documented unique personal circumstances preventing the parent from seeking and/or obtaining employment. <b>Please explain in detail on back of this page.</b>	0551
	Current child protective service case plan (with the PCSA) stating the parent is unable to work due to a special circumstance included in the of the treatment plan.	0751
	No available day care provider for a dependent child/adult currently residing in the home as verified by the MCJFS Day Care Coordinator.	0851
	Documented disability/medical or mental condition/special needs of a dependent adult/child residing in the home <b>and</b> a Doctor/Psychologist/Psychiatrist statement that the parent is needed in the home to provide care.	0951
	Parent unable to read or write (at 9 <sup>th</sup> grade level on ABLE test) <b>and</b> currently enrolled and in good standing in an ABE / LEP program.	1051
	Parent currently enrolled <b>and</b> in good standing in an employment related educational or vocational training program to be completed within 24 months.	1061
	Parent with a felony or /criminal record <b>and</b> currently active with Legal Aid or a private Attorney to seal the record.	1151
	The family is currently homeless.	1251
	Documented pregnancy complications <b>and</b> Doctors statement that the parent is currently unable to work.	1351
	History of Work Activities Program failures <b>and</b> currently registered with an employment agency.	1451
	Substantiated substance abuse problem of the parent <b>and</b> a current statement from the treating provider stating the parent is currently participating in a treatment program <b>and</b> is in good standing <b>and</b> is unable to work.	1551
	Substantiated substance abuse problem of a dependent child/adult residing in the household <b>and</b> a current statement from the treating provider stating the parent is needed in the home.	1561
	Teen parent residing with their child <b>and</b> currently attending high school <b>and</b> in good standing with the institution.	1651
	Parent without a Drivers License <b>and</b> currently active with Legal Aid or a private attorney to reinstate driving privileges.	1751
	No available private/public transportation for the parent as verified by the MCJFS Transportation Coordinator.	1761
	Transferred to Marion County with A Good Cause@ approved - no corresponding MCJFS code. (Agency use only)	1851
	Transferred with A Good Cause@ approved. <b>CRISE</b> generated. (Agency use only)	9000

**NOTE: Please use the back of this page to explain in detail each reason you selected above.**

**NOTE: The term parent(s) are interchangeable with the term caretaker(s) and refer to custodians. To approve "Good Cause@ in a two-parent/two-caretaker AG, both parents must meet a A Good Cause@ reason.**

The table below lists all of the employment information for each member of my OWF assistance group (including a stepparent) who was employed at any time from the date I received the 36<sup>th</sup> OWF check until today. **(Domestic Violence Exempt)**

Name	Employer	Start Date	End Date	Hourly Wage	Hours per Week

The table below lists all other income received (from other than employment) by any member of my OWF assistance group (including a stepparent) from the date I received the 36<sup>th</sup> OWF check until today. **(Domestic Violence Exempt)**

Name	Income Type	Start Date	End Date	Monthly Amount

By my signature below, I acknowledge that I understand and agree, that the receipt of OWF under a Good Cause extension cannot exceed 24 months; Furthermore, the 24 month period is reduced for every month OWF was received under a State Hardship extension; Furthermore, OWF cannot exceed 60 months unless granted a Federal Hardship extension; and Furthermore, TANF assistance received in any other State is counted and effects the State Time Limit, State Hardship extension, Good Cause extension, 60 month Federal Time Limit and Federal Hardship extension.

I also understand and agree, to provide all verification(s) required to support the reason(s) I selected (and the applicable qualifying conditions) for my family to be considered for a Good Cause extension.

I also understand and agree, that I and my family members must meet all other OWF eligibility requirements.

I also acknowledge receiving a copy of the MCJFS OWF Time Limit Extension policy and a copy of this application.

Signature & Date (In a 2-parent Ag both must sign)	Print Name	SSN#
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----- **STOP! OFFICE USE ONLY** -----

Case #	36 <sup>th</sup> Month Received: _____(TLIN)	24 Month Waiting period ended: _____(TLIN)
Total Months Of OWF Received = _____ (Include months OWF received under State Hardship & in other States)		
Good Cause Extension Approved? ( Y / N ) - Good Cause Extension Denied ? ( Y / N ) - Decision Date: _____		
If reason 0151, 0251, or 0261 was selected was AJust Cause@ explored / verified if applicable? ( Y / N ) (ORC 5107.26)		
If reason 0451 (Domestic Violence) is claimed, the individual must be referred for counseling. Individual's option to attend.		
Case Manager:		

**DO NOT REFER TO DOMESTIC VIOLENCE IN CLRC**

