

**PIKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
OHIO WORKS FIRST GOOD CAUSE EXTENSION PLAN
AMMENDMENT
EFFECTIVE NOVEMBER 1, 2010**

The Pike County Department of Job and Family Services (PCDJFS), in accordance with Section 5107.18 of the Ohio Revised Code, is responsible for establishing extension criteria for Ohio Works First (OWF) participants. Assistance groups that have ceased to participate in OWF due to the thirty-six (36) month state time limit for at least a twenty-four (24) month waiting period may be eligible to participate in OWF if the family is determined to have good cause as determined by the PCDJFS.

The twenty-four (24) month "waiting period" does not mean that the assistance group must have a twenty-four (24) month break in receipt of OWF cash assistance between the loss of OWF eligibility due to the thirty-six (36) month time limit and the extension of OWF due to good cause, as a state hardship extension during the twenty-four (24) month waiting period does not interrupt the twenty-four (24) month waiting period or delay the subsequent approval of good cause.

In order to apply for a good cause extension, the OWF participant must complete a request form and provide requested information and verification to substantiate the hardship or good cause. The request may be submitted at any time after the twenty-fourth (24th) month following the thirty-six (36) month time limit (as long as the sixty (60) month time limit has not been reached).

Eligibility for good cause extension shall take precedence over a hardship extension.

If the extension is granted, the participant must then continue to comply with the self-sufficiency contract established between the participant and the PCDJFS. Failure to do so will result in the termination of the OWF. The participant will remain ineligible for OWF according to the PCDJFS sanction and compliance policies in effect for OWF participants that have received OWF for less than thirty-six (36) months. Upon compliance, the OWF participant will be reinstated under the good cause extension.

THE REVIEW PROCESS

The PCDJFS Income Maintenance Worker will review each request to determine whether the participant's good cause meets the condition(s) as specified in the extension criteria. The review will include the request form and the case record. The PCDJFS reserves the right to request additional information or verification that may be needed to make a determination. The determination will be reviewed and approval granted by the Income Maintenance Supervisor.

A good cause extension will continue to be met until the sixty (60) month time limit has been reached, not to exceed twenty-four (24) months. State Hardship months count toward the sixty (60) month time limit. Once eligibility under good cause is established, no subsequent determination of good cause shall be made as long as all other OWF eligibility requirements continue to be met. Exceptions to this provision are:

1. When an assistance group loses OWF eligibility during a good cause extension due to the imposition of a sanction due to failure to comply with the provisions of a self-sufficiency contract. No new determination of good cause is necessary for the assistance group to resume OWF participation; and
2. When an assistance group loses OWF eligibility during the good cause extension for any reason other than a self-sufficiency contract failure AND there is not at least a one-day interruption in receipt of benefits, no new determination of good cause is necessary, as there was no interruption in benefits.

There is no federally prescribed time limit for the extension of OWF cash assistance beyond the **sixty (60)** month time limit. In determining the length of each OWF extension due to federal hardship beyond the federal **sixty (60)** month limit, the PCDJFS will consider the following:

TANF was created to provide assistance that is temporary and not as an entitlement; and the CDJFS has a responsibility to assist the family in overcoming barriers and achieving self-sufficiency.

THE EXTENSION CRITERIA

The following criteria shall be applied to determine whether good cause exists.

1. An assistance group whose parent/caretaker has a short-term physical/mental illness or condition rendering them incapacitated for employment (including high-risk pregnancies and caretakers in inpatient substance abuse treatment). A physician must verify the incapacity **per written documentation**. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice. **The assistance group will continue to meet the extension for three (3) months after the expiration of the physician's statement or the end of the incapacity.**
Code: 0901
2. An assistance group whose parent/caretaker must provide medically necessary full-time care for another household member. The medical necessity of remaining in the home to care for the disabled individual must be verified by a physician's statement. The PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice. **The assistance group will continue to meet the extension for three (3) months after the expiration of the physician's statement or the need for full-time care.**
Code: 0902
3. An assistance group that has not received nor been offered needed services, although the assistance group received OWF during the thirty-six (36) month period.
Code: 1802
4. An assistance group whose parent/caretaker is medically verified to be six (6) or more months pregnant or caring for a child less than three (3) months of age.

Code: 1301

5. A homeless assistance group, including those residing in a homeless shelter. **The assistance group will continue to meet the extension for three (3) months after establishing their own residence.**
Code: 1201
6. An assistance group in which a parent/caretaker suffers from domestic violence and is actively seeking help, as evidenced by factors such as, residence in an abuse shelter, a current protective court order, or retention of an attorney. **The parent/caretaker will continue to meet the extension for three (3) months after they establish their own residence.**
Code: 0401
7. A single parent/caretaker assistance group with a child under the age of six (6), when childcare is unavailable.
Code: 0801
8. An assistance group in which a parent/caretaker is under the age of eighteen (18) or between the ages of eighteen (18) and twenty (20) and is enrolled in and in good standing in a program of study leading to a high school diploma or its equivalent. **Upon graduation, the extension may be extended up to three (3) months to allow time for a job search.**
Code: 1601
9. An assistance group whose parent/caretaker is enrolled and in good standing in a PCDJFS approved education or training program. **The parent/caretaker will continue to meet the extension for three (3) months after completion of the education or training program.**
Code: 1001
10. An assistance group whose parent/caretaker is employed at least thirty (30) hours per week, or at least thirty-five (35) hours per week between two parents in the assistance group, at an income level insufficient to cause the family to lose OWF eligibility.
Code: 1803
11. An assistance group that has had their children removed from the home and is still receiving OWF for the six (6) month grace period, pending reunification. **If the family is reunified during the six (6) month grace period, the family would qualify for a good cause extension, lasting three (3) months after reunification.**
Code: 0701
12. **An assistance group member has experienced a verified loss of income from employment due to lay-off, on-the-job injury, or company closing. The individual did not cause his or her own job loss.**
Code: 0101

13. An assistance group has other unique personal circumstances. This Agency will make the determination of good cause based on the following criteria:

a. This agency's duty to conduct required assessments and evaluations, to identify barriers and address them, to develop an appropriate self-sufficiency plan and to complete all assignments; and

b. The unique circumstances of the assistance group.

Code: 0501

****NOTE:

In order for a two (2) parent assistance group to qualify for "Good Cause", both parents must meet at least one (1) Good Cause criteria in this plan.

APPROVED:

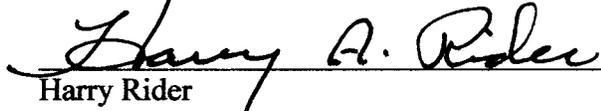

William D. Whitfield, Director, PCDJFS

11/01/2010
Date

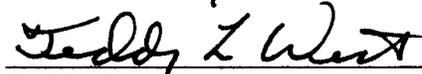
COMMISSIONERS:


Blaine Beekman

11-1-10
Date


Harry Rider

11-1-10
Date


Teddy West

11-1-10
Date

GOOD CAUSE EXTENSION REQUEST FORM

Name: _____

Address: _____

Phone: _____

List everyone living in your home on the lines below.

NAME

SSN

AGE

RELATIONSHIP

NAME	SSN	AGE	RELATIONSHIP

Please circle the following Good Cause Criteria that applies to your assistance group:

1. An assistance group whose parent/caretaker has a short-term physical/mental illness or condition rendering them incapacitated for employment (including high-risk pregnancies and caretakers in inpatient substance abuse treatment). A physician must verify the incapacity **per written documentation**. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice. **The assistance group will continue to meet the extension for three (3) months after the expiration of the physician's statement or the end of the incapacity.**
If yes, who? _____

2. An assistance group whose parent/caretaker must provide medically necessary full-time care for another household member. The medical necessity of remaining in the home to care for the disabled individual must be verified by a physician's statement. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice. **The assistance group will continue to meet the extension for three (3) months after the expiration of the physician's statement or the need for full-time care.**
If yes, who? _____

3. An assistance group that has not received nor been offered needed services, although the assistance group received OWF during the thirty-six (36) month period.
If yes, what services? _____

4. An assistance group whose parent/caretaker is medically verified to be six (6) or more months pregnant or caring for a child less than three (3) months of age.
If yes, who is pregnant, and what is the due date? _____

5. A homeless assistance group, including those residing in a homeless shelter. **The assistance group will continue to meet the extension for three (3) months after establishing their own residence.**

6. An assistance group in which a parent/caretaker suffers from domestic violence and is actively seeking help, as evidenced by factors such as, residence in an abuse shelter, a current protective court order, or retention of an attorney. **The parent/caretaker will continue to meet the extension for three (3) months after they establish their own residence.**
7. A single parent/caretaker assistance group with a child under the age of six (6), when childcare is unavailable.
8. An assistance group in which a parent/caretaker is under the age of eighteen (18) or between the ages of eighteen (18) and twenty (20) and is enrolled in and in good standing in a program of study leading to a high school diploma or its equivalent. **Upon graduation, the extension may be extended up to three (3) months to allow time for a job search.**
9. An assistance group whose parent/caretaker is enrolled and in good standing in a PCDJFS approved education or training program. **The parent/caretaker will continue to meet the extension for three (3) months after completion of the education or training program.**
10. An assistance group whose parent/caretaker is employed at least thirty (30) hours per week, or at least thirty-five (35) hours per week between two parents in the assistance group, at an income level insufficient to cause the family to lose OWF eligibility.
11. An assistance group that has had their children removed from the home and is still receiving OWF for the six (6) month grace period, pending reunification. **If the family is reunified during the six (6) month grace period, the family would qualify for a good cause extension, lasting three (3) months after reunification.**
12. **An assistance group member has experienced a verified loss of income from employment due to lay-off, on-the-job injury, or company closing. The individual did not cause his or her job loss.**
If yes, who? _____
13. **An assistance group has other unique personal circumstances. This agency will make the determination of hardship based on the following criteria:**
 - a. **This agency's duty to conduct required assessments and evaluations, to identify barriers and address them, to develop an appropriate self-sufficiency plan and to complete all assignments; and**
 - b. **The unique circumstances of the assistance group.****If yes, what are the unique circumstances?** _____

******NOTE:**

In order for a two (2) parent assistance group to qualify for "Good Cause", both parents must meet at least one (1) Good Cause criteria in this plan.

Signature

Date