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September 10, 2002

**OWF/PRC Guidance Letter No. 48**

**TO:** All Cash Assistance Manual Holders  
CDJFS Directors

**FROM:** Thomas J. Hayes, Director

**SUBJECT: OHIO WORKS FIRST (OWF) TIME LIMITS: 36 AND 60-MONTH TIME LIMITS, GOOD CAUSE EXTENSIONS, AND, STATE AND FEDERAL HARDSHIP EXTENSIONS**

OWF/PRC Guidance Letter #29, dated August 8, 2000, was issued to provide information regarding the initial termination/reduction process due to the state 36-month time limit. The purpose of this guidance letter is to provide information on the 60-month time limit, good cause extensions, federal hardship extensions, and their relationships to the 36-month time limit and state hardship extensions. This letter provides information on the termination/reduction process due to time limits, as well as the extension process for good cause and federal hardship. It also provides information on the effects of state hardship extensions as they interrelate to good cause extensions.

**OVERVIEW OF TIME LIMIT POLICY**

The following are key provisions included in rule 5101:1-23-01 regarding OWF time limits and extensions. Also reference the cover letter to CAMTL #2, dated June 20, 2002, and available on the ODJFS Innerweb and Internet.

**Federal time limit**

In accordance with federal TANF provisions set forth in 45 CFR 264.1, federal TANF law provides for a 60-month time limit for receipt of TANF cash assistance for an assistance group that includes an adult (as defined in regulations) who has participated in the program for 60 months. The 60 months do not have to be consecutive. Each month of receipt of assistance under the state time limit, state hardship and (state) good cause (all described

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below) counts toward the federal 60-month time limit.

### **State time limit**

In accordance with Section 5107.18 of the Ohio Revised Code, an assistance group is ineligible to participate in OWF if the assistance group includes an adult who has participated in the program for thirty-six months, regardless of whether the thirty-six months are consecutive. On September 30, 2000, the first group of OWF families were affected by the 36-month limit, and benefits for many OWF assistance groups were terminated or reduced<sup>1</sup>. Some received OWF extensions because the county determined that the time limit was a hardship. Receipt of assistance under an extension because the county determined that the time limit is a hardship continued to count toward the federal 60-month limit<sup>2</sup>. Terminations, reductions, and hardship extension approvals continue to occur monthly.

### **State Hardship**

A CDJFS may exempt up to 20% of the average monthly number of OWF assistance groups from the 36-month time limit if the county determines that the time limit is a hardship. The hardship extension may not be provided until the assistance group has exhausted its 36 months of OWF assistance, pursuant to ORC Section 5107.18(A) of the Revised Code. Specific provisions regarding state hardship were issued via OWF/PRC Guidance Letter #29, please reference that letter for additional information. Also, a Legal Brief on OWF time limit extensions will be issued and posted on the ODJFS Innerweb in the near future.

### **State Good Cause**

Section 5107.18(B) of the Ohio Revised Code provides that an assistance group that has ceased to participate in OWF due to the 36-month state time limit for at least a 24-month waiting period may be eligible to participate in OWF if the family is determined to have "good cause". The 24-month "waiting period" does not mean that the assistance group must have a 24-month break in receipt of OWF cash assistance between the loss of OWF eligibility due to the 36-month time limit and the extension of OWF due to good cause, as a state hardship extension during the 24-month waiting period does not interrupt the 24-month waiting period or delay the subsequent approval of good cause.

Good cause extensions are not countable toward the 20% limit for hardship extensions set forth in both state and federal law. Extensions due to good cause count toward the 60-month federal time limit, but since an extension due to good cause cannot result in the extension of OWF participation beyond the federal 60-month limit, such an extension does not impact the federal 20% limit for hardship extensions. Additionally, a good cause extension does not count against the state 20% limit for hardship extensions as provided in ORC Section

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<sup>1</sup> OWF assistance for 3894 assistance groups was terminated or reduced as of 09/30/00

<sup>2</sup> OWF hardship extensions were approved for 286 assistance groups as of 10/01/00

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5107.18. As a result, the good cause extension is a viable option available to counties to provide additional assistance to families in need, without the extension being counted toward the 20% limit.

There is a 24-month “durational limit” for good cause extensions, which means that a good cause extension may be provided to an OWF assistance group for no more than a total of 24 months whether consecutive or not. Any months of receipt of state hardship after the 36-month time limit count toward the federal 60-month limit, and reduce the amount of potentially available months under good cause. Receipt of OWF under a good cause extension cannot result in the assistance group receiving more than the federal 60-month time limit. However, the assistance group can receive benefits beyond the 60-month time limit if the CDJFS determines that the federal time limit is a hardship and an extension is approved.

**Example:** An assistance group received 36 months of OWF and assistance was terminated. Twelve months later the assistance group reapplies to participate. Since 24 months have not yet passed since the loss of eligibility due to the 36-month limit, the assistance group is not yet eligible for a good cause extension. However, the county determines that the assistance group is eligible for OWF due to a hardship extension. The assistance group receives OWF due to the hardship extension for 6 months, and OWF is then terminated. The assistance group has received a total of 42 months, which are countable toward the federal 60-month time limit.

Six months later, the assistance group reapplies for assistance. It has been 24 months since the loss of OWF eligibility due to the 36-month limit. The assistance group can be determined to be eligible for OWF under the good cause provisions - however, the amount of months available under good cause for this assistance group is 18 months, because the potential 24-month good cause durational limit is reduced by the 6 months of receipt of OWF under a state hardship extension. To illustrate, following is a time line:

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Federal 60-month time limit				
36 months state time limit	24-month “waiting period” required under good cause statute			24-month durational limit for receipt of OWF due to good cause - not to exceed 60-month time limit
Received OWF cash assistance for 36 months	12 months - no assistance received	6 months of OWF due to hardship extension	6 months - no assistance received	Assistance group reapplies; 24-month waiting period is over; 6 months received under hardship extension reduces time available under good cause durational limit to 18 months; eligible for 18 months of OWF due to good cause extension

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, as set forth in paragraph (B)(2) of rule 5101:1-23-01 of the Administrative Code. As a result, when entering a good cause extension in CRIS-E, the CDJFS will only enter a begin date for the start of the good cause extension, no end date for the span is enterable because the system will calculate and display the correct end date, based on the number of months of previous receipt by the countable individual(s) in the assistance group. More detail regarding specific CRIS-E screens is contained later in this letter and in Attachment 1.

As stated previously, once eligibility under good cause is established, no subsequent determination of good cause shall be made unless the assistance group becomes otherwise ineligible for OWF. When an assistance group becomes otherwise ineligible for OWF, there are two exceptions in which no subsequent determination of good cause shall be made. They are:

(1) when an assistance group loses OWF eligibility during a good cause extension due to the imposition of a sanction due to a failure to comply with the provisions of the self-sufficiency contract. In these cases, the provisions set forth in ORC Section 5107.17 are applicable, and as a result, 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 a good cause extension for

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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. (If there is at least a one day interruption in benefits, then a new determination of good cause needs to be made.)

In accordance with Section 5107.18(B) of the Revised Code, good cause may include:

- ! losing employment; (ref: Section 5107.26 of the Revised Code)
- ! inability to find employment;
- ! divorce;
- ! domestic violence considerations; and
- ! unique personal circumstances.

Rule 5101:1-23-01 includes an additional good cause provision. The additional good cause provision included in the rule states, “any other reason the CDJFS determines to be good cause for participating in OWF beyond the 36-month limit”.

### **Federal Hardship**

It is important to note that for federal time limit purposes, any month of receipt of TANF cash assistance up to the 60<sup>th</sup> month merely counts toward the 60-month time limit. Federal time limit policy does not recognize nor make any distinction regarding the receipt of TANF cash assistance as “hardship” or “good cause” prior to the 60<sup>th</sup> month. This means that an assistance group that received 36 months of OWF cash assistance and subsequently receives 12 months of OWF cash assistance under a state hardship provision has a federal time limit count of 48 months, as the federal count makes no distinction between the initial 36 months and the subsequent 12 months.

Federal law permits states to extend assistance paid for by federal TANF funds beyond the federal sixty month limit for up to 20% of the average monthly number of families receiving assistance.<sup>3</sup> Federal regulations provide that a state may extend assistance beyond the 60-month limit based on hardship, as determined by the state. Ohio has chosen to extend benefits beyond the federal 60-month limit due to hardship.

For federal hardship purposes, hardship is defined in paragraphs (H)(1)(a) to (H)(1)(b) of rule 5101:1-23-01. Essentially, paragraph (H)(1)(a) provides that hardship is defined as any circumstances under which the CDJFS determines that the time limit is a hardship, and the CDJFS shall use the same grounds for determining federal hardship as it uses for determining state hardship. Paragraph (H)(1)(b) is the second part of the hardship definition, which is based on the fact that the family includes someone who is temporarily or permanently unable to work because the individual has been battered, or subjected to extreme cruelty.

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<sup>3</sup> The calculation of the 20% limit for OWF extensions due to hardship is set forth in OAC rule 5101:1-23-01.1.

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This paragraph further provides conditions under which someone can be determined to have been battered or subjected to extreme cruelty.

There is no federally prescribed time limit for the extension of OWF cash assistance beyond the 60-month time limit. Each assistance group will have unique circumstances to be addressed to enable the assistance group to reach economic independence and eliminate the need for assistance. In determining the length of each OWF extension due to federal hardship beyond the federal 60-month time limit, the CDJFS must consider both of the following:

- ! That TANF was created to provide assistance that is temporary and not as an entitlement; and

- ! That the CDJFS has a responsibility to assist the family in overcoming barriers and achieving self sufficiency.

### **OWF Time Limit Termination and Reduction Process**

The monthly OWF termination and reduction process has been in effect and operational since cut-off in August 2000. Those processes were presented in detail in OWF/PRC Letter #29. Please refer to that letter for additional detail regarding the mass change process, and the process for the extension of OWF due to state hardship.

Modifications have been made to address the processing to provide for good cause extensions and termination or reduction of OWF cash assistance due to the 60-month time limit. This letter provides detail on the CRIS-E processes, screens, notices and reports developed to support the good cause extensions, the terminations due to the 60-month time limit, and the provision of OWF extensions beyond the federal 60-month limit due to federal hardship.

### **Termination/Reduction Process**

The monthly termination/reduction process has been modified to accommodate the following:

- ! To allow workers to extend OWF benefits for assistance groups determined to be eligible under a county good cause extension; and

- ! Identification of assistance groups in receipt of OWF for 60 months (federal time limit) for termination or reduction; and

- ! To allow workers to provide OWF extensions to assistance groups who have reached the federal 60-month limit, due to federal hardship.

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### **County Options**

The county options available under the good cause extensions, the termination/reduction due to the 60-month time limit, and the extension of federal hardship provisions are essentially the same with respect to the evaluation of cases for hardship extensions, as those that were delineated in OWF/PRC Guidance Letter #29. Essentially, the county may choose to provide a seamless extension of OWF assistance due to federal hardship following the 60-month federal time limit prior to the monthly mass change; or the CDJFS may allow the termination of OWF assistance with the monthly mass change and make a subsequent determination of eligibility for a federal hardship extension after the mass change.

### **Good Cause**

Good cause is a different OWF extension reason from either a state or federal hardship extension. For that reason, county-specific good cause reason codes must be developed to support the good cause extension programming.

A CRIS-E bulletin entitled, "OWF/Time Limits - Good Cause", dated 08062002 - 08162002 was issued to advise counties that as of 08/12/2002, they could begin loading their county-specific good cause codes via the TLGR screen, "Benefit Issuance OWF Time Limits Good Cause Reason Code Maintenance". Please refer to that bulletin for additional detail information regarding the new CRIS-E good cause screens. A copy of all new CRIS-E screens, including a narrative of each screen can be found in Attachment 1 to this guidance letter. In addition, **these codes must be loaded into CRIS-E before any good cause extensions can be entered on TLGC (the OWF Time Limit Screen - AG Benefit Extension Good Cause screen), because TLGC will not accept a good cause extension until the county has loaded their reason codes on the TLGR screen.**

Similar to the county-specific hardship codes, the county-specific good cause codes have 4 characters. The first 2 characters for each reason code are state codes, and the second two characters are county assigned. There are 19 state codes for good cause extensions. The codes are contained in Attachment 4. Several of the state codes represent good cause reasons which are listed in statute and in rule 5101:1-23-01(B)(2). While each county is not required to include all of the codes listed in Attachment 4, the county is encouraged to review the statute and the rule when designing the county's good cause criteria.

The first two characters for each reason code must be one of the state codes. This will facilitate ODJFS reporting to the Ohio legislature as well as reporting within ODJFS and between ODJFS and CDJFS.

The CDJFS may assign any 2-digit numeric value for the second 2-character portion of the reason code. The county can create many subcategories under each of the state codes - from 01 to 99 - that relate to their county-specific criteria. The county is responsible to determine which state codes are appropriate for the support of their good cause criteria, and the

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statutory and Administrative Code rule provisions.

For example, state code 1500 is “substance abuse”. The county good cause criteria provides for the potential extension of OWF due to good cause for 2 reasons under substance abuse, such as the adult in the assistance group has substance abuse issues, and the adult in the household is dealing with the substance abuse of one of the children in the assistance group. The county wants to distinguish between the 2 types of substance abuse criteria, so 2 substance abuse codes will be created by the county. The county must use ‘15’ as the first 2 characters of each ‘substance abuse’ code, but the county may assign any 2 numbers for the third and fourth characters. So, the codes could be any numeric combination from 1501 to 1599.

**Intercounty Transfers - Please Note:** As with the intercounty transfer process for OWF cases receiving OWF extensions due to a hardship condition (REF: CRIS-E View Flash Bulletin entitled “Intercounty Transfers”, dated 082400 through 082800), we have created a state code of **9000** for the easy identification of cases that are transferred from one county to another during the good cause extension period.

Unlike the situation in which a case receiving OWF due to a hardship extension is transferred between counties, no new good cause determination is made in the intercounty transfer of cases receiving OWF due to a good cause extension. Remember, once eligibility under a good cause extension is established, no subsequent determination of good cause shall be made as long as all other OWF eligibility requirements continue to be met (REF: paragraph (B)(2) of rule 5101:1-23-01 of the Administrative Code). As a result, no new good cause determination is necessary when the case is simply transferred to another county.

When a case is transferred to the receiving county during the good cause extension period, CRIS-E will ‘end’ the extension in the originating county and ‘start’ a new extension in the receiving county using 9000 as the ‘new’ good cause extension code. The intercounty transfer worker in the receiving county will get **Alert 885 "OWF good cause case-trans in"**. Upon receipt of the alert, the worker in the receiving county should review the case to determine if the receiving county has a corresponding good cause category code. If there is a corresponding good cause code in the receiving county, the worker should modify the good cause extension reason code with the [receiving] county’s good cause code.

If the county does not have a corresponding good cause category code, the worker should re-code the case using reason code 18[XX], “any other reason the CDJFS determines to be good cause for participating in OWF beyond the 36-month limit”. Because of the potential for variation in county good cause policies, every county must have the 9000 code to support the intercounty transfer process. In addition, each

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county should create at least one category under the 1800 code for the support of the intercounty transfer cases.

### **Written Good Cause Policy**

In order to ensure the provision of fair and equitable treatment in the application of the good cause criteria, due process requires that the criteria used by the CDJFS to determine eligibility for a good cause extension be written and made available to the assistance group and to the public. The CDJFS must make all good cause determinations based on the county's written good cause criteria.

We are establishing a web site to post all of the CDJFS Good Cause extension criteria, which is similar to the county hardship site established in 2000. The purpose of this website is to share what counties have developed with other counties and state staff, as well as the public. A GroupWise Mailbox has been set up so that each county may electronically submit its good cause criteria to ODJFS. Please send an e-mail to the GroupWise mailbox "Program-Policy" and send your good cause criteria as an e-mail attachment in either WordPerfect or Word format. **This mailbox should also be utilized to forward all subsequent modifications to the county good cause and hardship criteria so that the information on both the county hardship and the county good cause websites will be current and up-to-date.** For those counties without ODJFS Innerweb access and GroupWise, the full name for the mailbox is: [Program-Policy@odjfs.state.oh.us](mailto:Program-Policy@odjfs.state.oh.us). ODJFS will post each county's good cause plan on the web site. A CRIS-E bulletin entitled "County Good Cause Web Page", dated 08302002 - 09132002 was issued to advise counties that as of 08/30/2002, the website is available.

### **Federal hardship**

In accordance with rule 5101:1-23-01, each county's federal hardship criteria must be the same as the county's state hardship criteria. As a result, no new codes are required for the support of the federal hardship extension policy. Any changes to the county's hardship criteria are made simultaneously to both the state and federal hardship extensions via the county's hardship extension codes contained on the TLRU screen in CRIS-E.

### **Attachments**

- Attachment 1: New and Modified CRIS-E Screens
- Attachment 2: Notices
- Attachment 3: Reports
- Attachment 4: Reason Codes, Extended Text, and State Umbrella Codes for Good Cause Extensions

TJH:ack

## DATA ENTRY / INQUIRY SCREENS

### Modified Screens

MNTL	OWF Time Limits Menu
MNTL2	OWF Time Limits Menu 2
IQIT	Individual Benefit Tracking
TLCL	County-Set Extension Limits-Hardship
TLED	AG Extension Detail-Hardship
TLEH	Extension Limit History-Hardship
TLEI	Extension Summary-Hardship
TLER	AG Extension Entry-Hardship
TLRD	Reason Codes Detail-Hardship
TLRI	County Reason Codes-Hardship
TLRU	Extension Reason Codes-Hardship

### New Transactions

TLGC	AG Extension Entry-Good Cause
TLGR	Reason Codes Detail-Good Cause
TLGI	County Reason Codes-Good Cause
TLGD	County Reason Codes - Good Cause Detail Inquiry































## ATTACHMENT 2

### REPORTS

#### Modified Reports

- GTL032RA OWF Time Limits ----- Hardship Extensions  
Requested By Reason Code, By County For Current Month and Next  
Three Months**
- GTL035RB OWF Time Limits Assistance Groups Reaching 36 Months Time Limit  
With Receipt of Next 3 Monthly Benefits**
- GTL036RA OWF Time Limits Good Cause And Hardship Issuances By County  
Comparison To 20% Max Issuance For Hardship Only**
- GTL049RA Hardship Extensions Entered By County Total Extensions Entered  
By Program Year**
- GTL070RA County Month-end Extension Enrollment Results Receipt Of  
Hardship For Program Year: Detail Report**
- GTL070RB County Month-end Extension Enrollment Results Receipt Of  
Hardship For Program Year: Summary Report**

## **New Reports**

**GTL088RA OWF Time Limits Receipt Of Benefits While Under Good Cause:  
Number Of AGS By 'State' Reason Code**

**GTL090RA County Month-end Extension Enrollment Results: Good Cause  
(Detail Report Listing All AGS In The County Enrolled Due To Good  
Cause)**

**GTL090RB County Month-end Extension Enrollment Results: Good Cause  
(Statewide Showing Only Totals For Each County)**

**GTL094RA OWF Time Limits Good Cause Extensions Requested By Reason  
Code, By County For Current Month And Next Three Months**

**GTL096RA OWF Time Limits Assistance Groups Reaching 60 Months Time Limit  
With Receipt Of Next Month Benefit**

**GTL096RB OWF Time Limits Assistance Groups Reaching 60 Months Time Limit  
With Receipt Of Next 3 Monthly Benefits**

**GTL092RA County Month-end Extension Enrollment Results: Receipt Of  
Hardship > 60 Months (Federal)**

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
OWF TIME LIMITS ----- **HARDSHIP**  
EXTENSIONS REQUESTED BY REASON CODE, BY COUNTY  
FOR 12/2001 AND NEXT THREE MONTHS

ATHENS

REASON CODE      D E S C R I P T I O N

0205                      THE INDIVIDUAL/AG IS ACTIVE WITH THE CHILDREN SERVICE BOARD, HAS A CASE PLAN, AND IS WORKING COOPERATIVELY TOWARD CASE PLAN GOALS.

EXTENSIONS REQUESTED	12/2001	01/2002	02/2002	03/2002
	2	2	0	0

REASON CODE      D E S C R I P T I O N

0401                      ALL ADULT CARETAKERS WHO ARE DISABLED OR REQUIRED TO BE IN THE HOME TO CARE FOR A DISABLED CHILD OR SPOUSE.

EXTENSIONS REQUESTED	12/2001	01/2002	02/2002	03/2002
	9	8	9	5

REPORT: GTL035RB  
SYSTEM: CRISE  
TITLE :

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
OWF TIME LIMITS  
ASSISTANCE GROUPS REACHING 36 MONTHS TIME LIMIT  
WITH RECEIPT OF NEXT 3 MONTHLY BENEFITS

PAGE: 1  
RUN DATE: 01/01/02  
RUN TIME: 11173551

COUNTY: ADAMS

CASELOAD	WORKER ID	CASE / CAT / SEQ	CNTBLE INDV NAME	NBR RCVD
012056	WSAK01	9999999999 ADCI 02 SAM	L. ADAMS	35
TOTALS FOR WORKER:		WSAK01	1	
TOTALS FOR CASELOAD:		012056	1	
TOTALS FOR COUNTY:		ADAMS	1	

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
OWF TIME LIMITS GOOD CAUSE AND  
HARDSHIP ISSUANCES BY COUNTY  
COMPARISON TO 20% MAX ISSUANCE FOR HARDSHIP ONLY

ADAMS

HARDSHIP ISSUANCES  
+0

20% MAX AVAILABLE  
+35

OVER / UNDER 20%  
-35

GOOD CAUSE ISSUANCES  
20

REPORT: GTL049RA  
 SYSTEM: CRIS-E  
 TITLE : TOTAL EXTENSIONS ENTERED  
 PERIOD: DECEMBER, 2001

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
 HARDSHIP EXTENSIONS ENTERED BY COUNTY  
 PROGRAM YEAR: 2001

PAGE: 1  
 RUN DATE: 12/31/2001  
 RUN TIME: 18:49:22  
 AS OF DATE: 12/31/2001

COUNTY NBR NAME	#AGS FOR PERIOD	EXTENSION PERIODS									
		12/2001	01/2002	02/2002	03/2002	04/2002	05/2002	06/2002	07/2002	08/2002	
01 ADAMS											
02 ALLEN											
03 ASHLAND											
04 ASHTABULA											
05 ATHENS			7	15	14	12	8	6	5	3	2
06 AUGLAIZE											
07 BELMONT	1		5	16	14	15	15	9	4	2	
08 BROWN											
09 BUTLER		12	12	14	13	6	2	1			

REPORT: GTL070RA  
SYSTEM: CRIS-E  
TITLE : ENROLLMENT RESULTS  
PERIOD: DECEMBER, 2001

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
COUNTY MONTH-END EXTENSION ENROLLMENT RESULTS  
**RECEIPT OF HARDSHIP**  
PROGRAM YEAR: 2001  
DETAIL REPORT

PAGE: 1  
RUN DATE: 12/31/2001  
RUN TIME: 22:56:12  
AS OF DATE: 12/31/2001

COUNTY:05 - ATHENS

LINE	>20% CASE	CAT	SEQ	AG NAME	EXTENSION NAME	BEGIN	END	GRANT	RSN	CDE
N	0000000000	ADCU	01	DOE JOHN	DOE JOHN	09/01/01	08/31/02	\$ 361.00	1303	
N	4444444444	ADCI	01	DOE JANE	DOE JANE	01/01/00	02/28/02	\$ 461.00	0401	
N	1111111111	ADCU	01	CRISE LOIS	CRISE LOIS	08/01/01	01/31/02	\$ 539.00	0205	

*This report will list ALL OWF assistance groups receiving OWF due to the county's determination that the time limit is a hardship. This means that this report will identify assistance groups receiving assistance due to an extension because of hardship, which includes all assistance groups receiving state and federal hardship extensions. Report GTL092RA will list only those assistance groups receiving OWF due to receipt of federal hardship beyond the 60-month limit.*

REPORT: GTL070RA  
SYSTEM: CRIS-E  
TITLE : ENROLLMENT RESULTS  
PERIOD: DECEMBER, 2001

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
COUNTY MONTH-END EXTENSION ENROLLMENT RESULTS  
RECEIPT OF HARDSHIP > 60 MONTHS (FEDERAL)  
PROGRAM YEAR: 2001

PAGE: 2  
RUN DATE: 12/31/2001  
RUN TIME: 22:56:12  
AS OF DATE: 12/31/2001

### SUMMARY REPORT

COUNTY:05 - ATHENS

EXTENSION THRESHOLD COUNT	:	130	
OWF COUNTABLE EXTENSIONS	:	12	
EXTENSIONS EXCEEDING THRESHOLD	:		0
EXTENSION AMOUNT EXCEEDING THRESHOLD	:		0

*This report will summarize ALL OWF assistance groups receiving OWF due to the county's determination that the time limit is a hardship. This means that the numbers reflected in this report will include all assistance groups receiving state and federal hardship extensions.*

REPORT ID: GTL088RA  
 SYSTEM : CRIS-E

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
 OWF TIME LIMITS  
 RECEIPT OF BENEFITS WHILE UNDER GOOD CAUSE  
 NUMBER OF AGS BY 'STATE' REASON CODE

PAGE: 1  
 RUN DATE: 01/12/31

PERIOD : MONTHLY

PERIOD 01/12/01 THRU 01/12/31

NA - GOOD CAUSE CATEGORY NOT ACTIVE IN THIS COUNTY

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	
15 INTER- UNDER EMPLOY	90 COUNTY AGE TRANS	CHILD	DPNDT PROT.	DISAB CARE SRVCS	DOMEST /MED BARR.	EDUCAT VIOL/ COND.	FELON BARR/ FAM.	HOME- /CRIM TRNG	OTHER LESS BARR. CRISIS	PREG. PROG.	SUBSTC CHILD	TEEN COMPLI BEARNG	TRANSP ABUSE PBLMS	UNEMP/ PARENT BARR.	
ADAMS NA TOTAL	NA NA 0	0	0	0	0	0	NA	NA	0	NA	NA	0	NA	NA	
ALLEN NA TOTAL	0 0 0	NA	0	0	0	NA	NA	NA	0	NA	NA	NA	0	NA	
ASHLAND 0 TOTAL	NA 0 0	0	0	0	0	0	NA	NA	0	0	NA	NA	NA	0	
ASHTAB NA TOTAL	NA NA 0	NA	0	0	NA	NA	NA	NA	NA	0	NA	NA	0	NA	

REPORT: GTL090RA  
SYSTEM: CRIS-E  
TITLE : ENROLLMENT RESULTS  
PERIOD: DECEMBER, 2001

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
COUNTY MONTH-END EXTENSION ENROLLMENT RESULTS  
GOOD CAUSE

PAGE: 1  
RUN DATE: 12/31/2001  
RUN TIME: 22:56:12  
AS OF DATE: 12/31/2001

COUNTY:05 - ATHENS

CASE	CAT SEQ	AG NAME	EXTENSION NAME	BEGIN	60 MTH PROJ. END	GRANT	RSNCDE
0000000000	ADCU 01	DOE JANE	DOE JANE	09/01/01	08/31/02	\$ 361.00	1303
9999999999	ADCI 01	DOE JOHN	DOE JOHN	10/01/00	02/28/02	\$ 461.00	0401
5016259086	ADCU 01	CRISE LOIS	CRISE LOIS	08/01/01	01/31/02	\$ 539.00	0205

REPORT: GTL090RB  
SYSTEM: CRIS-E  
TITLE : ENROLLMENT RESULTS

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
COUNTY MONTH-END EXTENSION ENROLLMENT RESULTS  
GOOD CAUSE

PAGE: 1  
RUN DATE: 12/31/2001  
RUN TIME: 22:56:12  
PERIOD: DECEMBER, 2001  
OF DATE: 12/31/2001

AS

COUNTY:01 - ADAMS

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OWF COUNTABLE EXTENSIONS : 0

COUNTY:02 - ALLEN

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OWF COUNTABLE EXTENSIONS : 0

ATHENS

REASON CODE    D E S C R I P T I O N

0205    THE INDIVIDUAL/AG IS ACTIVE WITH THE CHILDREN SERVICE BOARD, HAS A  
 CASE PLAN, AND IS WORKING COOPERATIVELY TOWARD CASE PLAN GOALS.

EXTENSIONS REQUESTED	12/2001	01/2002	02/2002	03/2002
	2	2	0	0

REASON CODE    D E S C R I P T I O N

0401    ALL ADULT CARETAKERS WHO ARE DISABLED OR REQUIRED TO BE IN THE HOME TO  
 CARE FOR A DISABLED CHILD OR SPOUSE.

EXTENSIONS REQUESTED	12/2001	01/2002	02/2002	03/2002
	9	8	9	5

REASON CODE    D E S C R I P T I O N

0906    THE INDIVIDUAL HAS EXTRAORDINARY CIRCUMSTANCES WHEREBY THE IMPOSITION  
 OF THE TIME LIMITS WOULD PREVENT THEM FROM COMPLETING THE ACTIVITIES  
 NEEDED TO REACH A LEVEL OF ECONOMIC SUPPORT.

EXTENSIONS REQUESTED	12/2001	01/2002	02/2002	03/2002
	2	2	2	2

REPORT: GTL096RA  
SYSTEM: CRISE  
TITLE :

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
OWF TIME LIMITS  
ASSISTANCE GROUPS REACHING 60 MONTHS TIME LIMIT  
WITH RECEIPT OF NEXT MONTH BENEFIT

PAGE: 1  
RUN DATE: 01/01/02  
RUN TIME: 11173551

COUNTY: ADAMS

CASELOAD	WORKER ID	CASE / CAT / SEQ	CNTBLE INDV NAME	NBR RCVD
000000	WXXX01	0000000000 ADCI 02	JOHN DOE	35

TOTALS FOR WORKER: WXXX01 1

TOTALS FOR CASELOAD: 00000 1

TOTALS FOR COUNTY: ADAMS 1

REPORT: GTL096RB  
SYSTEM: CRISE  
TITLE :

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
OWF TIME LIMITS  
ASSISTANCE GROUPS REACHING 60 MONTHS TIME LIMIT  
WITH RECEIPT OF NEXT 3 MONTHLY BENEFITS

PAGE: 1  
RUN DATE: 01/01/02  
RUN TIME: 11173551

COUNTY: ADAMS

CASELOAD	WORKER ID	CASE / CAT / SEQ	CNTBLE	INDV NAME	NBR RCVD
000000	WXXX01	0000000000 ADCI 02		JOHN DOE	35
TOTALS FOR WORKER:		WXXX01	1		
TOTALS FOR CASELOAD:		000000	1		
TOTALS FOR COUNTY:		ADAMS	1		

REPORT: GTL092RA  
SYSTEM: CRIS-E  
TITLE : ENROLLMENT RESULTS  
PERIOD: DECEMBER, 2001

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES  
COUNTY MONTH-END EXTENSION ENROLLMENT RESULTS  
RECEIPT OF HARDSHIP > 60 MONTHS (FEDERAL)  
PROGRAM YEAR: 2001

PAGE: 1  
RUN DATE: 12/31/2001  
RUN TIME: 22:56:12  
AS OF DATE: 12/31/2001

COUNTY:05 - ATHENS

LINE	>20% CASE	CAT	SEQ	AG NAME	EXTENSION NAME	BEGIN	END	GRANT	RSN	CDE
N	0000000000	ADCU	01	DOE JOHN	DOE JOHN	09/01/01	08/31/02	\$ 361.00	1303	
N	1111111111	ADCI	01	DOE JANE	DOE JANE	10/01/00	02/28/02	\$ 461.00	0401	
N	2222222222	ADCU	01	CRISE LOIS	CRISE LOIS	08/01/01	01/31/02	\$ 539.00	0205	

## ATTACHMENT 3

### SAMPLE CRIS-E NOTICES FOR OWF TIME LIMITS

**Monthly Reminder OWF 36-Month Time Limit (AD42N1)**

**Monthly Reminder OWF Extensions (AD42N2)**

**Warning Notice- OWF 36-Month Time Limit (AD44N1)**

**Termination: 36-Months Exhausted (MC01T1)**

**Continuation: 36- Months Exhausted/Hardship Approved (MC01C1)**

**Approval: Hardship Approved After Break in Assistance (MC01A1)**

**Denial: Hardship Denial After Break in Assistance (MC01D1)**

**Reduction: Specified Relative Removed/Child-Only Continuation (MC01R1)**

**Approval: Good Cause Approved (MC01A1)**

**Denial: Good Cause/Hardship Denial (MC01D1)**

**Continuation: Good Cause Approved After Hardship Expires/Terms (MC01C1)**

**Termination: 60-Months Exhausted (MC01T1)**

**Continuation: 60- Months Exhausted/Hardship Approved (MC01C1)**

**Reduction: Specified Relative Removed/Child-Only Continuation (MC01R1)**



**JOBS: You may keep getting other benefits even if you get a job; even if you earn too much to keep getting OWF payments.**

For example, you may choose to stop taking OWF payments for your family if you have a job or want to "save" months. Your family may keep getting other benefits such as Medical, Food Stamps, etc.

Your county may be able to help you get or keep a job. Please contact your caseworker.

**SPECIAL: You may keep getting OWF payments for a child who is not yours after we stop OWF payments for you.**

If you are getting OWF payments for yourself and a child who is not yours (for example, your grandchild, niece, nephew, stepchild, etc.), the time limits and extensions apply to you but not to the child. After you get OWF payments for yourself for your first 36 months, you can not get any more OWF payments for yourself unless your county approves an extension for you. After you stop getting payments for yourself, you may keep getting OWF payments for the "child only." Both of you may keep getting other benefits such as Medical, Food Stamps, etc.

# MONTHLY REMINDER OWF "Extensions"

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999

Mailing Date: 3/01/2001  
From: VIOLETTE L TROVATO  
Phone: (740) 653-1701 Ext: 6746

Worker ID: WVLT23  
Case Number: 999999999  
AG Name: JANE DOE



**WARNING: You have used up 37 months of your "Federal 60-month lifetime limit" for getting "Ohio Works First (OWF)" payments.**

As of 03/01/2001, you have gotten OWF payments for 37 months out of your "Federal 60-month lifetime limit." Ask for a "State Hearing" if you think we made a mistake in counting your months. You have gotten OWF payments for more than the "Ohio 36-month initial limit" because your county approved an OWF "extension" for you. We will stop your OWF payments when your extension ends or if you become ineligible for some other reason. There is no guarantee you will get more OWF payments after that.

**REMEMBER: There are "time limits" for getting OWF payments.**

There is an "Ohio 36-month initial limit" and a "Federal 60-month lifetime limit." You have used up your first 36 months. So, you can get more OWF payments only if you qualify under your county's rules for "extensions." There are three kinds of extensions: (1) "state hardship"; (2) "good cause"; and (3) "federal hardship." You might be able to get a "state hardship" extension any time after your 36th month, but you can not get a "good cause" extension until 24 months after your 36th month. After you get OWF payments for a total of 60 months, you can not get any more unless you qualify for "federal hardship" extensions. The 60-month limit counts your first 36 months plus all your "state hardship" and "good cause" extension months. Both time limits count any months of "TANF assistance" you might have gotten in another state.

**GOOD NEWS: You may keep getting other benefits after we stop your OWF benefits.**

You do not need an OWF extension to keep getting other benefits. You only need an OWF extension if you wish to keep getting OWF payments. You may keep getting other benefits after your OWF extension ends. The other benefits include:

- \* **Food Stamps** to help you buy food.
- \* **Medical benefits** to pay for health care for adults, parents and children.
- \* **Child Day Care benefits** to help with your day care costs.
- \* **PRC benefits** to help you get or keep a job; to help you stay off OWF; to help you with emergencies.
- \* **Child Support Enforcement services** to help you get child support.

Your caseworker must tell you the benefits you can keep getting. Please stay in contact with your caseworker to keep getting these benefits.

KEEP READING >>>

Page 1 of 2

**JOBS: You may keep getting other benefits even if you get a job; even if you earn too much to keep getting OWF Payments.**

Your county may be able to help you get or keep a job. Please contact your caseworker.

**SPECIAL: You may keep getting OWF payments for a child who is not yours after we stop OWF payments for you.**

If you are getting OWF payments for yourself and a child who is not yours (for example, your grandchild, niece, nephew, stepchild, etc.), the "time limits" and "extensions" apply to you but not the child. After your OWF extension ends, you can not get any more OWF payments for yourself unless your county approves another extension for you. After you stop getting payments for yourself, you may keep getting OWF payments for the "child only." Both of you may keep getting other benefits such as Medical, Food Stamps, etc.



0000001

FAIRFIELD COUNTY DEPT OF JOBS AND FAMILY SERVICES  
239 WEST MAIN ST.

# SECOND WARNING OWF "36-Month" Time Limit

LANCASTER OH 431300000

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999

Mailing Date: 3/04/2002  
From: BARBARA L ABRAM  
Phone: (740) 653-1701 Ext:

Worker ID: WBLA23  
Case Number: 9999999999  
AG Name: JANE DOE



### **Only 4 more "Ohio Works First (OWF)" payments.**

You will get an OWF payment for this month, 3/2002 . After that, you can only get 4 more payments

If you keep getting payments for the next 4 months: Your last payment will be for 7/2002. You will use up your 36-month limit.

### **No more payments after that unless your county approves a "state hardship extension" for you.**

After you use up your "Ohio 36-month initial limit," you can not get any more OWF payments unless you qualify under your county's rules for "extensions." There are three kinds of extensions: (1) "state hardship"; (2) "good cause"; and (3) "federal hardship." You might be able to get a "state hardship" extension anytime after your 36th month, but you can not get a "good cause" extension until 24 months after your 36th month. After you use up your "Federal 60-month lifetime limit," you can not get any more OWF payments unless your county approves a "federal hardship" extension for you. The 60-month limit counts your first 36 months plus all your "state hardship" and "good cause" extension months. Both the time limits count any months of "TANF assistance" you might have gotten in another state.

If you want to be considered for an extension: Talk with your caseworker. Ask for a copy of your county's rules about extensions.

### **You may keep getting other benefits after we stop your OWF payments.**

You may keep getting other benefits such as Medical, Food Stamps, Child Day Care, PRC, Child Support Enforcement, etc. The 36-month limit does not apply to these other benefits. It only applies to OWF payments.

You must keep in touch with your caseworker to keep getting these other benefits.

### **For more information:**

Please re-read the "Monthly Reminder" letters we have sent you. Ask your caseworker for details.

# IMPORTANT NOTICE

0000001

FAIRFIELD COUNTY DEPT OF JOB AND FAMILY SERVICES  
239 WEST MAIN ST.

LANCASTER OH 431300000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 05/23/2002  
From: JODI L CARMICHAEL  
Phone: (740) 653-1701 Ext:

Worker ID: WJUC23  
Case Number: 9999999999  
AG Name: JANE DOE

Dear JANE DOE

We will STOP your OHIO WORKS FIRST (OWF) on 06/30/2002.

The people affected by this action are:

JANE D (INELIGIBLE) JANE D (INELIGIBLE) JOHN D (INELIGIBLE) JOHN D (INELIGIBLE)

Reason:

OUR RECORDS SHOW THAT JANE DOE GOT "OWF" PAYMENTS FOR 36 MONTHS.  
We based this action on OHIO REVISED CODE, Section 5107.18(A)

THE MONTHS ARE: 10/97, 11/97, 12/97, 01/98, 02/98, 03/98, 04/98, 05/98, 06/98, 07/98, 08/98, 09/98, 10/98, 11/98, 10/99, 11/99, 08/00, 09/00, 10/00, 11/00, 12/00, 01/01, 02/01, 03/01, 04/01, 07/01, 08/01, 09/01, 10/01, 11/01, 12/01, 01/02, 03/02, 04/02, 05/02, 06/02.

REMEMBER: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial limit." If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

You can not get any more payments unless you qualify for an "extension." There are three kinds of extensions: (1) "state hardship"; (2) "good cause"; and (3) "federal hardship." Ask your caseworker for a copy of your county's rules about extensions. Apply for extensions at your county. (Note: You might be able to get a "state hardship" extension any time after your 36th month, but you can not get a "good cause" extension before 07/01/2004. After you have gotten OWF payments for 60 months, you can not get any more payments unless your county approves a "federal hardship" extension for you.)

After we stop your OWF payments, you may keep getting other payments like Medical, Food Stamps, Child Day Care, PRC, Child Support Enforcement, etc. The "time limits" and "extensions" do not apply to these other benefits. They only apply to OWF payments. Your caseworker must tell you the benefits you can keep getting.

RC: 671 ADCR 1 T1

KEEP READING >>>

Page 1 of 5

**AG Name:**  
**JANE DOE**

**Case Number:**  
**999999999**

**Mailing Date:**  
**05/23/2002**

**INFORMATION ABOUT LOWERING YOUR RENT**

**DO YOU LIVE IN "PUBLIC HOUSING" OR GET "SECTION 8 RENTAL ASSISTANCE"?**

You may qualify for lower rent when we stop or reduce your OWF payments:

- \* if you have a Section 8 "voucher" or "certificate," or
- \* if you live in "public housing," or
- \* if you live in "Section 8 project-based housing."

**YOU MAY QUALIFY FOR LOWER RENT.**

If we are stopping or reducing your OWF payments, ask your Section 8 landlord or Public Housing Authority to reduce your rent. Show the page of this "Important Notice" that says what we are doing with your OWF payments. You may qualify to pay less rent.

*(Note: See your Public Housing Authority if you live in public housing or if you have a voucher or certificate. See your Section 8 landlord if you live in Section 8 project-based housing.)*

**YOU MAY EVEN QUALIFY FOR *FREE* RENT DUE TO "HARDSHIP."**

If your Section 8 landlord or Public Housing Authority asks you to pay "minimum rent," ask for a "hardship exemption." The exemption is for families who can not afford to pay the minimum rent. If you qualify, this exemption lets you pay even less than minimum rent -- maybe no rent.

*(Note: This hardship exemption for rent is not the same as the hardship extension that lets you keep getting OWF payments from us.)*

**WANT MORE INFORMATION? HAVE PROBLEMS?**

If you would like more information or have problems, contact:

- \* your Section 8 landlord or Public Housing Authority, or
- \* your local Legal Aid or Legal services office, call (800) 589-5999 for the local number.

**REPORT CHANGES IN YOUR RENT.**

If your rent changes, report the change to your county caseworker within 10 days.

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 06/07/2002. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 08/21/2002. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JANE DOE

Case Number:  
999999999

Mailing Date:  
05/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*



**STEP 1** Check all the boxes that apply, then sign.

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)
- Food Stamps
- Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)
- PRC
- Other (please explain): \_\_\_\_\_

\_\_\_\_\_ (examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** (Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**STEP 3** Choose one of these ways to send this request to us. We must get this request by the deadline!

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

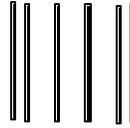
Page 4 of 5

Mailing Steps:

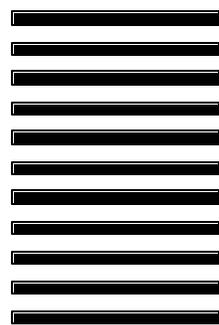
- (1) Fold this page only along the dotted lines.
- (2) Tape after folding.

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



# IMPORTANT NOTICE

0000001  
WAYNE COUNTY DEPT OF JOB AND FAMILY SERVICES  
356 W. NORTH STREET  
P.O. BOX 76  
WOOSTER OH 446910000

|||||.....  
JANE DOE  
111 MAIN ST  
  
ANYWHERE OH 99999-9999



Mailing Date: 05/23/2002  
From: ROBYN C SPIGELMIRE  
Phone: (330) 287-5800 Ext:

Worker ID: WRCS85  
Case Number: 999999999  
AG Name: JANE DOE

Dear JANE DOE

We will CONTINUE your OHIO WORKS FIRST (OWF) benefits with no change.

The people affected by this action are:  
JANE D (ELIGIBLE) JANE D (ELIGIBLE)

Reason:  
OUR RECORDS SHOW THAT JANE DOE GOT "OWF" PAYMENTS FOR 36 MONTHS.  
We based this action on OHIO REVISED CODE, Section 5107.18(A)

THE MONTHS ARE: 10/97, 11/97, 12/97, 01/98, 02/98, 08/98, 09/98, 10/98, 03/99, 04/99, 05/99, 06/99,  
07/99, 08/99, 09/99, 10/00, 11/00, 12/00, 01/01, 02/01, 03/01, 04/01, 05/01, 06/01, 07/01, 08/01, 09/01,  
10/01, 11/01, 12/01, 01/02, 02/02, 03/02, 04/02, 05/02, 06/02.

Reason:  
YOUR COUNTY HAS APPROVED A "HARDSHIP EXTENSION" FOR 07/01/02 TO 08/31/02 . AFTER  
THAT, YOU WILL GET NO MORE PAYMENTS UNLESS YOUR COUNTY APPROVES ANOTHER  
EXTENSION.  
We based this action on OHIO REVISED CODE, Section 5107.18(E)

CAUTION: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial  
limit." You will get OWF payments for more than 36 months only because your county approved an  
extension for you. After this extension ends you can not get any more OWF payments unless your county  
approves another extension for you. You might be able to get a "state hardship" extension any time after your  
36th month, but you can not get a "good cause" extension before 07/01/2004. After you have gotten OWF payments  
for 60 months, you can not get any more OWF payments unless your county approves a "federal hardship" extension  
for you.

If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the  
instructions at the end of this "Important Notice" to ask for a hearing.

RC: 671 135 ADCR 1 C1

KEEP READING >>>

Page 1 of 4

AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
05/23/2002

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This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

**We must get your request for a State Hearing by the deadline: 08/21/2002.**

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.

AG Name:  
JANE DOE

Case Number:  
999999999

Mailing Date:  
05/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

Page 3 of 4



Mailing Steps:  
(1) Fold this page only along the dotted lines.  
(2) Tape after folding.



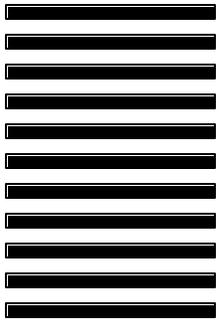
JANE DOE  
111 MAIN ST

ANYWHERE

OH 99999-9999



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376

END

# IMPORTANT NOTICE

0013474

ROSS COUNTY DEPT OF JOB AND FAMILY SERVICES  
475 WESTERN AVE. SUITE B  
P.O. BOX 469  
CHILLICOTHE OH 456010000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 08/23/2002  
From: HELEN R HANNAH  
Phone: (740) 773-2651 Ext: 2193

Worker ID: WHRH71  
Case Number: 9999999999  
AG Name: JANE DOE

Dear JANE DOE

We APPROVED your OHIO WORKS FIRST (OWF) application of 08/01/2002. Your benefits start 08/01/2002. You will get \$672 for 08/01/2002through 09/30/2002. You will get \$336 each month after that.

The people affected by this action are:  
JOHN D (ELIGIBLE) JANE D (ELIGIBLE) JANET D (ELIGIBLE)

Reason:  
YOUR COUNTY HAS APPROVED A "HARDSHIP EXTENSION" FOR 08/01/02 TO 10/31/02 . AFTER THAT, YOU WILL GET NO MORE PAYMENTS UNLESS YOUR COUNTY APPROVES ANOTHER EXTENSION.

We based this action on OHIO REVISED CODE, Section 5107.18(E)

Reason: YOU ARE ELIGIBLE UNDER ALL THE RULES  
We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-2-10

CAUTION: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial limit." You will get OWF payments for more than 36 months only because your county approved an extension for you. After this extension ends you can not get any more OWF payments unless your county approves another extension for you. You might be able to get a "state hardship" extension any time after your 36th month, but you can not get a "good cause" extension before 02/01/2004. After you have gotten OWF payments for 60 months, you can not get any more OWF payments unless your county approves a "federal hardship" extension for you.

If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

RC: 135 091 ADCR 1 A4

KEEP READING >>>

Page 1 of 5

---

We will LOWER your FOOD STAMPS from \$356 to \$337 each month starting 10/01/2002.

The people affected by this action are:

JOHN D (ELIGIBLE) JANE D (ELIGIBLE) JANET D (ELIGIBLE)

Reason:

WE APPROVED OR RAISED YOUR "OWF" PAYMENTS.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:4-4-19

RC: 349 FS 3 R1

---

---

We DENIED your MEDICAID FOR THE DISABLED application of 07/03/2002.

The people affected by this action are:

JOHN D (INELIGIBLE) JANE D (INELIGIBLE) JANET D (INELIGIBLE)

Reason:

JANE DOE IS NOW ELIGIBLE IN MA C .

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-2-10

RC: 559 MA D 1 D1

---

KEEP READING >>>

Page 2 of 5

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 09/09/2002. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 11/21/2002. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
08/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

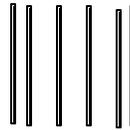
Page 4 of 5



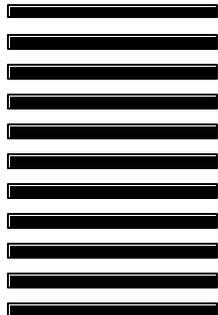
Mailing Steps:  
(1) Fold this page only along the dotted lines.  
(2) Tape after folding.

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



# IMPORTANT NOTICE

0001509

FRANKLIN COUNTY DEPT OF JOB AND FAMILY SERVICES  
1055 MT. VERNON AVE

COLUMBUS OH 432030000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 08/23/2002  
From: JACQUELINE CHURCH  
Phone: (614) 251-4986 Ext:

Worker ID: WJCF25  
Case Number: 9999999999  
AG Name: JANE DOE

Dear JANE DOE

We DENIED your OHIO WORKS FIRST (OWF) application of 08/01/2002.

The people affected by this action are:

JANE D (INELIGIBLE) JANE D (INELIGIBLE) JOHN D (INELIGIBLE) JOHN D (INELIGIBLE) JANE D (INELIGIBLE)

Reason:

YOUR COUNTY HAS DECIDED YOU ARE NOT ELIGIBLE FOR A "HARDSHIP EXTENSION" UNDER ITS RULES.

We based this action on OHIO REVISED CODE, Section 5107.18(E)

REMEMBER: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial limit." If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

You can not get any more payments unless you qualify for an "extension." There are three kinds of extensions: (1) "state hardship"; (2) "good cause"; and (3) "federal hardship." Ask your caseworker for a copy of your county's rules about extensions. Apply for extensions at your county. (Note: You might be able to get a "state hardship" extension any time after your 36th month, but you can not get a "good cause" extension before 11/01/2003. After you have gotten OWF payments for 60 months, you can not get any more payments unless your county approves a "federal hardship" extension for you.)

After we stop your OWF payments, you may keep getting other benefits like Medical, Food Stamps, Child Day Care, PRC, Child Support Enforcement, etc. The "time limits" and "extensions" do not apply to these other benefits. They only apply to OWF payments. Your caseworker must tell you the benefits you can keep getting.

RC: 673 ADCR 1 D1

KEEP READING >>>

Page 1 of 6

We will CONTINUE your COVERED FAMILIES AND CHILDREN MEDICAID (CFC) benefits with no change.

The people affected by this action are:

JANE D (ELIGIBLE) JANE D (ELIGIBLE) JOHN D (ELIGIBLE) JOHN D (ELIGIBLE)  
JANE D (ELIGIBLE)

Reason: YOU ARE ELIGIBLE UNDER ALL THE RULES

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-2-10

RC: 091 MA C 1 C1

KEEP READING >>>

Page 2 of 6

SEQ# 0013033  
DHS 8523 (Rev. 07/00)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0001509  
999999999/ADCR/01 NOTICE TYPE: MC01D1

**AG Name:**  
**JANE DOE**

**Case Number:**  
**999999999**

**Mailing Date:**  
**08/23/2002**

**INFORMATION ABOUT LOWERING YOUR RENT**

**DO YOU LIVE IN "PUBLIC HOUSING" OR GET "SECTION 8 RENTAL ASSISTANCE"?**

You may qualify for lower rent when we stop or reduce your OWF payments:

- \* if you have a Section 8 "voucher" or "certificate," or
- \* if you live in "public housing," or
- \* if you live in "Section 8 project-based housing."

**YOU MAY QUALIFY FOR LOWER RENT.**

If we are stopping or reducing your OWF payments, ask your Section 8 landlord or Public Housing Authority to reduce your rent. Show the page of this "Important Notice" that says what we are doing with your OWF payments. You may qualify to pay less rent.

*(Note: See your Public Housing Authority if you live in public housing or if you have a voucher or certificate. See your Section 8 landlord if you live in Section 8 project-based housing.)*

**YOU MAY EVEN QUALIFY FOR *FREE* RENT DUE TO "HARDSHIP."**

If your Section 8 landlord or Public Housing Authority asks you to pay "minimum rent," ask for a "hardship exemption." The exemption is for families who can not afford to pay the minimum rent. If you qualify, this exemption lets you pay even less than minimum rent -- maybe no rent.

*(Note: This hardship exemption for rent is not the same as the hardship extension that lets you keep getting OWF payments from us.)*

**WANT MORE INFORMATION? HAVE PROBLEMS?**

If you would like more information or have problems, contact:

- \* your Section 8 landlord or Public Housing Authority, or
- \* your local Legal Aid or Legal services office, call (800) 589-5999 for the local number.

**REPORT CHANGES IN YOUR RENT.**

If your rent changes, report the change to your county caseworker within 10 days.



AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
08/23/2002

---

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

**We must get your request for a State Hearing by the deadline: 11/21/2002.**

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
08/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

Page 5 of 6

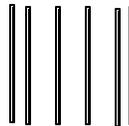
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- (1) Fold this page only along the dotted lines.
- (2) Tape after folding.

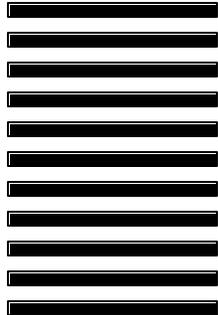
JANE DOE  
111 MAIN ST

ANYWHERE

OH 99999-9999



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UNITED STATES



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OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



WKGM 5111

# IMPORTANT NOTICE

0000001

CUYAHOGA COUNTY DEPT OF JOB AND FAMILY SERVICES  
MAIN OFFICE  
1641 PAYNE AVE  
CLEVELAND OH 441140000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999

---

Mailing Date: 05/23/2002  
From: KARLETT G SHOATES  
Phone: (216) 987-6884 Ext:

Worker ID: WKGM18  
Case Number: 1897389753  
AG Name: JANE DOE

Dear JANE DOE



KEEP READING >>>

Page 1 of 6

SEQ# 0000859  
DHS 8523 (Rev. 07/00)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000001  
9999999999/ADCR/01 NOTICE TYPE: MC01R1

We will LOWER your OHIO WORKS FIRST (OWF) from \$461 to \$373 each month starting 07/01/2002.

The people affected by this action are:

JOHN D (ELIGIBLE) JOHN D (ELIGIBLE) JOHN D (ELIGIBLE) JANE D (INELIGIBLE)

Reason:

OUR RECORDS SHOW THAT JANE DOE GOT "OWF" PAYMENTS FOR 36 MONTHS.

We based this action on OHIO REVISED CODE, Section 5107.18(A)

THE MONTHS ARE: 10/97, 11/97, 12/97, 01/98, 02/98, 03/98, 04/98, 05/98, 06/98, 07/98, 08/98, 09/98, 10/98, 11/98, 12/98, 01/99, 02/99, 03/99, 04/99, 05/99, 06/99, 07/99, 08/99, 09/99, 10/99, 08/01, 09/01, 10/01, 11/01, 12/01, 01/02, 02/02, 03/02, 04/02, 05/02, 06/02.

Reason:

JANE DOE CAN NOT KEEP GETTING "OWF" PAYMENTS FOR HERSELF OR HIMSELF. BUT THE CHILD(REN) MARKED "ELIGIBLE" WILL KEEP GETTING "OWF" PAYMENTS AS A "CHILD ONLY" CASE.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-23-01

REMEMBER: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial limit." If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

You can not get any more payments unless you qualify for an "extension." There are three kinds of extensions: (1) "state hardship"; (2) "good cause"; and (3) "federal hardship." Ask your caseworker for a copy of your county's rules about extensions. Apply for extensions at your county. (Note: You might be able to get a "state hardship" extension any time after your 36th month, but you can not get a "good cause" extension before 07/01/2004. After you have gotten OWF payments for 60 months, you can not get any more payments unless your county approves a "federal hardship" extension for you.)

After we stop your OWF payments, you may keep getting other payments like Medical, Food Stamps, Child Day Care, PRC, Child Support Enforcement, etc. The "time limits" and "extensions" do not apply to these other benefits. They only apply to OWF payments. Your caseworker must tell you the benefits you can keep getting.

RC: 671 672 ADCR 1 R1

KEEP READING >>>

Page 2 of 6

**AG Name:**  
JANE DOE

**Case Number:**  
999999999

**Mailing Date:**  
05/23/2002

**INFORMATION ABOUT LOWERING YOUR RENT**

**DO YOU LIVE IN "PUBLIC HOUSING" OR GET "SECTION 8 RENTAL ASSISTANCE"?**

You may qualify for lower rent when we stop or reduce your OWF payments:

- \* if you have a Section 8 "voucher" or "certificate," or
- \* if you live in "public housing," or
- \* if you live in "Section 8 project-based housing."

**YOU MAY QUALIFY FOR LOWER RENT.**

If we are stopping or reducing your OWF payments, ask your Section 8 landlord or Public Housing Authority to reduce your rent. Show the page of this "Important Notice" that says what we are doing with your OWF payments. You may qualify to pay less rent.

*(Note: See your Public Housing Authority if you live in public housing or if you have a voucher or certificate. See your Section 8 landlord if you live in Section 8 project-based housing.)*

**YOU MAY EVEN QUALIFY FOR *FREE* RENT DUE TO "HARDSHIP."**

If your Section 8 landlord or Public Housing Authority asks you to pay "minimum rent," ask for a "hardship exemption." The exemption is for families who can not afford to pay the minimum rent. If you qualify, this exemption lets you pay even less than minimum rent -- maybe no rent.

*(Note: This hardship exemption for rent is not the same as the hardship extension that lets you keep getting OWF payments from us.)*

**WANT MORE INFORMATION? HAVE PROBLEMS?**

If you would like more information or have problems, contact:

- \* your Section 8 landlord or Public Housing Authority, or
- \* your local Legal Aid or Legal services office, call (800) 589-5999 for the local number.

**REPORT CHANGES IN YOUR RENT.**

If your rent changes, report the change to your county caseworker within 10 days.



This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 06/07/2002. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 08/21/2002. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

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AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
05/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

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FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

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KEEP READING >>>

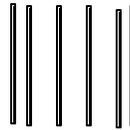
Page 5 of 6



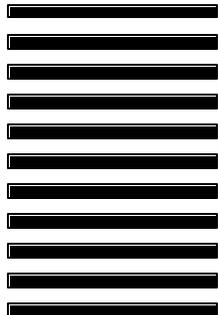
Mailing Steps:  
(1) Fold this page only along the dotted lines.  
(2) Tape after folding.

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



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IN THE  
UNITED STATES



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FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



# IMPORTANT NOTICE

0013474

ROSS COUNTY DEPT OF JOB AND FAMILY SERVICES  
475 WESTERN AVE. SUITE B  
P.O. BOX 469  
CHILLICOTHE OH 456010000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 10/12/2002  
From: HELEN R HANNAH  
Phone: (740) 773-2651 Ext: 2193

Worker ID: WHRH71  
Case Number: 999999999  
AG Name: JANE DOE

Dear JANE DOE

We APPROVED your OHIO WORKS FIRST (OWF) application of 10/01/2002. Your benefits start 10/01/2002. You will get \$336 for 10/01/2002 through 10/31/2002. You will get \$336 each month after that.

The people affected by this action are:  
JOHN D (ELIGIBLE) JANE D (ELIGIBLE) JANET D (ELIGIBLE)

Reason:  
YOUR COUNTY HAS APPROVED A "GOOD CAUSE EXTENSION" STARTING 10/01/02. AFTER THIS EXTENSION ENDS, YOU WILL GET NO MORE PAYMENTS UNLESS YOUR COUNTY APPROVES ANOTHER EXTENSION.

We based this action on OHIO REVISED CODE, Section 5107.18(B)

Reason: YOU ARE ELIGIBLE UNDER ALL THE RULES  
We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-2-10

CAUTION: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial limit." You will get OWF payments for more than 36 months only because your county approved an extension for you. After this extension ends you can not get any more OWF payments unless your county approves another extension for you. You might be able to get a "state hardship" extension any time after your 36th month, but you can not get a "good cause" extension before 10/01/2002. After you have gotten OWF payments for 60 months, you can not get any more OWF payments unless your county approves a "federal hardship" extension for you.

If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

RC: 235 091 ADCR 1 A4

KEEP READING >>>

Page 1 of 5

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We will LOWER your FOOD STAMPS from \$356 to \$337 each month starting 10/01/2002.

The people affected by this action are:

JOHN D (ELIGIBLE) JANE D (ELIGIBLE) JANET D (ELIGIBLE)

Reason:

WE APPROVED OR RAISED YOUR "OWF" PAYMENTS.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:4-4-19

RC: 349 FS 3 R1

---

---

We DENIED your MEDICAID FOR THE DISABLED application of 07/03/2002.

The people affected by this action are:

JOHN D (INELIGIBLE) JANE D (INELIGIBLE) JANET D (INELIGIBLE)

Reason:

JANE DOE IS NOW ELIGIBLE IN MA C .

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-2-10

RC: 559 MA D 1 D1

---

KEEP READING >>>

Page 2 of 5

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 09/09/2002. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 11/21/2002. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

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*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
08/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

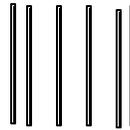
Page 4 of 5



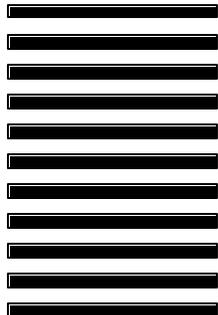
Mailing Steps:  
(1) Fold this page only along the dotted lines.  
(2) Tape after folding.

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



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IN THE  
UNITED STATES



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POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376





---

We will RAISE your FOOD STAMPS from \$273 to \$286 each month starting 10/01/2002.

The people affected by this action are:

JOHN D (ELIGIBLE) JOHN D (ELIGIBLE) JANE D (ELIGIBLE) JANE D (ELIGIBLE)

Reason: YOU ARE ELIGIBLE UNDER ALL THE RULES

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:4-5-07

RC: 091 FS 1 I1

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We DENIED your COVERED FAMILIES AND CHILDREN MEDICAID (CFC) application of 07/23/2002.

The people affected by this action are:

JOHN D (INELIGIBLE) JOHN D (INELIGIBLE) JOHN D (INELIGIBLE)

Reason: INCOME REPORTED EXCEEDS THE PROGRAM ELIGIBILITY STANDARDS

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-40-26

RC: 375 MA T 1 D1

---

KEEP READING >>>

Page 2 of 6

**AG Name:**  
**JOHN DOE**

**Case Number:**  
**999999999**

**Mailing Date:**  
**08/28/2002**

**INFORMATION ABOUT LOWERING YOUR RENT**

**DO YOU LIVE IN "PUBLIC HOUSING" OR GET "SECTION 8 RENTAL ASSISTANCE"?**

You may qualify for lower rent when we stop or reduce your OWF payments:

- \* if you have a Section 8 "voucher" or "certificate," or
- \* if you live in "public housing," or
- \* if you live in "Section 8 project-based housing."

**YOU MAY QUALIFY FOR LOWER RENT.**

If we are stopping or reducing your OWF payments, ask your Section 8 landlord or Public Housing Authority to reduce your rent. Show the page of this "Important Notice" that says what we are doing with your OWF payments. You may qualify to pay less rent.

*(Note: See your Public Housing Authority if you live in public housing or if you have a voucher or certificate. See your Section 8 landlord if you live in Section 8 project-based housing.)*

**YOU MAY EVEN QUALIFY FOR *FREE* RENT DUE TO "HARDSHIP."**

If your Section 8 landlord or Public Housing Authority asks you to pay "minimum rent," ask for a "hardship exemption." The exemption is for families who can not afford to pay the minimum rent. If you qualify, this exemption lets you pay even less than minimum rent -- maybe no rent.

*(Note: This hardship exemption for rent is not the same as the hardship extension that lets you keep getting OWF payments from us.)*

**WANT MORE INFORMATION? HAVE PROBLEMS?**

If you would like more information or have problems, contact:

- \* your Section 8 landlord or Public Housing Authority, or
- \* your local Legal Aid or Legal services office, call (800) 589-5999 for the local number.

**REPORT CHANGES IN YOUR RENT.**

If your rent changes, report the change to your county caseworker within 10 days.



AG Name:  
JOHN DOE

Case Number:  
9999999999

Mailing Date:  
08/28/2002

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

**We must get your request for a State Hearing by the deadline: 11/26/2002.**

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JOHN DOE

Case Number:  
9999999999

Mailing Date:  
08/28/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

Page 5 of 6



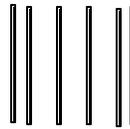
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- (2) Tape after folding.

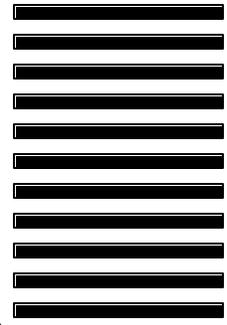
JOHN DOE  
111 MAIN ST

ANYWHERE

OH 43207-0000



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OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



# IMPORTANT NOTICE

0000007

CUYAHOGA COUNTY DEPT OF JOB AND FAMILY SERVICES  
NFSC CLARK-FULTON  
2012 W. 25TH ST 5TH & 6th  
CLEVELAND OH 441130000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 09/23/2002  
From: ANGYNE E BOOKER  
Phone: (216) 391-5207 Ext:

Worker ID: WAEM18  
Case Number: 999999999  
AG Name: JANE DOE

Dear JANE DOE

We will CONTINUE your OHIO WORKS FIRST (OWF) benefits with no change.

The people affected by this action are:  
JANE D (ELIGIBLE) JANE D (ELIGIBLE)

Reason:  
YOUR COUNTY HAS DECIDED THAT YOUR "HARDSHIP EXTENSION" ENDS ON 09/30/02 .  
We based this action on OHIO REVISED CODE, Section 5107.18(E)

Reason:  
YOUR COUNTY HAS APPROVED A "GOOD CAUSE EXTENSION" STARTING 10/01/02 . AFTER THIS  
EXTENSION ENDS, YOU WILL GET NO MORE PAYMENTS UNLESS YOUR COUNTY APPROVES  
ANOTHER EXTENSION.  
We based this action on OHIO ADMINISTRATIVE CODE, Rule 5107.18(B)

CAUTION: You got "OWF" payments for 36 months, so you have used up your "Ohio 36-month initial  
limit." You will get OWF payments for more than 36 months only because your county approved an  
extension for you. After this extension ends you can not get any more OWF payments unless your county  
approves another extension for you. You might be able to get a "state hardship" extension any time after your  
36th month, but you can not get a "good cause" extension before 10/01/2004. After you have gotten OWF  
payments for 60 months, you can not get any more OWF payments unless your county approves a "federal  
hardship" extension for you.

If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the  
instructions at the end of this "Important Notice" to ask for a hearing.

RC: 674 235 ADCR 1 C1

KEEP READING >>>

Page 1 of 4

AG Name:  
JANE DOE

Case Number:  
999999999

Mailing Date:  
09/23/2002

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This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

**We must get your request for a State Hearing by the deadline: 12/23/2002.**

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.

---

KEEP READING >>>

Page 2 of 4

SEQ# 0000117

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000007

ODS 8523 (Rev. 07/00) WAEM18/7736 CUYAHOGA

999999999/ADCR/01

NOTICE TYPE: MC01C1

AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
09/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

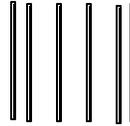
Page 3 of 4



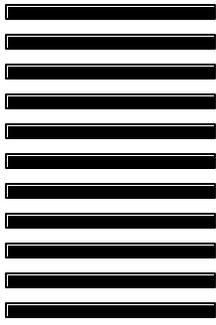
Mailing Steps:  
(1) Fold this page only along the dotted lines.  
(2) Tape after folding.



JANE DOE  
111 MAIN ST  
  
ANYWHERE OH 44104-0000



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UNITED STATES



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OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376

END

# IMPORTANT NOTICE

0000007

KNOX COUNTY DEPT OF JOB AND FAMILY SERVICES  
117 E. HIGH STREET 3ND FLR

MT. VERNON OH 430500000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 08/23/2002  
From: MARY JANE PRIBONIC  
Phone: (740) 397-7177 Ext: 1217

Worker ID: WMJP42  
Case Number: 9999999999  
AG Name: JANE DOE

Dear JANE DOE

We will STOP your OHIO WORKS FIRST (OWF) on 09/30/2002.

The people affected by this action are:

JANE D (INELIGIBLE) JOHN D (INELIGIBLE) JOHN D (INELIGIBLE) JOHN D (INELIGIBLE)

Reason:

OUR RECORDS SHOW THAT JANE DOE GOT "OWF" PAYMENTS FOR 60 MONTHS.  
We based this action on OHIO ADMINISTRATIVE CODE, Rule 5107.18(G)

THE MONTHS ARE: 10/97, 11/97, 12/97, 01/98, 02/98, 03/98, 04/98, 05/98, 06/98, 07/98, 08/98, 09/98, 10/98, 11/98, 12/98, 01/99, 02/99, 03/99, 04/99, 05/99, 06/99, 07/99, 08/99, 09/99, 10/99, 11/99, 12/99, 01/00, 02/00, 03/00, 04/00, 05/00, 06/00, 07/00, 08/00, 09/00, 10/00, 11/00, 12/00, 01/01, 02/01, 03/01, 04/01, 05/01, 06/01, 07/01, 08/01, 09/01, 10/01, 11/01, 12/01, 01/02, 02/02, 03/02, 04/02, 05/02, 06/02, 07/02, 08/02, 09/02.

Reason:

YOUR COUNTY HAS DECIDED THAT YOUR "HARDSHIP EXTENSION" ENDS ON 09/30/02 .  
We based this action on OHIO REVISED CODE, Section 5107.18(E)

REMEMBER: You got "OWF" payments for 60 months, so you have used up your "Federal 60-month lifetime limit." If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

You can not get any more payments unless your county approves a "federal hardship" extension for you. Ask your caseworker for a copy of your county's rules about extensions. Apply for extensions at your county.

After we stop your OWF payments, you may keep getting other benefits like Medical, Food Stamps, Child Day Care, PRC, Child Support Enforcement, etc. The "time limits" and "extensions" do not apply to these other benefits. They only apply to OWF payments. Your caseworker must tell you the benefits you can keep getting.

RC: 871 674 ADCR 1 T1

KEEP READING >>>

Page 1 of 6

We will RAISE your FOOD STAMPS from \$353 to \$465 each month starting 10/01/2002.

The people affected by this action are:

JANE D (ELIGIBLE) JOHN D (ELIGIBLE) JOHN D (ELIGIBLE) JOHN D (ELIGIBLE)

Reason:

WE STOPPED OR LOWERED YOUR "OWF" PAYMENTS.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:4-4-19

RC: 136 FS 1 I1

We will CONTINUE your COVERED FAMILIES AND CHILDREN MEDICAID (CFC) benefits with no change.

The people affected by this action are:

JANE D (ELIGIBLE) JOHN D (ELIGIBLE) JOHN D (ELIGIBLE) JOHN D (ELIGIBLE)

Reason: YOU ARE ELIGIBLE UNDER ALL THE RULES

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-2-10

RC: 091 MA C 1 C1

KEEP READING >>>

Page 2 of 6

SEQ# 0000003  
DHS 8523 (Rev. 07/00)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000007  
999999999/ADCR/01 NOTICE TYPE: MC01T1

**AG Name:**  
**JANE DOE**

**Case Number:**  
**999999999**

**Mailing Date:**  
**08/23/2002**

**INFORMATION ABOUT LOWERING YOUR RENT**

**DO YOU LIVE IN "PUBLIC HOUSING" OR GET "SECTION 8 RENTAL ASSISTANCE"?**

You may qualify for lower rent when we stop or reduce your OWF payments:

- \* if you have a Section 8 "voucher" or "certificate," or
- \* if you live in "public housing," or
- \* if you live in "Section 8 project-based housing."

**YOU MAY QUALIFY FOR LOWER RENT.**

If we are stopping or reducing your OWF payments, ask your Section 8 landlord or Public Housing Authority to reduce your rent. Show the page of this "Important Notice" that says what we are doing with your OWF payments. You may qualify to pay less rent.

*(Note: See your Public Housing Authority if you live in public housing or if you have a voucher or certificate. See your Section 8 landlord if you live in Section 8 project-based housing.)*

**YOU MAY EVEN QUALIFY FOR *FREE* RENT DUE TO "HARDSHIP."**

If your Section 8 landlord or Public Housing Authority asks you to pay "minimum rent," ask for a "hardship exemption." The exemption is for families who can not afford to pay the minimum rent. If you qualify, this exemption lets you pay even less than minimum rent -- maybe no rent.

*(Note: This hardship exemption for rent is not the same as the hardship extension that lets you keep getting OWF payments from us.)*

**WANT MORE INFORMATION? HAVE PROBLEMS?**

If you would like more information or have problems, contact:

- \* your Section 8 landlord or Public Housing Authority, or
- \* your local Legal Aid or Legal services office, call (800) 589-5999 for the local number.

**REPORT CHANGES IN YOUR RENT.**

If your rent changes, report the change to your county caseworker within 10 days.



This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 09/09/2002. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 11/21/2002. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
08/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*



**STEP 1** Check all the boxes that apply, then sign.

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** (Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**STEP 3** Choose one of these ways to send this request to us. We must get this request by the deadline!

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

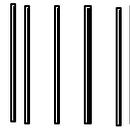
Page 5 of 6

Mailing Steps:

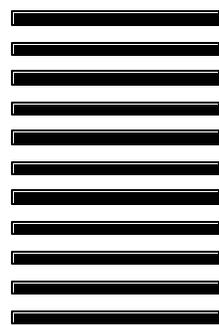
- (1) Fold this page only along the dotted lines.
- (2) Tape after folding.

JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



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UNITED STATES



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OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



# IMPORTANT NOTICE

0000002

ROSS COUNTY DEPT OF JOB AND FAMILY SERVICES  
475 WESTERN AVE. SUITE B  
P.O. BOX 469  
CHILLICOTHE OH 456010000



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 09/23/2002  
From: CAROL A LEHMAN  
Phone: (740) 773-2651 Ext: 1430

Worker ID: WCAL71  
Case Number: 999999999  
AG Name: JANE DOE

Dear JANE DOE

We will CONTINUE your OHIO WORKS FIRST (OWF) benefits with no change.

The people affected by this action are:

JANE D (ELIGIBLE) JANE D (ELIGIBLE) JANE D (ELIGIBLE) JOHN D (ELIGIBLE)

Reason:

OUR RECORDS SHOW THAT JANE DOE GOT "OWF" PAYMENTS FOR 60 MONTHS.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5107.18(G)

THE MONTHS ARE: 10/97, 11/97, 12/97, 01/98, 02/98, 03/98, 04/98, 05/98, 06/98, 07/98, 08/98, 09/98,  
10/98, 11/98, 12/98, 01/99, 02/99, 03/99, 04/99, 05/99, 06/99, 07/99, 08/99, 09/99, 10/99, 11/99, 12/99,  
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08/02, 09/02, 10/02,

Reason:

YOUR COUNTY HAS APPROVED A "HARDSHIP EXTENSION" FOR 11/01/02 TO 12/31/03 . AFTER THAT, YOU WILL GET NO MORE PAYMENTS UNLESS YOUR COUNTY APPROVES ANOTHER EXTENSION.

We based this action on OHIO REVISED CODE, Section 5107.18(E)

CAUTION: You got "OWF" payments for 60 months, so you have used up your "Federal 60-month lifetime limit." You will get OWF payments for more than 60 months only because your county approved a "federal hardship" extension for you. After this extension ends you can not get any more OWF payments unless your county approves another federal hardship extension for you.

If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

RC: 871 135 ADCR 1 C1

KEEP READING >>>

Page 1 of 4

AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
09/23/2002

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This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

**We must get your request for a State Hearing by the deadline: 12/23/2002.**

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.

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KEEP READING >>>

Page 2 of 4

SEQ# 0000079

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000002

ODS 8523 (Rev. 07/00) WCAL71/3003 ROSS

9999999999/ADCR/01

NOTICE TYPE: MC01C1

AG Name:  
JANE DOE

Case Number:  
999999999

Mailing Date:  
09/23/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** *Check all the boxes that apply, then sign.*

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** *(Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.*

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 3** *Choose one of these ways to send this request to us. We must get this request by the deadline!*

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>

Page 3 of 4

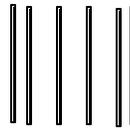


Mailing Steps:

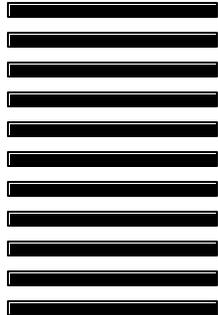
- (1) Fold this page only along the dotted lines.
- (2) Tape after folding.

JANE DOE  
111 MAIN ST

ANYWHERE OH 45601-0000



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IF MAILED  
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UNITED STATES



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OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376



WGCH 4567

# IMPORTANT NOTICE

0000001

CUYAHOGA COUNTY DEPT OF JOB AND FAMILY SERVICES  
MAIN OFFICE  
1641 PAYNE AVE  
CLEVELAND OH 441140000

JOHN DOE  
111 MAIN ST

ANYWHERE OH 99999-9999

---

Mailing Date: 08/12/2002  
From: GREGG CUYAHOGA  
Phone: (000) 000-0000 Ext:

Worker ID: WGCH18  
Case Number: 9999999999  
AG Name: JOHN DOE

Dear JOHN DOE



KEEP READING >>>

Page 1 of 6

SEQ# 0000079  
DHS 8523 (Rev. 07/00)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000001  
9999999999/ADCR/01 NOTICE TYPE: MC01R1

We will LOWER your OHIO WORKS FIRST (OWF) from \$373 to \$305 each month starting 10/01/2002.

The people affected by this action are:

JOHN D (ELIGIBLE) JANE D (ELIGIBLE) JOHN D (INELIGIBLE)

Reason:

OUR RECORDS SHOW THAT JOHN DOE GOT "OWF" PAYMENTS FOR 60 MONTHS.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5107.18(G)

THE MONTHS ARE: 10/97, 11/97, 12/97, 01/98, 02/98, 03/98, 04/98, 05/98, 06/98, 07/98, 08/98, 09/98, 10/98, 11/98, 12/98, 01/99, 02/99, 03/99, 04/99, 05/99, 06/99, 07/99, 08/99, 09/99, 10/99, 11/99, 12/99, 01/00, 02/00, 03/00, 04/00, 05/00, 06/00, 07/00, 08/00, 09/00, 10/00, 11/00, 12/00, 01/01, 02/01, 03/01, 04/01, 05/01, 06/01, 07/01, 08/01, 09/01, 10/01, 11/01, 12/01, 01/02, 02/02, 03/02, 04/02, 05/02, 06/02, 07/02, 08/02, 09/02.

Reason:

JOHN DOE CAN NOT GET "OWF" PAYMENTS FOR HERSELF OR HIMSELF. BUT THE CHILD(REN) MARKED "ELIGIBLE" CAN GET "OWF" PAYMENTS AS A "CHILD ONLY" CASE.

We based this action on OHIO ADMINISTRATIVE CODE, Rule 5101:1-23-01

REMEMBER: You got "OWF" payments for 60 months, so you have used up your "Federal 60-month lifetime limit." If you think we made a mistake in counting your months you may ask for a "State Hearing." Follow the instructions at the end of this "Important Notice" to ask for a hearing.

You can not get any more payments unless your county approves a "federal hardship" extension for you. Ask your caseworker for a copy of your county's rules about extensions. Apply for extensions at your county.

After we stop your OWF payments, you may keep getting other benefits like Medical, Food Stamps, Child Day Care, PRC, Child Support Enforcement, etc. The "time limits" and "extensions" do not apply to these other benefits. They only apply to OWF payments. Your caseworker must tell you the benefits you can keep getting.

RC: 871 672 ADCR 1 R1

KEEP READING >>>

Page 2 of 6

SEQ# 0000079  
DHS 8523 (Rev. 07/00)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000001  
999999999/ADCR/01 NOTICE TYPE: MC01R1

**AG Name:**  
**JOHN DOE**

**Case Number:**  
**999999999**

**Mailing Date:**  
**08/12/2002**

**INFORMATION ABOUT LOWERING YOUR RENT**

**DO YOU LIVE IN "PUBLIC HOUSING" OR GET "SECTION 8 RENTAL ASSISTANCE"?**

You may qualify for lower rent when we stop or reduce your OWF payments:

- \* if you have a Section 8 "voucher" or "certificate," or
- \* if you live in "public housing," or
- \* if you live in "Section 8 project-based housing."

**YOU MAY QUALIFY FOR LOWER RENT.**

If we are stopping or reducing your OWF payments, ask your Section 8 landlord or Public Housing Authority to reduce your rent. Show the page of this "Important Notice" that says what we are doing with your OWF payments. You may qualify to pay less rent.

*(Note: See your Public Housing Authority if you live in public housing or if you have a voucher or certificate. See your Section 8 landlord if you live in Section 8 project-based housing.)*

**YOU MAY EVEN QUALIFY FOR *FREE* RENT DUE TO "HARDSHIP."**

If your Section 8 landlord or Public Housing Authority asks you to pay "minimum rent," ask for a "hardship exemption." The exemption is for families who can not afford to pay the minimum rent. If you qualify, this exemption lets you pay even less than minimum rent -- maybe no rent.

*(Note: This hardship exemption for rent is not the same as the hardship extension that lets you keep getting OWF payments from us.)*

**WANT MORE INFORMATION? HAVE PROBLEMS?**

If you would like more information or have problems, contact:

- \* your Section 8 landlord or Public Housing Authority, or
- \* your local Legal Aid or Legal services office, call (800) 589-5999 for the local number.

**REPORT CHANGES IN YOUR RENT.**

If your rent changes, report the change to your county caseworker within 10 days.



This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake.* At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 08/27/2002. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 11/12/2002. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

*Please use the next page ("State Hearing Request") to ask for a State Hearing.* Save all the other pages of this notice.

*Someone else may help you (a lawyer, social worker, friend, relative, etc.).* Someone else may request a hearing for you and come to the hearing with you.

*You can ask your local Legal Aid program for free help with your case.* Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.



AG Name:  
JOHN DOE

Case Number:  
9999999999

Mailing Date:  
08/12/2002

**STATE HEARING REQUEST**  
*If you want to appeal, get this to us by the deadline!*

**STEP 1** Check all the boxes that apply, then sign.

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)  
 Food Stamps  
 Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)  
 PRC  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
(examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** (Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**STEP 3** Choose one of these ways to send this request to us. We must get this request by the deadline!

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FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

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KEEP READING >>>

Page 5 of 6

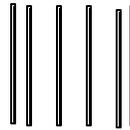


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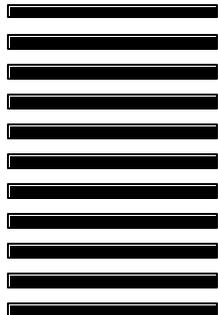
- (1) Fold this page only along the dotted lines.
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**ATTACHMENT 4**

**OWF TIME LIMIT REASON CODES**

**TSRC Reason Codes  
State Umbrella Codes for Good Cause**

# TSRC Reason Codes

## **Positive Reason Codes:**

- 135 OWF “hardship extension” span approved  
Your county has approved a hardship extension for (from date) to (to date) . After that, you will get no more payments unless your county approves another extension.
- 137 Child only approval-rel. hit time limit-no extension<sup>1</sup>  
(Name) cannot get “OWF” payments for herself or himself. But the child(ren) marked “eligible” can get “OWF” payments as a “child only” case.
- 235 OWF “good cause extension” approved<sup>2</sup>  
Your county has approved a good cause extension starting mm/01/yyyy . After this extension ends, you will get no more payments unless your county approves another extension.

## **Negative Reason Codes:**

- 671 OWF 36-months exhausted  
Our records show that (name) got “OWF” payments for 36 months.
- 672 OWF continues as “child only” case, spec. rel ineligible  
(Name) can not keep getting “OWF” payments for herself or himself. But the child(ren) marked “eligible” will keep getting “OWF” payments as a “child only” case.
- 673 OWF “hardship extension” span denied  
Your county has decided you are not eligible for a “hardship extension” under its rules.
- 674 OWF “hardship extension” span expired or terminated  
Your county has decided that your “hardship extension” ends on (to date).
- 871 OWF 60-months exhausted  
Our records show that (name) got “OWF” payments for 60 months.<sup>3</sup>
- 873 OWF “good cause extension” denied<sup>4</sup>  
Your county has decided you are not eligible for a “good cause extension” under its rules.

---

<sup>1</sup> Fixed text modified. In production effective 5/8/02.

<sup>2</sup> New reason code to be in production by cut-off 8/02.

<sup>3</sup> New reason code to be in production by cut-off 8/02.

<sup>4</sup> New reason code to be in production by cut-off 8/02.

## State Umbrella Codes for Good Cause

0100	Loss of employment
0200	Inability to find employment
0300	Divorce
0400	Domestic violence considerations
0500	Unique personal circumstances
0600	Age
0700	Child protective service case plan
0800	Dependent care barriers
0900	Disability/medical condition
1000	Educational barriers/training
1100	Felony/criminal barriers
1200	Homelessness
1300	Pregnancy/childbearing
1400	Program compliance problems
1500	Substance abuse
1600	Teen parents
1700	Transportation barriers
1800	Any other reason the CDJFS determines to be good cause for participating in OWF beyond the 36-month limit.
9000	Intercounty transfer