

**CARROLL COUNTY**  
**DEPT OF JOB AND FAMILY SERVICES**

**HARDSHIP EXEMPTION PLAN**

Under O.R.C. section 5107.18 a County Dept of Job and Family Service can declare up to twenty percent (20%) of its average caseload during the prior federal fiscal year to be under a “Hardship” and grant such assistance groups an exemption in order to continue assistance. Prior to the expiration of an assistance group’s thirty-six (36) months of assistance, the assistance group will be reviewed to determine potential eligibility for a Hardship Exemption. Carroll County Department of Job and Family Services, at its sole discretion, will extend benefits to not more than twenty percent (20%) of its average caseload under the circumstances described below.

The Carroll County Department of Job and Family Services (CCDJFS) has adopted the following criteria for determining whether an assistance group may qualify for a Hardship Exemption under O.R.C. section 5107.08.

Assistance groups receiving an exemption must continue to abide by the provisions of the Self-Sufficiency Contract, and all OWF rules and regulations.

An assistance group which includes an adult who has participated in Ohio Works First (OWF) for thirty-six (36) months may be eligible for a “Hardship Exemption” if, upon reaching the thirty-six (36) month of participation, one (1) or more of the following circumstances exists:

1. The assistance group includes an adult or minor head of household who is a victim of domestic abuse, as is defined in O.R.C. section 3113.31(A1) who is actively seeking help from an established support provider which prevents him or her from pursuing, obtaining and/or maintaining employment, such an assistance group may receive an exemption of up to six (6) months.
2. The assistance group includes an adult or minor head of household who is enrolled in and has completed at least one-half (½) of an educational or training program which is directly related to, and will prepare the individual for, an employment opportunity, and the individual remains enrolled and in good standing as determined by the educational or training institution. The education or training program must, by itself or in combination with the assignments, meet the individuals work participation requirement. The individual must be a full time student in the employment and training program they are attending. If receiving Pell or OIG grants they must be exploring work study prospects. Such an assistance group may receive an exemption of up to six (6) months to complete the work program.
3. The assistance group includes an adult or minor head of household who is unable to secure employment, and is actively seeking employment and the unemployment rate for Carroll County as reported by the Ohio Department of Job and Family Services (ODJFS) is continuously at a rate greater than ten percent (10%) for three (3) months prior to the month in which eligibility for participation of the assistance group will expire. Such an assistance group may receive an exemption of up to six (6) months, or until the unemployment rate for Carroll County drops below ten percent (10%), whichever is shorter.

4. The assistance group includes an adult or minor head of household whose presence is medically necessary to provide care for a disabled immediate family member (I.E. child, spouse, parent, sibling) living in the same household, and through no fault of their own no alternative care is available. The medical necessity of the individual's presence to provide care must be verified by a physician's statement on a designated form. CCDJFS reserves the right to secure and rely upon additional opinions from medical providers of its choice. Such an assistance group may receive an exemption of up to six (6) months.
5. The assistance group includes an adult or minor head of household who is medically certified to be pregnant and in the third trimester of the pregnancy, or is caring for a child under the age of three (3) months. Such an assistance group may receive an exemption of up to six (6) months, or until such time as the child reaches three (3) months of age, whichever is shorter.
6. The assistance group includes an adult or minor head of household who has serious physical or mental illness or condition which renders them incapacitated for employment. The incapacity must be verified by a physician, and expected to last for thirty (30) days or longer and the individual must be in the process of applying for disability benefits. Application for disability must have been made six (6) months prior to reaching the time limit or two (2) months from the date of disability. CCDJFS reserves the right to secure and rely upon additional opinions from medical providers of its choice. Such an assistance group may receive an exemption for a duration of the application process, up to a maximum of six (6) months.
7. The assistance group includes an adult or minor head of household who through no fault of his or her own, is unable to procure child care services, and the lack of child care prevents him or her from pursuing, obtaining and/or maintaining employment. Such an assistance group of up to six (6) months, or until such time as suitable childcare arrangement are found, whichever is shorter.
8. The assistance group includes an adult or minor head of household who is unable to work due to the assistance group participation in an approved residential chemical dependancy rehabilitation program. Such an assistance group may receive an exemption for the duration of the rehabilitation program, up to a maximum of six (6) months.
9. The assistance group includes an adult or minor head of household who loses his or her employment prior to expiration of eligibility due to natural disaster or an emergency which causes the individual's employer to close. Such an assistance group may receive an exemption of up to six (6) months, or until employment is found, whichever is shorter.
10. Assistance groups in the 180 day reunification process will be evaluated for an extension of up to six (6) months.

Assistance groups qualifying for a Hardship Exemption under these criteria will be evaluated on a monthly basis to determine if the Hardship Exemption is still applicable. Each month of the extended payment will count against the sixty (60) month federal time limit as Federal Law, H.R. 3734 defines.

An assistance group which exhausts its initial exemption and which still meets the criteria for a Hardship Exemption may re-apply for an exemption. Such requests will be evaluated on a case by case basis. **EXTENSIONS ARE NOT AUTOMATIC.**

The Carroll County Department of Job and Family Services reserves the right to amend the above criteria. Should the Carroll County Department of Job and Family Services determine that these criteria should be amended, such amendments will be made public prior to their effective date whenever practical.

The State Department of Job and Family Services continually monitors the percentage of the average monthly number of Ohio Works First participants in each county that are granted Hardship Exemptions. Once a county department's exemptions equal or exceed eighteen percent (18%), the state department will immediately notify the county department. Upon notification from the state the CCDJFS has met or exceeded eighteen percent (18%), CCDJFS will review all assistance groups receiving an exemption, to determine if any assistance groups no longer qualify for an exemption. Such review may in addition to any regularly scheduled monthly review.

If, at any point, CCDJFS can no longer grant Hardship Exemptions to all qualifying groups due to the operation of twenty percent (20%) limitation, CCDJFS may amend, delete and/or add to any of the above criteria and/or may develop and implement alternative Hardship criteria to address the situation.

Any assistance group or individual who disagrees with the decision made by Carroll County Dept of Job and Family Service regarding their application for a Hardship Exemption may request a state hearing by completing a request for a State Hearing Form. Forms will be issued to the client when request is received verbally or in writing.

## TIME LIMITS TO CASH ASSISTANCE

\_\_\_\_\_ Date Mailed: \_\_\_\_\_  
\_\_\_\_\_ Assistance Group # \_\_\_\_\_  
\_\_\_\_\_

You are within the last six (6) months of your eligibility for temporary cash assistance. Your OWF case manager will be contacting you to discuss your plans, and any additional help you may need to get a job.

When you meet with your OWF case manager, you will be able to request in writing a Hardship Exemption from the time limits if you have a serious problem keeping you from getting a job.

If you receive a Hardship Exemption, you may only receive a limited number of additional months of benefits.

Your OWF case manager can answer any questions you may have.

\_\_\_\_\_ CARROLL CO. DEPT OF JOB AND FAMILY SERVICES  
CASE MANAGER P O BOX 216  
CARROLLTON, OHIO 44615

\_\_\_\_\_ PHONE NUMBER

**HARDSHIP EXEMPTION REQUEST AND REVIEW FORM**

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**Section 1: OWF Participant**

- I am requesting an exemption from the OWF time limits due to the following hardship (a copy of my current Self-Sufficiency contract is attached.)

**Hardship Criteria: (mark all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Disabled and applying for SSI                       | <input type="checkbox"/> Caring for disabled family member       |
| <input type="checkbox"/> Victim of Domestic Violence                         | <input type="checkbox"/> Lost employment due to natural disaster |
| <input type="checkbox"/> Currently enrolled in degree or certificate program | <input type="checkbox"/> High Unemployment rate                  |
| <input type="checkbox"/> Third trimester pregnancy or child under 3 months   | <input type="checkbox"/> Loss of child care                      |
| <input type="checkbox"/> Participant in residential treatment program        |  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Section 2: Hardship Exemption Decision:**

Hardship criteria met: \_\_\_\_\_yes \_\_\_\_\_no  
(All review verifications attached)

Number of months needed: \_\_\_\_\_ Review date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hardship Exemption approved beginning \_\_\_\_\_ Number of months \_\_\_\_\_ Denied \_\_\_\_\_

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**STATEMENT OF UNDERSTANDING**

Assistance Group Name: \_\_\_\_\_ Group # \_\_\_\_\_

Participant Name \_\_\_\_\_ SSNs \_\_\_\_\_

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I have met with my Ohio Works First case manager to talk about my current situation, how can I meet my job goal by the end of my cash assistance time limit, and to get information about the options for additional time available through the Hardship Exemption Policy and my options have been explained to me.

I have been told that my cash assistance will end on: \_\_\_\_\_.

I have been told that if I request in writing an extension of my months of cash assistance, my request will be reviewed and I will receive a letter from Carroll County Department of Job and Family Services which will inform me of the decision of that request.

I have been told that an extension of the months of cash assistance will be in increments of one (1) month and will be based, upon my individual circumstances. I can ask for an extension more than one (1) time, however, my circumstances will be reviewed prior to each requested extension.

I have been told that if I fail to meet any program requirement, not just work requirements, my cash assistance will end and I cannot receive an extension of cash assistance.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VERIFIED BY CASE MANAGER      DATE

By my signature below, I am agreeing with the components of the time limit Hardship Exemptions that will be accepted and used as guidelines for allowing Hardship Exemptions to be granted to eligible assistance groups in Carroll County,

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Chris Adams, Director, Carroll County Job and Family Services/Date

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Robert Herron, President, Carroll County Commissioner/Date

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James Griffeth, Carroll County Commissioner/Date

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Terry Wagner, Carroll County Commissioner/Date

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John T. Smiley, Prosecuting Attorney, Carroll County, Ohio/Date

