

EMPLOYMENT & FAMILY SERVICES

SERVICE DELIVERY PROTOCOL

Short-term Transitional Assistance (OWF Hardship)

Policy- PS-022R
Effective Date: 03-28-2011

PURPOSE & SCOPE

To establish a policy and procedure for EFS Specialists to determine eligibility for OWF cash benefits once the initial 36-months of OWF eligibility have been exhausted and the 24-month waiting period has not been completed, have received 36 months of OWF and have completed the 24-month waiting period but are not eligible for Transitional Assistance (Good Cause), or the Federal 60-month limit on the receipt of TANF has been reached. This protocol applies to all individuals applying or reapplying for OWF cash benefits that have received 36 months of OWF cash benefits but have not completed the 24-month waiting period, have received 36 months of OWF and have completed the 24-month waiting period but are not eligible for Transitional Assistance, and/or have reached the 60-month federal limit on the receipt of TANF.

POLICY

- I. Short-term Transitional Assistance (commonly known as “hardship extension”) is available to individuals once 36 months of OWF cash benefits have been received but the 24-month waiting period has not been completed or once 36 months of OWF have been received and the 24-month waiting period has been completed but the individual is not eligible for Transitional Assistance.
- II. Short-term Transitional Assistance (commonly known as “hardship extension”) is available to individuals once 60 months of TANF cash benefits have been received.
- III. Eligibility for Short-term Transitional Assistance is contingent on the individual meeting at least one the following conditions:
 - A. Parent/caretaker of a child under 12 weeks of age
 - B. Teen parent designated as head of household
 - C. Parent/caretaker of physically disabled or mentally ill family member or a family member who has a short-term medical crisis
 - D. Parent has a physical disability, mental illness, or chronic, debilitating medical condition or a short-term medical crisis
 - E. Individual lost employment through no fault of their own
 - F. Individual is temporarily unable to work because of domestic violence
 - G. Parent/caretaker has completed reunification with child(ren) following involvement with DCFS within the last 12 months OR has a scheduled court date to complete the reunification.
 - H. Parent/caretaker is actively involved in treatment for an alcohol or drug issue OR enrolls in an alcohol or drug program based on results of pre-employment screen.
- IV. Short-term Transitional Assistance is time limited and individuals must be in compliance with all terms of the signed, Self-sufficiency Contract/Plan.

- A. The Self-sufficiency Plan must outline the steps the applicant will take during the eligibility span to overcome the reason for the span being approved.
 - B. Individuals who receive STTA are subject to sanction for failing to fulfill all provisions of the Self-sufficiency Plan.
- V. For two-parent households, both parents must fall into one of the categories in order for the assistance group to be eligible for STTA.
- VI. The worker must also examine if there are any unique circumstances that could be determined to be a hardship in addition to the above listed criteria.
- VII. Eligibility spans for each category must be followed unless a State Hearing Decision rules otherwise.

ELIGIBILITY

I. Parent or caretaker caring for a child under 12 weeks of age

- A. Criteria
 1. Applicant/re-applicant must meet all other OWF eligibility requirements.
 2. Applicant/re-applicant cares for a child who is under 12 weeks of age living with the applicant.
 3. Applicant/re-applicant **opts** not to be out of the home more than twenty (20) hours per week due the care of the child.
 4. Any other adult in the assistance group (A/G) must be unable to work or care for the child according to criteria in paragraph IV A-parent has a physical disability, mental illness, or short-term medical crisis.
 5. Applicant/re-applicant is eligible for benefits in a payment month if the child is under 12 weeks of age for a minimum of fifteen (15) days in the month.
 6. Applicant/re-applicant must comply with all provisions of the Self-sufficiency Contract/Plan including participation in an appropriate work activity. Failure to do so, without good cause, may result in a sanction.
- B. Eligibility Spans
 1. Applicant/re-applicant is eligible beginning with the date of application.
 2. Eligibility spans will last no more than three consecutive payment months.
 3. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as they meet the criteria.

II. Teen Parent, Head of Household

- A. Criteria
 1. Applicant/re-applicant must meet all OWF eligibility requirements.
 2. Applicant/re-applicant must be under 20 years of age and designated as head of household for the A/G.
 3. Applicant/re-applicant must be enrolled in and attending an accredited high school or approved G.E.D. program as part of their Self-sufficiency Contract/Plan.

4. Applicant/re-applicant must be enrolled in school for a minimum of fifteen days in the payment month to be eligible to receive OWF benefits for that payment month.
 5. Applicant/re-applicant must comply with all provisions of the Self-sufficiency Contract/Plan. Failure to do so, without good cause, may result in a sanction.
- B. Eligibility Spans
1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
 2. Eligibility spans will last no more than six consecutive months or until the end of the school semester, whichever is shorter.
 3. Applicant/re-applicants may reapply and receive additional spans of eligibility as long as criteria continue to be met and verified.

III. Parent caring for a physically disabled or mentally ill family member

- A. Criteria
1. Applicant/re-applicant meets all OWF eligibility requirements.
 2. Applicant/re-applicant is providing necessary care for a mentally ill or physically disabled family member (child, spouse, sibling, parent, step-parent, or step-child, grandparent, or great grandparent) residing in the same residence, and other safe and appropriate arrangements for the care of the disabled individual are unavailable.
 3. The disabled family member must be diagnosed with a physical disability, mental illness, or short-term medical crisis by a licensed medical practitioner in the six months immediately preceding the application date.
 - a.) Must be verified in writing and
 - b.) "Basic Medical Form" (ODHS 7302) must be completed and the disability documented or
 - c.) The "Mental Functional Capacity Assessment Form" (ODHS 7308) documenting the mental illness, if appropriate.
 - d.) Per OAC 5101: 1-3-12, "competent medical documentation", showing that the disability is expected to last at least 30 days, may be used as substitution for the forms listed above.
 4. A medical statement completed by a licensed medical practitioner in the six months immediately preceding the date of application is required and must state that care is required for the disabled family member.
 5. In the case of a school-aged child where his/her disability prohibits the child from attending school, the need for in-home schooling must be verified on the student's Individualized Education Plan (IEP) as the least restrictive educational setting for the school aged child. The requirements listed in paragraph III(A) are also required.
 6. Any other adult in the assistance group (A/G) must be unable to work or provide care for the disabled individual according to criteria in paragraph IV A - parent has a physical disability, mental illness, or short-term medical crisis.

7. Supportive services and community resources must be explored and determined to be currently unavailable to be eligible for Transitional Assistance.
 - a.) The applicant/re-applicant may be required to continue to explore supportive services and community resources as part of the Self-sufficiency Plan.
 - b.) Failure to explore other supportive services and community resources as part of the Self-sufficiency Plan may result in a sanction.
 8. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as criteria continue to be met and verified.
 9. Applicant/re-applicant must comply with all provisions of the Self-sufficiency Contract/Plan. Failure to do so, without good cause, may result in a sanction.
- B. Eligibility Spans
1. Applicant/re-applicant is eligible for benefits beginning with the date of application if all eligibility criteria are met.
 2. Applicant's may be eligible for STTA for up to three payment months pending the receipt of required medical documentation when:
 - a.) The applicant provides medical documentation (other than the standard medical documentation required in paragraphs III A (3-5)) stating that the applicant is "unemployable" due to a physical disability or mental illness of a family member.
 - b.) The EFS Specialist learned of a disability or disability-related issue during the Pre-Time evaluation and failed to request medical documentation timely.
 - c.) The applicant, during the "aid pending" span, cooperates in obtaining the standard medical documentation required in paragraphs III A (3-5).
 3. Eligibility spans will last for no more than 6 consecutive months.
 - a.) Spans will last for 6 consecutive months except for short-term medical crisis.
 - i.) Applicant is required to report changes in the disability or disability-related issue within ten calendar days of the change. The STTA span may be shortened based on information/documentation provided by the client.
 - ii.) Failure by the client to report changes timely may result in an overpayment.
 4. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as criteria continue to be met and verified.

IV. Parent is physically disabled, mentally ill, has a chronic, debilitating medical condition, or has a short-term, debilitating medical crisis

A. Criteria

1. Applicant/re-applicant must meet all OWF eligibility criteria.
2. The applicant/re-applicant must be diagnosed as being physically disabled, mentally ill, or having a short-term, debilitating medical crisis by a licensed medical practitioner in the six months immediately preceding the application date.
 - a.) Must be verified in writing and
 - b.) "Basic Medical Form" (ODHS 7302) must be completed and the disability or medical crisis documented or
 - c.) "Mental Functional Capacity Assessment Form" (ODHS 7308) documenting the illness is required.
 - d.) Per OAC 5101: 1-3-12, "competent medical documentation", showing that the disability is expected to last at least 30 days, may be used as substitution for the forms listed above.
3. Supportive services and community resources must be explored and determined to be currently unavailable to be eligible for Short-Term Transitional Assistance.
 - a.) The applicant/re-applicant may be required to continue to explore supportive services and community resources as part of the Self-sufficiency Plan.
 - b.) Failure to explore other supportive services and community resources as part of the Self-sufficiency Plan may result in a sanction.
4. Applicant/re-applicant must comply with all provisions of the Self-sufficiency Contract/Plan. Failure to do so, without good cause, may result in a sanction.

B. Eligibility Spans

1. Applicant/re-applicant is eligible for benefits beginning with the date of application if all eligibility criteria are met.
2. Applicants may be eligible for STTA for up to three payment months pending the receipt of required medical documentation when:
 - a.) The applicant provides medical documentation (other than the standard medical documentation required in paragraphs IV A (2-3)) stating that the applicant is "unemployable" due to a physical disability or mental illness.
 - b.) The EFS Specialist learned of a disability or disability-related issue during the Pre-Time evaluation and failed to request medical documentation timely.
 - c.) The applicant, during the "aid pending" span, cooperates in obtaining the standard medical documentation required in paragraphs IV A (2-3).
3. Eligibility spans will last no more than 6 consecutive months.
 - a.) Spans will last for 6 consecutive months except for short-term medical crisis.
 - i.) Applicant is required to report changes in the disability or disability-related issue within ten calendar days of the change. The STTA span may

- be shortened based on information/documentation provided by the client.
 - ii.) Failure by the client to report changes timely may result in an overpayment.
- 4. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as criteria continue to be met and verified.

V. Individual lost employment through no fault of their own

A. Criteria

1. Applicant/re-applicant must meet all OWF eligibility criteria.
2. Applicant/re-applicant must have been employed for 3 of the last 6 months at 20 hours/week or higher, or have exhausted their Unemployment Compensation benefits within the four months prior to the date of application.
 - a.) Must be verified in writing
 - b.) Pay stub(s) or a statement(s) from the employer(s) on company letterhead is acceptable verification
3. Applicant must apply for Unemployment Compensation benefits.
4. Applicants may not voluntarily quit a job without "Just Cause".
 - a.) "Just Cause" is defined in Cuyahoga County Protocol PS-003.
 - b.) The EFS Specialist determines if "Just Cause" exists for the voluntary job quit.
5. Applicants may not be discharged from employment, including termination due to "Job Abandonment", without "Just Cause"
 - a.) Job Abandonment is failure of the applicant to show up for work without prior notice to the employer.
 - b.) "Just Cause" does not exist for the failure to attend work without notice.
6. The ending of seasonal employment or employment of a time-specific nature known at hiring (i.e.: school bus driver) is specifically excluded and no client shall be eligible.
7. Applicants who have exhausted their Unemployment Compensation benefits within the four months prior to their date of application would also be eligible under this category as long as all other eligibility criteria are met.

B. Eligibility Spans

1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
2. Eligibility spans will last no more than six consecutive months.
3. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as they meet the criteria, and can show evidence of attempts to obtain employment, and/or participation in job search or training activities.
4. Any denial in this category must be reviewed by a Team Leader or Team Coordinator.

VI. Individual is temporarily unable to work because of domestic violence

A. Criteria:

1. Applicant/re-applicant must meet all OWF eligibility criteria.
2. Applicant/re-applicant is temporarily unable to work because the applicant or re-applicant, a family member, or household member has been the victim of domestic violence
3. Applicant/re-applicant must meet one of the following:
 - a.) Per OAC Rule 5101:1-23-01 (H)(4)(h), if the applicant cannot provide any verifications of domestic violence, the applicant's statement alleging domestic violence must be accepted and the hardship extension awarded, unless there is an independent, reasonable basis that finds that the applicant's allegation is not credible
 - b.) The caseworker may request the following documentation verifying a domestic violence situation:
 - 1.) A police report in the last five (5) years alleging domestic violence against a family member who currently resides with or resided with the applicant/re-applicant.
 - 2.) A Temporary or Civil Protection Order currently in effect.
 - 3.) A clinical assessment by a domestic violence professional (LSW, LISW or LPPC) that substantiates the situation.
4. In addition to Section of VI (A)(3) of this policy, participation in work activities is mandated and the following documentation is required unless it is determined through a professional assessment that participation would be problematic in addressing the domestic violence situation:
 - a) Must be involved in counseling as a direct result of the legations of domestic violence. (If not in counseling at the time of application, the client must agree to and become involved in counseling prior to the application being approved.)
 - 1.) Must be verified in writing.
 - 2.) Documentation must state
 - i.) That the applicant is currently unable to work more than 20 hours/week due to the domestic violence issue(s).
 - ii.) The anticipated timeframe for resolution of the domestic violence issue so that the applicant may return to work.
 - iii.) Identification of available community resources to address the issue(s).
 - b.) "Mental Functional Capacity Assessment Form" (ODHS7308) or "Basic Medical Form" (ODHS 7302) must be completed by the appropriate licensed medical provider stating the client is unable to work at this time as the result domestic violence.
 - c.) Currently residing in a domestic violence shelter.
 - 1.) Must be verified in writing.
 - 2.) Documentation must state:

- i.) That the applicant is currently unable to work more than 20 hours/week due to the domestic violence issue(s).
 - ii.) The anticipated timeframe for resolution of the domestic violence issue so that the applicant may return to work.
 - iii.) Identification of available community resources to address the issue(s).
 - d. The applicant/re-applicant must participate in a Self-Sufficiency Plan developed with their EFS Specialist for at least 20 hours/week.
 - 1.) The Self-sufficiency Plan must include participation in job preparation activities, supportive services, and developmental activities necessary to resolve the issues that interfere with employment.
 - 2.) If it is determined, through a professional assessment, that the applicant is unable to participate in a Self-sufficiency Plan due to the effects of the domestic violence (ie: safety concerns, physical issues, etc.) no participation will be required until the identified issues are resolved.
 - 3.) Non-participation in a Self-sufficiency Plan may last for no longer than six (6) months.
- B. Eligibility Spans
 - 1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
 - 2. Eligibility spans will last no more than six consecutive months.
 - 3. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as they continue to meet the criteria.
 - 4. Any application in this category must be reviewed by a Team Leader or Team Coordinator.

VII. Parent/caretaker has completed reunification with child(ren) following involvement with the Department of Children and Family Services (DCFS) within the last 12 months OR has a scheduled court date to complete the reunification.

- A. Criteria:
 - 1. The individual must have a reunification plan with DCFS.
 - 2. The family must have completed the reunification within the last 12 months OR the family must have a scheduled court date to complete the reunification.
 - 3. The individual must provide a copy of the DCFS Team Decision Making Plan (also called the Staffing Report) which verifies their reunification plan through DCFS.
 - a. The parent/caretaker receives a copy of this Plan from DCFS during the staffing meetings.
 - b. If the parent/caretaker does not have their copy of the Plan, they can obtain a new copy from their DCFS worker.
- B. Eligibility Spans:
 - 1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
 - 2. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as they meet the criteria.

3. Any application in this category must be reviewed by a Team Leader or Team Coordinator.

VII. Parent/caretaker is actively involved in treatment for an alcohol or drug (AOD) issue OR enrolls in an alcohol or drug program based on results of pre-employment screen.

A. Criteria

1. Individual must participate in an AOD treatment program.
 - a. An AOD treatment program, for STTA, is defined as a structured alcohol and/or drug recovery program which consists of more than merely attending meetings.
 - b. If the individual is not currently enrolled in an AOD treatment program:
 - i. Individual must complete a full assessment with Catholic Charities showing the existence of an AOD issue.
 - ii. Catholic Charities will refer the individual to a treatment program after the full assessment is completed.
 - iii. Individual must provide verification that they have enrolled in an AOD treatment program.
 - c. If the individual is currently enrolled in an AOD treatment program:
 - i. Individual must provide verification that they are currently enrolled in an AOD treatment program.
 - ii. The Catholic Charities assessment is not needed.
2. Individual must provide verification that they are successfully progressing in their AOD treatment program each month during their eligibility span.

B. Eligibility Spans

1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
2. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as they meet the criteria, and are continuing to participate and are progressing in their treatment program.
3. Any application in this category must be reviewed by a Team Leader or Team Coordinator.

PROCEDURE

- I. **Applicant/re-applicant returns a completed, signed, and dated “Request for OWF Extended Benefits” form, public assistance application (ODHS 7200) if necessary, and “Sharing of Information” form to their EFS Specialist.**
 - A. Applications/Re-applications are accepted no earlier than IM cutoff 2 months prior to the end of the individual’s OWF eligibility, if applying during the initial 36 months of OWF eligibility.
 - B. Application processing begins immediately upon receipt of a signed application/re-application.
 - C. Application decision notification cannot be made until after IM cutoff in the 35th month of eligibility, if applying during the initial 36 months of OWF eligibility.

- II. **The EFS Specialist reviews the applicant/re-applicant’s request form to determine under which category of eligibility the individual is applying.**
 - A. The EFS Specialist provides the applicant with the necessary medical forms to be completed and explains the STTA application procedure.
 - B. The EFS Specialist approves “aid pending” if sufficient medical documentation has been submitted.

- III. **The EFS Specialist reviews the Pre-time Limit Evaluation, all required verifications and all case documentation.**

- IV. **EFS Specialist determines eligibility for Short-term Transitional Assistance.**
 - A. Eligibility criteria are met:
 1. EFS Specialist reviews the case information with a Team Leader.
 - a.) Team Leader must approve all Short-term Transitional Assistance.
 - b.) Coordinator is the final authority if the EFS Specialist and Team Leader disagree on the approval of benefits.
 2. EFS Specialist sends an appointment letter, manually, to the applicant/re-applicant for the purpose of signing the Self-sufficiency Contract and developing a new Self-sufficiency Plan.
 3. EFS Specialist completes a new Self-sufficiency Contract/Plan with the applicant/re-applicant. Applicant/re-applicant signs both forms.
 4. EFS Specialist runs the AEORE driver in the CRIS-E system.
 - a.) EFS Specialist enters the span of eligibility on the TLER screen.
 - b.) EFS Specialist enters the appropriate approval code on the TLER screen.
 - c.) EFS Specialist authorizes the case on the AEWAA screen.
 - i.) CRIS-E sends an approval notice.
 - ii.) Benefits will be issued through the CRIS-E system.
 5. EFS Specialist determines eligibility for all other public assistance programs.
 6. EFS Specialist completes the bottom section of the “OWF Extended Benefits Request” form.
 7. EFS Specialist updates CLRC with all pertinent case information.
 - a.) Date the “OWF Extended Benefits Request” form was received.
 - b.) Any verifications received.
 - c.) Summary of approval by the Team Leader/Coordinator

- e.) Duration for the eligibility span.
- f.) Reason for the approval of the request.
- g.) Any state hearing compliance information.

B. Eligibility criteria are not met:

1. EFS Specialist reviews the case information with a Team Leader
 - a.) Team Leader must agree with all "Short-term Transitional Assistance" denials.
 - b.) Coordinator is the final authority if the EFS Specialist and Team Leader disagree on the denial of benefits.
2. EFS Specialist runs the AEORE driver in the CRIS-E system.
 - a.) EFS Specialist does not complete the TLER screen.
 - b.) EFS Specialist authorizes the case on the AEWAA screen using the appropriate denial code. CRIS-E will send the denial notice.
3. EFS Specialist reviews the remaining post time limit options with the applicant/re-applicant.
 - a.) If applicant/re-applicant is interested and meets basic program eligibility criteria, the EFS Specialist makes all appropriate referrals.
 - i.) EFS Specialist calls the appropriate provider(s).
 - ii.) EFS Specialist completes a referral through the Provider Gateway system.
 - b.) If applicant/re-applicant is not interested, the assessment is complete.
4. EFS Specialist determines eligibility for all other public assistance programs.
5. EFS Specialist completes the bottom section of the "OWF Extended Benefits Request" form.
6. EFS Specialist updates CLRC with all pertinent case information.
 - a.) Date the "OWF Extended Benefits Request" form as received.
 - b.) Any verifications received.
 - c.) Summary of denial by the Team Leader/Coordinator.
 - e.) Reason for the denial of the request.
 - f.) Other post time limit option discussions
 - g.) Any state hearing compliance information.

FOLLOW-UP and MONITORING

- I. The Ohio Department of Jobs and Family Services (ODJFS) will:**
 - A. Monitor Cuyahoga County's adherence to state policy regarding caseload extension limits.
 1. Notification will be sent when the county reaches the 15% of the allowable number of assistance groups receiving Short-term Transitional Assistance and Transitional Assistance
 2. Notification will be sent when the county reaches the 18% of the allowable number of assistance groups receiving Short-term Transitional Assistance and Transitional Assistance
 3. Notification will be sent when the county reaches the 20% of the allowable number of assistance groups receiving Short-term Transitional Assistance and Transitional Assistance.
 - B. Provide reports regularly to the county to assist in the monitoring of performance.

- II. The Regulatory Compliance Unit will:**
 - A. Regularly monitor the CRIS-E system to determine the number of allowable assistance groups approved for Short-term Transitional Assistance.
 - B. Provide feedback to Management regarding performance.
 - C. Review random cases to determine adherence to this policy/protocol.

- III. Participant Services Team Leaders and Team Coordinators will:**
 - A. Ensure that all staff are compliant with this policy/protocol.
 - B. Ensure that all applications for Short-term Transitional Assistance are approved or denied within 30 days of the application date.
 - C. Review all cases requesting Short-term Transitional Assistance.
 - D. Provide reports of performance for individual Neighborhood Family Service Centers.