

Hocking County Department of Job and Family Services

Ohio Works First (OWF) Hardship Exemptions

General Conditions-

No exemption from the OWF time limits can be granted more than 30 days prior to the expiration the initial 36 month eligibility period.

A face-to-face interview to discuss the reasons for the hardship request will be conducted prior to the granting of any exemption. A hardship exemption review form must be completed to document the request.

There must be ongoing participation in OWF work activities.

Exemptions will be reviewed a minimum of once every three months and can be removed at any time. It should be noted that any months in which an exemption is granted does count against the 5 year federal limits.

For two parent households both individuals must meet an exemption

Exemptions-demographic

1. A single parent of a child less than 3 months old. This exemption will be granted for one (3) month period.
2. A single parent of a child under 6 years old and NO child care is available.
3. A caretaker relative aged 60 or older.

Exemptions-Physical

A physical or mental incapacity lasting at least three (3) months and verified by a physician. Participation in Bureau of Vocational Rehabilitation (BVR) or the SSI Case Manager is required. Applicant must have a pending/appealing application with Social Security. Whenever Hocking CDJFS is notified by BVR or the SSI Case Manager that the OWF recipient is no longer participation, the exemption will be removed. Once terminated for non-cooperation with BVR or the SSI Case Manager another exemption will not be granted.

Exemption-employment related

Currently enrolled full time in a short term training program (12 months or less) leading directly to employment that will be completed within six months. An exemption will be granted only when the recipient has no other job skills and is unable to obtain employment.

Exemptions-domestic violence

The caretaker has been the victim of domestic violence within the past 12 months and can document he/she is actively seeking help from an established service provider.

Approved:

Robert Smith, Director
Revised 02-19-08

Board of County Commissioners

Larry Beal, Hocking Co. Prosecutor

**Hocking County Dept. of
Job & family Services**

Participant Name _____
Case/Cat/Seq _____

_____ I understand that my cash assistance time limits will expire on _____ and I am not requesting an exemption.

OWF Participant-I am requesting an exemption from the OWF time limits due to the following hardship:

Demographics	Physical	Training
_____ I have a child under 3 months old (granted for one 3 month period)	_____ Physical or mental incapacity Dr.'s statement received _____	_____ I am enrolled in a short term training program and have no other job skills. Expected completion date is _____
_____ I have a child under 6 and the agency is not able to arrange child care	(must be at least 3 months) BVR or SSI case management enrollment/participation has been verified. Pending/Appealing application with SS office has been verified.	
_____ I am age 60 or older		
_____ I am a victim of domestic violence within the last 12 months and verification received from service provider		

Comments: _____

	_____ Client Signature	_____ Date
Family Services Worker: OWF countable months have been determined correctly? _____ Yes _____ No		
Hardship Criteria Met: _____ Yes _____ No Number of months needed: _____		
	_____ Worker Signature	_____ Date

Hardship Exemption Decision:
Comments: _____

Hardship exemption approved beginning _____ Number of Months _____ Denied _____

	_____ Supervisor Signature	_____ Date
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Three month review date: _____

Notes/Contacts: _____