

Medina County Job & Family Services Ohio Works First Hardship Criteria

Medina County Job and Family Services (MCJFS), in compliance with Section 5107.18 (E) of the Ohio Revised Code, is responsible to establish hardship criteria to allow no more than 20% (annually determined) of the participants of the Ohio Work's First program (OWF) who have exhausted their 36 month lifetime assistance limits to continue to receive OWF cash assistance.

In order to establish a hardship exemption, the OWF participant must:

- 1) complete a request for a hardship exemption
- 2) must continue to comply with all requirements of the self-sufficiency contract
- 3) must meet all other eligibility requirements of the OWF program

Any participant who has been sanctioned two (2) or more times within one (1) year of submitting a request for the hardship exemption will not be considered for the exemption.

The hardship criteria established by MCJFS does not represent any guarantees of future assistance or continued assistance. If MCJFS determines the hardship has been remedied, no further exemption will be allowed and assistance will be terminated.

MCJFS will establish a review panel. The panel will review each hardship request to determine whether the participant's employment barriers meet a condition as specified in the hardship criteria. The review will be conducted by reviewing the request, the case record and any other documentation provided including making collateral contacts. The panel may request the participant to obtain further documentation. The hardship request will be processed under the same time frame provisions as set forth for the OWF program.

The review panel will re-evaluate any cases receiving a hardship exemption every three months, or at the request of the assigned case manager based on changes in the case situation or documentation received.

The following criteria will be utilized to determine potential hardship. If the allowable hardship slots have reached the 20% figure, as determined by the Ohio Department of Job and Family Services, MCJFS reserves the right to end the hardship exemption for the criteria that is considered the lowest priority.

The following list is in the order of priority. The first category has the highest priority, the last has the least priority. These priorities were developed by a committee that represented multiple interests with case management, social work and legal experience.

In the event that there are 5 or fewer hardship slots left, it will become necessary to revise the hardship criteria with a new effective date removing the criteria that has the least priority. Upon approval of the amended hardship criteria, any requests based on the removed exemptions will be disallowed. OWF hardship cases previously approved based on deleted exemptions will have their cases proposed for termination.

As of October 1, 2000, all of the priority levels listed will be served. The decision to activate the priority policy will be made by MCJFS. The Ohio Department of Job and Family Services District Office will promptly receive notification of any changes.

The MCJFS maintains total right and discretion to manage the exemption slots available to Medina County, and to disallow an exemption as is necessary to remain within compliance with ORC 5107.18(E). Additionally, the MCJFS maintains the right to amend the hardship criteria policy at any time.

Ohio Works First Hardship Criteria
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- 1) Mental health conditions and/or temporary physical disability which make the participant unemployable. A mental health professional or licensed physician must furnish a diagnosis, a treatment plan and a statement of why the person is unemployable and specify how long the participant is expected to be unemployable. In addition, the participant must apply for SSI/SSD if the condition is expected to last for more than three (3) months. The participant must also cooperate with the Ohio Rehabilitation Services Commission/ Bureau of Vocational Rehabilitation.
- 2) Special medical condition of a child that does not allow the child to be cared for in an available licensed child care facility. Said medical condition must be documented by a licensed physician and Medicaid/Waiver services explored.
- 3) A parent who is a victim of domestic violence and can verify he or she is currently working with a recognized Domestic Violence organization or taking appropriate actions to solve the situation; such as, filing for a civil protection order, a temporary protection order, working with an attorney or participating in counseling. Appropriate documentation must be furnished. The hardship exemption granted under this provision will not exceed a period of six (6) payment months.
- 4) Participants who currently have an open children services case with the recommendation of the children services social worker. The participant must be complying with the case plan or reunification plan. The social worker assigned to said case and the case manager must jointly present the case to the review panel.
- 5) Participants or their minor child(ren) who are actively involved in a recognized treatment plan for substance abuse. The substance abuse treatment program must have a designated date of completion and be diagnosed by a certified Chemical Dependency Counselor. If the counselor recommends the individual should not work the counselor must specify the time frame for the unemployability.
- 6) Special medical condition of a spouse which requires full time care in the home as documented by a physician. The hardship exemption granted under this provision is for a period of three (3) months only.

- 7) An individual who is living in Operation Homes and has significant barriers to employment may be granted an exemption for a period of three (3) months only. Said individuals must cooperate with the social worker assigned to Operation Homes.
- 8) Postpartum women may be granted an exemption for a period not to exceed two (2) payment months following the birth of a child.
- 9) Individuals employed or self-employed more than 30 hours per week who have a handicap or are working to their capacity as documented and determined by MCJFS. Said individuals must have earnings equal to or more than the current minimum wage multiplied by thirty (30). The income, after appropriate earned income disregards, must allow for continued OWF cash eligibility.
- 10) Participants who are pursuing a degree from a post secondary institution or a vocational certificate and have an expected completion date of less than six (6) months from the date of request for the hardship exemption. Participants must verify their schedule, grades and attendance. Any student on academic probation or with failing grades does not meet the requirement under this provision.
- 11) Transportation barriers as determined by MCJFS. In the event the participant has previously sabotaged transportation arrangements made by MCJFS, the hardship exemption will not be granted under this provision.

OHIO WORKS FIRST HARDSHIP EXEMPTION REQUEST

Name: _____ SSN _____

Address: _____ Case # _____

_____ Phone: _____

Explain why you believe you need the hardship exemption: _____

What have you done to change your situation? _____

How long do you feel you will need the hardship exemption? _____

What are you going to do to become self sufficient? _____

I am requesting consideration for a hardship exemption slot for OWF cash assistance beyond the 36 month time limitation. I have indicated above why I am requesting this exemption. I understand this request is for a three month period only and the Medina County Job and Family Services maintains the rights and discretion to manage the exemption slots.

Signed: _____ Date _____

HARDSHIP EXEMPTION REVIEW

Request date for hardship exemption: _____

Has the hardship exemption been granted to this household before? yes no
If yes, when? _____

Panel review date: _____

Hardship disposition: Allowed for the following time frame: _____ to _____
 Disallowed
 Needs more information (see below)

Panel needs the following information: _____

Please supply the requested information by: _____

Panel member's signatures: _____

Comments: _____

