

PERRY COUNTY JOB AND FAMILY SERVICES
OWF TIME LIMITS AND HARDSHIP DETERMINATIONS

The Perry County Job and Family Services (PCJFS) has adopted the following criteria for determining whether an assistance group qualifies for a hardship exemption under ORC § 5107.18.

Assistance groups receiving an exemption must continue to abide by the provisions of the self-sufficiency contract and all other regulations.

A face to face redetermination will take place one month prior to the expiration of the 36-month time limit. The interview will be conducted with the IM case manager and the Jobs worker. At this interview, the case will be reviewed for potential hardships based on the following criteria.

The AG will be reviewed for one of the following factors.

Priority 1. MEDICAL

The AG includes an adult or minor head-of-household who has a serious physical or mental illness condition which renders him/her incapacitated for employment. The incapacity must be verified by a physician and /or psychiatrist/psychologist. The PCJFS has the right to secure and rely upon additional opinion(s) from a medical provider(s) of its choice. The individual must also have pursued SSI/SSD eligibility more than 6 months prior to the expiration of the time-limit, or within 60 days of the onset of the disabling condition. The AG may receive an exemption through administrative law judge, up to a maximum of (6) months.

Medical exemption may also be meet if the adult or minor head-of-household who has a serious illness which renders him/her incapacitated for employment. The nature of such illness renders him/her disabled for a minimum of two months not to exceed twelve (12) months. The incapacity must be verified by a physician. The PCJFS has the right to secure and rely upon additional opinion(s) from a medical provider(s) of its choice. The AG may receive an exemption up to a maximum of three (3) months.

Priority 2. EDUCATION and TRAINING

- A. The AG includes an adult or minor head-of-household who is enrolled in an education or training program directly related to employment which will not be completed by the expiration of the time limit, but will be completed within 6 months. The individual must remain 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. Such an assistance group may receive an exemption of up to six (6) months to

complete.

- B. The AG includes an adult or minor head-of-household who is enrolled in a rehabilitation program directly related to employment which will not be completed by the expiration of the time limit, but will be completed within 12 months. The individual must remain 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 individual's work participation requirement. Such an assistance group may receive an exemption of up to twelve (12) months.

Priority 3. MENTAL OR PHYSICAL DISABILITY OF FAMILY MEMBER

The AG includes an adult or minor head-of-household whose presence is medically necessary to provide care for a disabled family member who lives in the same household. As family member is defined as: a spouse or child (biological, adoptive, or step). The medical necessity of the individual's presence to provide care must be verified by a physician (MD or DO) and/or psychiatrist/psychologist statement that the member has special needs and no one else can care for the individual.

PCJFS reserves the right to secure and rely upon additional opinion(s) from a medical provider(s) of its choice. Such an assistance group may receive an exemption of up to six (6) months.

Priority 4. DOMESTIC VIOLENCE

The Assistance Group includes an adult or minor head-of-household who is a victim of domestic violence who is actively seeking help from an established support provider which currently prevents him or her from pursuing, obtaining and/or maintaining employment. Verification for this priority will be by the adult or minor head-of-household in combination with the support provider and the PCJFS. Such an assistance group may receive an exemption of up to six (6) months.

Priority 5. TEEN PARENT - HEAD OF HOUSEHOLD

The assistance group must contain a teen parent - head-of-household. The teen parent - Head-of -Household must be currently enrolled in a program that will lead to the receipt of a high school diploma or its equivalent. Such an assistance group may receive an exemption of up to twelve (12) months or until they receive a high school diploma or its equivalent, or turn 20 years old, whichever comes first.

Priority 6. LOSS OF EMPLOYMENT DUE TO NATURAL DISASTER

The Assistance Group includes an adult or minor head-of-household who loses his or her employment due to a disaster 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. A disaster is defined as fire, collapse or natural disaster such as flood, tornado, earthquake, hurricane.

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.

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

Perry County Job and Family Services Hardship Exemption Review Form

Participant Name: _____ Date: _____

Assistance Group Name: _____

PRIMARY FACTORS:

Based on the review of the Hardship Criteria, please circle those priorities that you feel apply to your household.

- | | | | |
|-------------|---|-------------|--|
| Priority 1. | Medical | Priority 2. | Education & Training |
| Priority 3. | Mental-Physical Disability of Family Member | Priority 4. | Domestic Violence |
| Priority 5. | Teen Parent - Head of Household | Priority 6. | Loss of Employment Due to Natural Disaster |

Part B: Case Manager:

Time Limit correct: Yes No
Hardship Criteria Met: Yes No # of Months Hardship is Expected to Continue _____
Recommended # of Months for Hardship Exemption: _____

Hardship Exemption Decision:

Hardship Exemption: Approved _____ # of Months _____ Denied: _____

Comments: _____

Signature: _____ Date: _____