

PIKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
OHIO WORKS FIRST HARDSHIP CRITERIA
EFFECTIVE OCTOBER 1, 2000

The Pike County Department of Job and Family Services (PCDJFS), in accordance with Section 5107.18 (E) of the Ohio Revised Code, is responsible for establishing hardship criteria for Ohio Works First (OWF) participants. The hardship exemption allows a maximum of 20% (determined annually) of the OWF participants who have exhausted the thirty-six (36) month time limit to continue to receive cash assistance by meeting one or more of the hardship criteria.

In order to apply for a hardship exemption, the OWF participant must complete a request form and provide requested information and verification to substantiate the hardship. The request may be submitted at any time after the thirty-sixth (36th) OWF check is issued.

If the hardship exemption is granted, the participant must then continue to comply with the self-sufficiency contract established between the participant and the PCDJFS. Failure to do so will result in the loss of the hardship exemption and termination of the OWF. The participant will remain ineligible for OWF according to the PCDJFS sanction and compliance policies in effect for OWF participants that have received OWF for less than thirty-six months. Upon compliance, the OWF participant must re-apply and re-establish a hardship exemption.

When the PCDJFS determines that a hardship ceases to exist, assistance will be terminated.

THE REVIEW PROCESS

The PCDJFS Income Maintenance Worker will review each request to determine whether the participant's hardship meets the condition(s) as specified in the exemption criteria. The review will include the request form and the case record. The PCDJFS reserves the right to request additional information or verification that may be needed to make a determination. The determination will be reviewed and approval granted by the Income Maintenance Supervisor. The Income Maintenance Worker will review eligibility for all cases receiving a hardship exemption, as often as warranted by the exemption criteria, but at least once every twelve (12) months.

THE HARDSHIP CRITERIA

The following criteria shall be applied to determine whether a potential hardship exists. The criteria are listed in descending order of priority. If allotted slots have been filled, the PCDJFS reserves the right to end a hardship exemption for the criteria that is lower in priority, to exempt an assistance group higher in priority. Those participants that lose eligibility for a hardship exemption under these circumstances will be given an opportunity to re-apply and re-establish a hardship exemption, if another slot becomes available. The PCDJFS maintains total right and discretion to manage the exemption slots available for the county, and to deny or terminate an exemption as necessary to maintain compliance with ORC 5107.18 (E).

Members of OWF assistance groups whose total household income is equal to or less than the 100% standard of need for the household size and whose total liquid resources (see FSP Section 5101:4-4-01 (1)) are less than \$5,000 may qualify for one of the following hardship exemptions.

1. An assistance group whose parent/caretaker has a short-term or long term physical/mental illness or condition rendering them incapacitated for employment (including high-risk pregnancies and caretakers in in-patient substance abuse treatment). A physician must verify the incapacity using the Basic Medical Form. The incapacity must be re-established every twelve months or less based on the physician's determination. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice.
2. An assistance group whose parent/caretaker must provide medically necessary full-time care for another household member. The medical necessity of remaining in the home to care for the disabled individual must be

verified by a physician's statement. The medical necessity must be reevaluated every twelve months or less based on the physician's determination. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice.

3. An assistance group that has not received nor been offered needed services, although the assistance group received OWF during the thirty-six month period.

4. An assistance group whose parent/caretaker is medically verified to be six or more months pregnant or caring for a child less than three months of age.

5. A homeless assistance group, including those residing in a homeless shelter. The assistance group will continue to meet the exemption for three months after establishing their own residence.

6. An assistance group in which a parent/caretaker suffers from domestic violence and is actively seeking help, as evidenced by factors such as, residence in an abuse shelter, a current protective court order, or retention of an attorney. The parent/caretaker will continue to meet the exemption for three months after they establish their own residence.

7. A single-parent/caretaker assistance group with a child under the age of six, when childcare is unavailable.

8. An assistance group in which a parent/caretaker is under the age of eighteen or between the ages of eighteen and twenty and remains enrolled and in good standing in a program of study leading to a high school diploma or its equivalent. Upon graduation, the exemption may be extended up to three months to allow time for a job search.

9. An assistance group whose parent/caretaker is enrolled and in good standing in a PCDJFS approved education or training program. The parent/caretaker will continue to meet the exemption for three months after completion of the education or training program.

10. An assistance group in which a parent/caretaker is employed at least 30 hours per week at an income level insufficient to cause the family to lose OWF eligibility.

11. An assistance group that has had their children removed from the home and is still receiving OWF for the six-month grace period, pending reunification. Should the thirty-six-month time limit hit during these six months, the family would qualify for a hardship exemption, lasting three months after reunification.

Director, Pike County Department of Job and Family Services

APPROVED AS TO FORM:
County Prosecutor

_____ Date _____

_____ Date _____

COMMISSIONERS:

_____ Date _____

_____ Date _____

_____ Date _____

OWF REQUEST FOR EXTENTION DUE TO HARDSHIP

Federal law says that you may receive an Ohio Works First (OWF) check for sixty (60) months in your lifetime.

Ohio law says that you may only receive it for thirty-six (36) months, unless an extension is granted by the County Department of Job and Family Services. Members of OWF assistance groups whose total household income is equal to or less than the 100% standard of need for the household size and whose total liquid resources are less than \$5,000 may qualify for a hardship exemption. If you are granted an exemption, any checks you receive will be taken off your lifetime limit. The reasons that the Pike County Department of Job and Family Services may continue your check past 36 months are:

1. An assistance group whose parent/caretaker has a short-term or long term physical/mental illness or condition rendering them incapacitated for employment (including high-risk pregnancies and caretakers in in-patient substance abuse treatment). A physician must verify the incapacity using the Basic Medical Form. The incapacity must be re-established every twelve months or less based on the physician's determination. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice.
2. An assistance group whose parent/caretaker must provide medically necessary full-time care for another household member. The medical necessity of remaining in the home to care for the disabled individual must be verified by a physician's statement. The medical necessity must be reevaluated every twelve months or less based on the physician's determination. PCDJFS reserves the right to secure and consider a second opinion from a medical provider of its choice.
3. An assistance group that has not received nor been offered needed services, although the assistance group received OWF during the thirty-six month period.
4. An assistance group whose parent/caretaker is medically verified to be six or more months pregnant or caring for a child less than three months of age.
5. A homeless assistance group, including those residing in a homeless shelter. The assistance group will continue to meet the exemption for three months after establishing their own residence.
6. An assistance group in which a parent/caretaker suffers from domestic violence and is actively seeking help, as evidenced by factors such as, residence in an abuse shelter, a current protective court order, or retention of an attorney. The parent/caretaker will continue to meet the exemption for three months after they establish their own residence.
7. A single-parent/caretaker assistance group with a child under the age of six, when childcare is unavailable.
8. An assistance group in which a parent/caretaker is under the age of eighteen or between the ages of eighteen and twenty and remains enrolled and in good standing in a program of study leading to a high school diploma or its equivalent. Upon graduation, the exemption may be extended up to three months to allow time for a job search.
9. An assistance group whose parent/caretaker is enrolled and in good standing in a PCDJFS approved education or training program. The parent/caretaker will continue to meet the exemption for three months after completion of the education or training program.
10. An assistance group in which a parent/caretaker is employed at least 30 hours per week at an income level insufficient to cause the family to lose OWF eligibility.
11. An assistance group that has had their children removed from the home and is still receiving OWF for the six-month grace period, pending reunification. Should the thirty-six-month time limit hit during these six months, the family would qualify for a hardship exemption, lasting three months after reunification.

Name _____

Address _____

Phone _____

List everyone living in your home on the lines below.

NAME	SSN	AGE	RELATIONSHIP	INCOME	LIQUID ASSETS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NAME	SSN	AGE	RELATIONSHIP	INCOME	LIQUID ASSETS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is anyone in your home sick or disabled? Yes No If yes, who _____

Is anyone in your home pregnant? Yes No If yes, who _____
Due Date _____

Do you have a babysitter for your children? Yes No

Check all that apply:

Own/Buying Home Rent Live With Others Homeless

Why do you feel you should get an extension of your OWF checks? _____

Signature

Date