

09/02

LORAIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
OWF GOOD CAUSE POLICY

Lorain County Department of Job and Family Services, in compliance with Section 5107.18(B) of the Ohio Revised Code, is responsible to establish good cause policy so applicants can reapply for OWF after they have completed a 24-month waiting period. The benefits for these clients were terminated after they had received 36-months of lifetime cash assistance. Lorain County Department of Job and Family Services will advise applicants of their potential eligibility upon application for OWF.

In order to be granted a good cause exemption, the OWF applicant must: 1) make application for the good cause exemption and 2) complete a self-sufficiency contract and plan. The applicant will be reminded that OWF is temporary assistance and not an entitlement. It is the applicants responsibility to overcome any barriers to employment and achieve self sufficiency.

The Employment Service Counselor will review each application to determine whether the participant's employment barrier meet a condition as specified in the good cause policy. The Employment Services Counselor will make sure the applicant/participant had exhausted their 36 month lifetime cash assistance limits and a 24 month waiting period has been served regardless of any cash assistance issued due to the county's hardship exemption policy.

The Supervisor to the Employment Service counselor will review each application and supporting documentation to determine whether the applicant meets a condition of the county's good cause plan. The supervisor will present the information to the Department Administrator and together they will decide to approve or deny the application. Also, it will be determined how many months of eligibility remain for the Assistance Group, so the applicant can be informed of how many months of OWF remain for the 60 month Federal Program. .

Once granted good cause, the applicant must participate with Lorain County Department of Job and Family Services' Job Program. Many programs are offered to help the applicant reach self sufficiency. Failure to comply with the signed self sufficiency contract established between the participant and the Agency will result in the application of the appropriate sanctions and penalties.

The following criteria will be utilized to determine potential good cause. Lorain County Department of Job and Family Services maintains the total right and discretion to amend and manage the good cause policy for Lorain County in compliance with ORC 5010.18(B):

1. The Assistance Group has recently lost employment and has been unable to obtain new employment.
2. The Assistance Group has been unable to find employment or sustaining employment to raise a

family.

3. The Assistance Group has recently been through a divorce/separation, and the income that supported the family is no longer living in the household.
4. The Assistance Group has unique, personal circumstances which prevents the individual from becoming self-sufficient and adequately providing for the assistance group.
5. The Assistance Group is active with the children services bureau. There is a treatment plan which requires the assistance group's full participation to ensure the health and safety of the children/child.
6. The Assistance Group adult has a documented physical or mental illness or condition that renders the person unemployable.
7. The Assistance Group contains a child with a medical condition which requires special care as documented by a physician. There is no appropriate child care available.
8. The adult AG member is providing care for a disable spouse or parent living in the home. It is documented that no other arrangements for care exists. Disability must be documented by a physician.
9. The Assistance Group adult is enrolled in an education or training program directly related to employment and the person needs more time to complete the program and obtain employment.
10. The Assistance Group adult lacks the necessary education and training to compete in the labor market at this time.
11. The Assistance Group adult(s) are convicted felons and the employers will not hire them.
12. The Assistance Group is homeless with no means of income to find stable and suitable housing for the family.
13. Case given good cause by another county prior to moving to Lorain County. The receiving county does not have a corresponding good cause code. (Agency use only)
14. The participant has been approved for good cause by the Lorain County Department of Job and Family Services and the OWF participant is moving to another county in Ohio. (Agency use only)

**LORAIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
OWF GOOD CAUSE NOTIFICATION**

Dear _____:

This notice serves as an explanation of the availability and eligibility for “good cause” status that will allow you to return to OWF cash assistance after reaching 36 months of cash assistance and being off assistance for 24 months.

Federal law and the Ohio Revised Code provides that an assistance group that has ceased to participate in OWF due to the 36-month state time limit, for at least a 24-month waiting period, may be eligible to participate in OWF if the family is determined to have “good cause”. The 24-month waiting period does not mean that the assistance group must have a 24-month break in receipt of OWF cash. The 24-month period may have been interrupted with a hardship extension but this does not interrupt the 24-month waiting period or delay the approval of good cause. Any cash assistance received after you reached the 36-month limit based on hardship counts toward the 60 month federal limit of cash assistance.

The potential exists for another 24 months of cash assistance. This assistance does not need to be consecutive. When granted “good cause” in Lorain County, it is not necessary to file for “good cause” again as long as all other OWF eligibility requirements continue to be met. Once you become ineligible for OWF, then a new “good cause” determination is necessary. There are two exceptions to the rule:

1. When an assistance group loses OWF eligibility due to the imposition of a sanction due to failure to cooperate with the self-sufficiency plan and the person wants back on cash, a “good cause” request is not needed.
2. When an assistance group loses OWF eligibility during a good cause extension for any reason other than a self-sufficiency contract failure and there is not at least a one-day interruption in benefits. (If there is a least a one day interruption in benefits, then a new determination of good cause needs to be made.)

If approved “good cause” for OWF, you will be advised how many months of eligibility you will have left. Remember, OWF was created to provide assistance that is temporary and not an entitlement. The assistance group must cooperate with Lorain County Department of Job & Family Services in overcoming barriers to employment and achieving self sufficiency. You will be required to participate in the Jobs Program and cooperate with the program you are assigned. Failure to cooperate with your self sufficiency plan will result in a sanction and the closing of your OWF case.

Please review the good cause criteria on the attachment. If you feel that you meet any of the criteria, please place a checkmark by it. If you feel that you meet more that one reason, you can mark multiple criteria. **Please complete and return the application to your Employment Services Counselor by**

_____.

Employment Service Counselor _____ Date mailed _____

**LORAIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
OWF GOOD CAUSE APPLICATION**

OWF Applicant Name: _____ SS Number: _____

I believe that I may qualify for one or more of the Good Cause criteria listed below. I have completed the 24-month waiting period since I had reached the 3 year state time limit. The Good Cause determination will be good for 2 years of additional cash assistance. I know that I must continue to overcome barriers and achieve self sufficiency. I must sign a self-sufficiency contract and cooperate in the JOBS program. I have checked the appropriate space(s).

- ___01. My Assistance Group has recently lost employment, and I have been unable to obtain new employment. With the help of the Jobs program, I should be able to obtain suitable employment to support my family.
- ___02. My Assistance Group has been unable to find employment or sustaining employment to raise a family. With the help of the Jobs program, I will be able to obtain a job and support my family.
- ___03. My Assistance Group contains a convicted felon. Many employers will not hire me. With the help of the Jobs program, I will be able to obtain a job and support my family.
- ___04. My Assistance Group has recently been through a divorce/separation, and the income that supported my family is no longer in the household. With training from the Jobs program, I will be able to obtain employment and support my family.
- ___05. I am enrolled in an education or training program directly related to employment and I need more time to complete my program and obtain employment.
- ___06. I lack the necessary Education and Training to compete in the labor market at this time. With the help of the Jobs program, I will be able to obtain a job and support my family.
- ___07. I am homeless with no means of income to find stable and suitable housing for my family.
- ___08. I am currently unable to participate in work activities to become self-sufficient due to a physical or mental incapacity that is documented by a physician.
- ___09. My Assistance Group contains a child with a medical condition which requires special care as documented by a physician. No appropriate child care is available.

- ___10. I am providing care for a disabled spouse or parent living in my household, and it is documented no other arrangements for the disabled member's care is available. The member's disability must be documented by a physician.
- ___11. My family or assistance group is active with the Children Services Bureau. There is a treatment plan which requires my full participation to ensure the health and safety of my child(ren).
- ___12. I have unique, personal circumstances which prevent me and my family from becoming self-sufficient, therefore, I cannot provide adequately for my Assistance Group. I should be granted Good Cause to overcome my barriers. I am willing to fully participate in the Jobs program and obtain the skills necessary to obtain employment. I want to provide a stable and safe environment for my family. These unique personal circumstances are:

**YOU MUST CHECK ONE OF THE BOXES ABOVE
AND GIVE TO YOUR JOBS WORKER**

' I WISH TO APPLY for a Good Cause extension. I would like to receive OWF cash assistance.

I have checked the criteria that I feel apply to my situation. I understand that I will be provided with a notice regarding my request for a Good Cause Federal Extension. If I disagree with the decision, I may exercise my hearing rights as noted on the approval or denial notice. I understand that I need to return this form before consideration of Good Cause is granted.

I understand that if I am granted Good Cause for additional OWF cash benefits, I must comply with all the requirements of the Self-Sufficiency Contract and Plan. I must fully co-operate with the requirements of the Jobs program and the Jobs worker.

' I DO NOT WISH TO APPLY for a Good Cause extension.

Signature: _____ **Date:** _____

Return to your Employment Services Counselor _____ **by** _____