

**PAULDING COUNTY JOB AND FAMILY SERVICES**  
**Ohio Works First (OWF) Good Cause Extension Policy**  
(Per ORC 5107.18 and OWF/PRC Guidance Letter Number 48)

**Effective December 14, 2009**

In accordance with ORC section 5107.18, an assistance group (AG) is ineligible to participate in Ohio Works First (OWF) when the assistance group that includes an adult has participated in the program for thirty-six months. Section (B) of ORC 5107.18 provides that an assistance group that has ceased to participate in OWF due to the thirty-six month state time limit for at least a twenty-four month waiting period may be eligible to participate in OWF if the family is determined to have "good cause". The earliest any assistance group can begin to receive a good cause extension is October 1, 2002. The good cause extension may be given for no more than a total of twenty-four months whether consecutive or not. Any months of receipt of state hardship after the thirty-six month time limit count toward the federal sixty-month limit and reduce the amount of potentially available months under good cause. Receipt of OWF under a good cause extension cannot result in the assistance group receiving more than the federal sixty-month time limit.

A hardship extension granted to an AG does not interrupt the twenty-four month waiting period or delay the subsequent determination for good cause. Every month of receiving cash assistance under the county hardship criteria does count toward the twenty-four additional months of OWF granted under good cause. The time limit applies regardless of whether the twenty-four months are consecutive. Assistance Groups may receive no more than sixty months of Federal lifetime cash assistance.

**Application Process**

Assistance Groups shall submit in writing their request for a good cause extension and complete an application for Ohio Works First.

The AG seeking the good cause extension must provide Paulding County DJFS with any required documentation and must cooperate with completing and participating in a self-sufficiency plan. If an individual is on a sanction when they apply for a good cause extension, they must sign and meet compliance before they can be eligible to receive an extension.

The AG must provide information that demonstrates a reasonable effort was made toward gaining self-sufficiency for the family. The AG must provide verification of whether any members of the assistance group had gainful employment during the period they were not participating in OWF. Gainful employment is defined as employment during twelve or more months with gross earnings that equal the federal minimum wage times 30 hours per week. The AG must also provide the amount and source of all other assistance group income during the period they were not participating in OWF.

Once eligibility under good cause is established, no subsequent determination of good cause shall be made as long as all other OWF eligibility requirements continue to be met, as set forth in paragraph (B) (2) of rule 5101:1-23-01 of the Ohio Administrative Code. If an AG loses OWF eligibility and there is at least one-day interruption in assistance, a new good cause determination must be made.

When an AG is denied an extension of OWF benefits the case manager will review the case for continued Food Assistance and Medicaid benefits. Referrals to other programs and services, including but not limited to Child Day Care, WIA will be completed as appropriate.

If the good cause reason that an assistance group seeks a time-limit extension is due to losing employment, domestic violence considerations, divorce or legal separation the mere existence of one of the above factors does not establish good cause. Not every divorce or domestic violence situation leads to a loss of self-sufficiency and not every loss of self-sufficiency automatically results in a finding of good cause. An examination of the totality of the AG's circumstances will result in a determination of whether a good cause extension will be approved.

The Paulding County Department of Job and Family Services retain the sole discretion to determine whether OWF assistance group members qualify for a Good Cause Extension. Such determinations shall be made in accordance with this policy and applicable law.

Assistance Groups not considered eligible under a good cause extension will be advised of the agency's decision in writing using a Notice of Denial (Form 07334) and will be afforded all Ohio Department of Job and Family Services state hearing rights.

**PCDJFS**  
**OWF Good Cause Extension Policy**

**Potential Good Cause Reasons**

Unless specified good cause reasons apply to all caretakers/parents.

Code

- 0163 - The assistance group has experienced a recent (within the preceding three months) verified loss of income from employment through no fault of their own, due to lay-off or business closing.
  - 0363 - The assistance group has recently been disrupted (within the preceding three months) by divorce/separation/death and as a result has experienced a reduction in income, and is in need of financial assistance. The estranged/deceased spouse must have been the primary source of support for the preceding two years.
  - 0463 - The capacity of a parent/caretaker in an AG to retain employment is being disrupted by domestic violence (that occurred within the preceding forty-five days) and the parent/caretaker is actively seeking help, as evidenced by residence in a spousal abuse shelter, a current protective court order, a policy report or a sworn affidavit coupled with steps to resolve the situation (such as retention of an attorney). Perpetrator must not be living with the AG. Perpetrator was the primary source of financial support for at least one year or the affected adult was gainfully employed at the time of the domestic violence.
  - 0563 - Documented, unique personal circumstances preventing the parent from seeking and/or obtaining employment as determined by supervisory/administrative review.
  - 0663 - An AG's youngest parent/caretaker is sixty-five years of age or older and is a caretaker of a child under age one (1).
  - 0763 - There is an open Child Protective Services Plan with Paulding County PCSA that is reliant upon additional OWF months for reasonable progress in achieving stability and self-sufficiency. Requires the children to be living with the parent/caretaker and coordination of self-sufficiency plan and child protective services case plan. Parent/caretaker must comply with both plans.
  - 0863 - Single parent/caretaker is caring for a severely disabled child/adult and is unable to secure dependent care. Must cooperate in activities to establish care services for the disabled child/adult. A licensed physician must verify the condition and care requirements. The agency reserves the right to secure and rely upon a second opinion.
  - 0963 - The parent/caretaker is unable to work due to a recent (within the preceding three months) verified physical or mental illness that is anticipated to exist for at least twelve months or is a terminal illness. Must apply for and cooperate in the process for SSI, SS Disability and any other source of income. The illness must exceed thirty days and be verified by a licensed physician or psychologist. The agency reserves the right to secure and rely upon a second opinion.
  - 1363 - The parent/caretaker in an AG is unable to work due to a verified high-risk pregnancy. Verification must state that working would threaten the life of the mother and/or baby. A licensed physician must verify the condition. The agency reserves the right to secure and rely upon a second opinion.
  - 1663 - Teen parent(s) head of household, who received the first thirty-six months as minors with a child.
  - 1863 - OWF Good Cause determined in an originating county with no corresponding good cause category code in current county of residence.
  - 9063 - Intercounty Transfer of OWF Good Cause case.
- Note:** - **In order for a two parent AG to qualify for Good Cause, both parents/caretakers must meet at least one (1) of the Good Cause Criteria in this plan.**

**PAULDING COUNTY JOB and FAMILY SERVICES**

303 W. Harrison St.  
Paulding, Ohio 45879  
Phone: (419) 399-3756  
Fax: (419) 399--4674

**REQUEST for GOOD CAUSE EXTENSION**

**Head of Household Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

\*\*\*\*\*

I am requesting an extension of Ohio Works First assistance payments under the Good Cause Extension provisions. At least 24 months have passed since I reached my 36-month Ohio Works First time limit. I have been given a copy of Paulding County's Good Cause Criteria. I am requesting an extension because I feel that I meet the following criteria:

Code: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must provide verification/documentation of the good cause that I am claiming and that all other eligibility requirements for Ohio Works First assistance must be met.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**Agency Use Only**

Time Limits Correct? Yes \_\_\_ No \_\_\_  
Hardship Months: \_\_\_\_\_  
Good Cause Months Remaining: \_\_\_\_\_  
Verifications Requested/Provided: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Eligibility Referral Specialist

\_\_\_\_\_  
Date

Upfront Appraisal Completed Yes \_\_\_ No \_\_\_  
Self- Sufficiency Contract Signed Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Workforce Development Supervisor

\_\_\_\_\_  
Date

**GOOD CAUSE EXTENSION:** Extension Code(s): \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Date Notice/Hearing Rights sent: \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Administrator

\_\_\_\_\_  
Date