

RICHLAND COUNTY JOB & FAMILY SERVICES

171 Park Avenue East/ PO Box 188 Mansfield Ohio 44901

Annex: 183 Park Avenue East
1495 W Longview Ave Suite 101

Doug Theaker
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OWF Good Cause 24 Month Extension Plan

Section 5107.18 (B) of the Ohio Revised Code states than an Assistance Group (AG) that has ceased to participate in Ohio Works First due to the 36 month state time limit for at least 24 months may reapply to participate in the program if good cause exists as determined by the Richland CJFS.

A hardship extension granted to an AG does not interrupt the 24 month waiting period or delay the subsequent approval of good cause, but every month of receiving cash assistance under the county hardship criteria does count toward the 24 additional months of OWF granted under good cause. The time limit applies regardless of whether the 24 months are consecutive. Assistance Groups may receive no more than 60 months of Ohio Works First lifetime cash assistance.

An AG may apply for a good cause extension by completing an application for Ohio Works First 24 months after they have exhausted their 36 months of Ohio Work First cash assistance.

If good cause is established, the AG will be approved for an extension of benefits for any remaining months within the 60 month time limit. The benefits will go back to the date of application. The AG will be required to adhere to the Self-sufficiency Contract and Plan during the period of the extension.

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 Administrative Code. If an AG loses OWF eligibility and there is at least a one day interruption in assistance, a new good cause determination must be made.

Assistance Groups not considered eligible under good cause will be advised of the agency's decision in writing using a Notice of Denial and will be afforded all ODJFS state hearing rights.

RCJFS Good Cause Reasons are:

- 0101 The Assistance Group lost employment that maintained its self-sufficiency due to closing or downsizing. The reason for termination was not a job quit or the fault of the employee. Required documentation includes check stubs, tax forms, statement from the employer, WARN Notice, lay-off slip, and an Unemployment Compensation approval or termination letter.
- 0401 The Assistance Group is involved in a domestic violence situation which resulted in a loss of income/support to the household. The victim of domestic violence is actively seeking help from an established support provider which prevents him or her from

pursuing, obtaining and/or maintaining employment. Required documentation includes a statement from the court system, a police report, documentation from a medical provider verifying the abuse, and documentation from a support provider assisting the client through the process.

- 0501 The Assistance Group has other unique personal circumstances that may be accepted at the discretion of the Richland CDJFS Director, Assistant Director or Supervisor after consideration of all the facts in the case.
- 0701 An open case plan exists with Richland County Children Services that prohibits the Assistance Group from working. Coordination must occur between the Work Activities Case Manger and the Children Services Worker to determine if the case plan prevents the applicant from working or if it could be revised to include employment.
- 0901 The Assistance Group adult or minor head of household has a documented physical or mental illness or condition which renders him or her incapacitated for employment. Documentation from a licensed physician or psychologist is required.
- 0902 The Assistance Group has documentation from a licensed physician or psychologist that the adult in the home is required to care for an immediate family member living in the home who is diagnosed with a medical or psychological disability. Documentation from a licensed physician or psychologist is required.
- 1801 The Assistance Group transfers to Richland County with good cause already established. RCDJFS does not have a corresponding good cause code.
- 9001 Intercounty Transfer

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Request for 24 Month OWF Extension

Applicant Name _____ SSN _____

Last Work Activities Case Manager _____

Part A. Completed by Applicant

I am requesting a 24 month extension of Ohio Works First (OWF) benefits for the following good cause reason(s): _____

Documentation to be attached to this request will be one or more of the following: check stubs, tax forms, statement from the employer, WARN Notice, lay-off slip, Unemployment Compensation approval or termination letter; statement from the court system, a police report, documentation from a medical provider verifying abuse, and documentation from a support provider assisting the client; Children Services Case Plan; documentation from a licensed physician or psychologist.

Applicant Signature _____

Date _____

OR

After reviewing the good cause reasons for granting a 24 month extension I realize that no good cause reason exists that would allow me the additional benefits.

Applicant Signature _____

Date _____

Part B. Completed by Work Activities Case Manager

Time Limit benefits ended (Mo/Yr) _____ JFS 7200 Appl Date _____

Good Cause Reason that applies:

- Lost employment due to closing or downsizing
- Domestic Violence situation resulting in loss of income
- Unique personal circumstances
- Open case plan with RCCSB preventing employment
- AG has documented physical or mental illness preventing employment
- AG immediate family member has documented illness preventing AG from working

Part C. Case Conference Coordinator Recommendation

Case Conference Coordinator Signature _____

Date _____

Part D. Good Cause Decision Completed by Work Activities Supervisor

Good Cause criteria met Yes Code _____ No Extension will end (Mo/Yr) _____

Comments: _____

Supervisor Signature _____

Date _____