

Ashtabula County Department of Job and Family Services

Ohio Works First Hardship Criteria

Per Section 5107.18(E) of the Ohio Revised Code, each county is responsible to establish hardship criteria by which certain assistance groups may be permitted to continue receiving Ohio Works First cash assistance beyond the 36 month time limit. No more than 20% (computed annually) of eligible assistance groups may be exempted from this 36 month limit on the grounds that the county department has determined that the time limit is a hardship.

Ashtabula County Department of Job and Family Services will advise the participant during a face-to-face interview not later than three months (by receipt of the 33rd check) prior to the anticipated expiration of their cash assistance that they may apply for a hardship exemption, and what the hardship exemption criteria for Ashtabula County is. The hardship criteria established by Ashtabula County does not represent any guarantee of future assistance, continued assistance, or future right to review once the hardship exemption is lost. If Ashtabula County Department of Job and Family Services determines that the hardship has been remedied, no further exemption will be given and cash assistance will be terminated.

In order to obtain and maintain a hardship exemption, the Ohio Works First participant must:

- 1) Make application for a hardship exemption no later than 20 days from the mailing of the Ohio Works First Hardship Exemption Criteria notification letter; AND,
- 2) Continue to comply with all requirements of the self-sufficiency contract established with the Ashtabula County Department of Job and Family Services.

Once accepted as a hardship exemption, failure to comply with the self-sufficiency contract established between the participant and the Agency will result in the loss of the hardship exemption and termination of cash assistance. Once the hardship exemption is lost or removed, hardship cannot be re-instated.

The Department will establish an internal Hardship Exemption Review Panel consisting of five (5) members. Members will include the Director or a Program Administrator, two Supervisors, and two Service Representatives. This panel will review each application to determine whether the participant's employment barriers meet a condition as specified in the Ashtabula County hardship criteria list. Such evaluation will begin no sooner than 30 days prior to the anticipated expiration of the participant's 36 month limit. The participant's Service Representative will present the case to the panel, making available the hardship application, the case record, and any other relevant documentation. The panel has may request that the Service Representative contact the participant to obtain additional documentation and/or additional information.

The review panel will re-evaluate any cases receiving a hardship exemption at the request of the assigned Service Representative based upon changes in the case situation. The duration of the exemption will be evaluated on a case-by-case basis, based on the specific reasons that a hardship is determined to exist.

Ashtabula County Department of Job and Family Services reserves the right and discretion to manage the exemption slots available for Ashtabula County, and to deny or to terminate a hardship exemption as is necessary to remain in compliance with ORC 5107.18(E). If the maximum number (20%) of hardship slots have been used, Ashtabula County reserves the right to end the hardship exemptions for any of the listed criteria.

To be granted hardship exemptions, the Assistance Group (AG) must have exhausted their initial 36 months. All members of the assistance group must continue to meet every eligibility requirement and to cooperate with their self-sufficiency contract and plan.

All hardship exemptions, except pregnancy, will be reviewed every three months.

An application for a hardship exemption must be made no earlier than the 36th month of Ohio Works First benefits.

Verification of the hardship which meets the criteria must be provided by the Assistance Group. Failure to provide this verification will result in the hardship NOT being granted.

Written notification will be provided to each applicant upon determination of the existence of a hardship exemption and/or upon determination that the assistance group does not meet the hardship criteria.

The following are the only hardship criteria currently recognized by Ashtabula County:

1. A single parent of a child with an institutional or a nursing home level of care and residing in the home will be granted hardship until three months after the waiver program is approved and set-up, not to exceed a maximum of twelve (12) months of hardship. The 12 months can be extended if the waiver application has been denied because no slots are available plus no slots have become available since the denial.
2. An assistance group with a scheduled or to-be-scheduled Administrative Law Judge (ALJ) hearing to review the denial of Supplemental Security Income (SSI) or Social Security Disability (SSD) will be given a hardship exemption until the decision of the judge is received, not to exceed a maximum of 24 months of hardship.
3. A pregnant woman who meets **All** of the following:
 - at least 6 months pregnant, AND
 - provides a doctor’s statement that she is unable to workwill be granted a maximum of 5 months hardship for one pregnancy once in a lifetime. The hardship exemption will end the month after the birth.

4. A minor head of household who has lost eligibility due to the 36 month time-limit prior to their 18th birthday may be granted up to a maximum of 24 months hardship as long as **All** of the following is met:
- they lost eligibility before turning 18,
 - they are currently under age 20,
 - they are enrolled and attending high school (not GED), AND
 - they are actively participating in the LEAP program.

HARDSHIP CRITERIA NOTIFICATION LETTER

Dear _____,

Based on the records of the Ohio Department of Job and Family Services you are now in receipt of your 35th Ohio Works First cash assistance check and will soon receive your 36th check. In the state of Ohio, your eligibility for cash assistance is limited to 36 months.

This notice serves as an explanation of the limited availability and potential eligibility for hardship exemptions that might allow you to continue to receive cash assistance beyond the 36 month limit. Each county is permitted to exempt no more than 20% of the total Ohio Works First assistance groups from the time limit based on hardship. Ashtabula County's hardship criteria is included on the enclosed application for hardship exemption.

If you feel you meet the criteria and want to request additional Ohio Works First cash assistance, you must complete all of the application, sign it, and return it by _____, which is 20 calendar days from the date noted below as the mailing date of this packet. A postage paid envelope is enclosed. You must provide documentation of the hardship, or the hardship exemption will NOT be granted.

If you feel you do not meet any of the Ashtabula County hardship criteria; OR, you do not want to apply, please complete Section I only, sign and return the form in the enclosed postage paid envelope.

If your Ohio Works First cash assistance ends, you can continue to receive Medicaid and may possibly be eligible for Food Stamps, as long as you meet the requirements for those programs.

Sincerely,

Service Representative

Mailing Date _____

**Ashtabula County Department of Job and Family Services
Application for Ohio Works First Hardship Exemption**

Name:	Case Number:
Address:	Social Security Number:
City/State:	Telephone:
Date Received by Agency::	Date Sent:

Section I. Please mark appropriate line:

_____ I do NOT wish to apply for a hardship exemption at this time.

Signature _____ Date _____

****Stop here and return in the enclosed envelope.****

_____ I wish to apply for a hardship exemption to continue receiving Ohio Works First cash assistance beyond the 36 month limit.

****Continue on to Section II.****

Section II. I feel I meet the hardship criteria marked below with an "X":

_____ I am a single parent of a child with an institutional or a nursing home level-of-care and that child is living with me. I have applied for the waiver program, but have not been approved yet, or I have been denied because of no available slots.

_____ I have a scheduled, or soon-to-be scheduled, Administrative Law Judge (ALJ) hearing to review the denial of my Supplemental Security Income (SSI) or my Social Security Disability (SSD) application.

_____ I am pregnant, in my 6th month and my doctor tells me I can not continue working. I have not used this criteria at any other time as a hardship.

_____ I am a minor head of household (with my own child) and I am loosing eligibility before my 18th birthday. I am actively participating in the LEAP program. I am also enrolled and attending high school (not a GED course) and I will graduate before I turn 20 years old.

****Continued on Back****

I have attached to this application documentation which provides proof of the hardship criteria I feel I meet.

I understand:

- that if I am accepted into the hardship category, and I fail to comply with the self-sufficiency contract established between me and the Ashtabula County Department of Job and Family Services I will lose the hardship exemption and my cash assistance will be terminated.
- that hardship exemptions are granted as a temporary status and periodic reviews, at least every three months, will be completed to determine continued need for a hardship exemption.
- that if I am given a hardship exemption and receive cash assistance under this hardship criteria that each month of such assistance will count toward my five (5) year lifetime limit on assistance as well as any other future assistance available under the potential 24 month “good cause” criteria.

Signature _____ Date _____

****Agency Use Only****

Date Scheduled with Review Panel:	Signatures of Panel:
Decision:	
Date Applicant Notified:	
Next Review Due:	
Service Representative:	
Supervisor:	