

OWF TIME LIMITS AND HARDSHIP CRITERIA
HARDIN COUNTY JOB AND FAMILY SERVICES
REVISED 9-1-02

Section 5107.18 of the Revised Code limits participation in Ohio Works First (OWF) to thirty six (36) months. This section also provides that a County Department of Job and Family Services may exempt not more than 20% of the average monthly number of OWF participants from the time limit due to hardship.

Hardship exemptions are only available to assistance groups who have complied with all aspects of the self-sufficiency contract, and have not been sanctioned within the previous twelve month period.

All exemptions will require a self-sufficiency contract geared toward resolving the hardship. Assistance groups receiving an exemption must continue to abide by the provisions of the self-sufficiency contract. Failure to comply with the self-sufficiency contract will result in the loss of the hardship exemption.

Hardship exemptions will be time limited, from one to six months. Assistance groups qualifying for a hardship exemption will be evaluated on a monthly basis to determine if the hardship exemption is still applicable. An assistance group must apply for an exemption **by submitting a signed and written statement indicating why they are requesting an exemption or by completing the agency review form.** Extensions are not automatic.

An assistance group which includes an adult who has participated in Ohio Works First (OWF) for thirty six (36) months may be eligible for a hardship exemption if one or more of the following circumstances exists:

1. The Assistant Group's parent or caretaker has a serious physical or mental illness or condition which renders them incapacitated for employment. The incapacity must be verified by a physician on a completed Basic Medical (ODHS 7302) and the individual **must have an application being processed for SSI/SSD benefits. The person claiming the disability must also fully cooperate in the CMS process. Hardin County Job and Family Services (HCJFS) reserves the right to secure and rely upon a second opinion from a medical provider of its choice. The assistance group may receive an exemption for a maximum of six months. The hardship exemption will end when the original six month period is exhausted or when the SSI/SSD is approved or denied, whichever is earlier.**
2. The Assistance Group's parent or caretaker's presence is medically necessary to provide care for a disabled immediate family member (i.e., child, spouse, parent, sibling) living in the same household. The medical necessity of the individual's presence to provide care must be verified by a physician. The parent or caretaker must

pursue all other available sources of care for the disabled family member. Hardin County Job and Family Services (HCJFS) reserves the right to secure and rely upon a second opinion from a medical provider of our choice. The assistance group may receive an exemption of up to six (6) months.

3. The Assistance Group's parent or caretaker is a victim of domestic violence who is actively seeking help from an established support provider which prevents him or her from pursuing, obtaining and/or maintaining employment. Such an assistance group may receive an exemption of up to six (6) months.

The Ohio Department of Job and Family Services (ODJFS) continually monitors the percentage of the average monthly number of Ohio Works First (OWF) participants in each county that are granted hardship exemptions. Once a county department's exemptions equal or exceed eighteen percent (18%), ODJFS will immediately notify the county. Upon notification from ODJFS that HCJFS has met or exceeded eighteen percent (18%), HCJFS will review all assistance groups receiving an exemption. If, at any point, HCJFS can no longer grant hardship exemptions to all qualifying Assistance Groups due to the operation of the twenty percent (20%) limitation, priority will be given to those Assistance Groups which qualify under number 1. above, then to those who have received the least total number of months of OWF assistance since October 1, 1997.

C. M. Long, Director
Hardin County Job and Family Services

Date

HARDIN COUNTY JOB AND FAMILY SERVICES
HARDSHIP EXEMPTION REVIEW FORM

NAME		DATE	
SSN		CASE #	

I am requesting an exemption to the time limits for cash assistance because:

Signature

Date

FOR AGENCY USE ONLY

Hardship Exemption: Approved _____ Denied _____

Reason : _____

Case Worker Signature

Date

Supervisor Signature

Date