

LAWRENCE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

FEDERAL & STATE GUIDELINES FOR LAWRENCE COUNTY

THESE GUIDELINES AND DEFINED EXTENDED PERIODS OF OWF BENEFITS APPLY TO ASSISTANCE GROUPS IDENTIFIED FOR THE 20% HARDSHIP EXEMPTION CATEGORY.

1. **Individuals enrolled in an educational/training program** directly related to employment of at least 35 hours per week. If the program will be completed within six (6) months, OWF benefits may be provided for up to six (6) payment months, or upon completion of the program, whichever is less.
2. **Medical Exemption:** A basic medical form must be provided by a licensed physician, psychologist or psychiatrist to verify the OWF individual, who was subject to the time limit, has a physical or mental disability expected to last at least twelve (12) months. The individual must apply for SSI and provide verification of the SSI application and medical disability to the agency. OWF benefits may be provided for no longer than six (6) payment months, or approval/denial of SSI, whichever is less. The case will be reevaluated at the end of the six months to determine eligibility for an additional six (6) months.
3. **Catastrophic Illness:** If an Assistance Group (AG) suffers loss of income due to a catastrophic illness, and a basic medical form completed by a licensed physician, psychologist or psychiatrist is provided to show the disability is expected to last a minimum of three (3) months but less than twelve (12) months, OWF benefits may be provided not longer than six (6) payment months, or until the disability ends, whichever is less.
4. If an individual has provided verification from a licensed physician that they have a **High-Risk pregnancy**, OWF benefits may be provided throughout the pregnancy and up to three (3) payment months following the child's birth.
5. An OWF individual who has been screened and diagnosed as **chemically dependent** and who is actively engaged in a certified treatment program may receive additional OWF benefits up to three (3) payment months. However, as a condition for eligibility, the individual must show evidence of making progress in the program. This determination will be made by the Lawrence County Department of Job & Family Services in consultation with the treatment provider.
6. **A Single-Parent Assistance Group caring for a severely disabled child** living in the home and unable to attend school may continue to receive OWF benefits if adequate substitute care is not available. A statement must be provided from a licensed physician, psychologist or psychiatrist indicating the need for 24-hour care. The assistance group is required to apply for Waiver Services. This exemption also applies to a **Two-Parent Assistance Group, when one of the adult parents has a verified disability**. Eligibility must be re-determined every six (6) months.
7. If the assistance group member is a **Single, Custodial Parent**, OWF benefits may be provided up to three (3) payment months following the child's birth.
8. If the assistance group member is residing in a domestic violence shelter or provides verification charges have been filed and the individual no longer resides with the alleged perpetrator, OWF benefits may be provided up to three (3) payment months.

9. If an individual is a **Teen Parent Head-Of-Household**, attending either high school or ABLE classes full time but has not graduated, OWF benefits may be provided up to six (6) payment months, so long as the individual remains a -time student.
10. If an assistance group has an active case with the Lawrence County Department of Job & Family Services, **Children Services** Unit, and is satisfactorily participating in a case plan, OWF benefits may be provided up to six (6) payment months or at the end of the reunification plan, whichever is less.
11. If an assistance group is **Homeless** and reasonable verification has been provided to the agency, OWF benefits may be provided up to three (3) payment months, and the assistance group must make application through the Prevention, Retention and Contingency Program. **This exemption is limited to one time only.**
12. **Effective: 10-01-02** If an assistance group includes someone who is temporarily or permanently unable to work because the individual has been battered, or subjected to extreme cruelty, including but not limited to physical acts resulting in physical injury to the individual, sexual abuse, sexual activity involving a dependent child, being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities, threats of or attempts at physical or sexual abuse, mental abuse, or neglect or deprivation of medical care and provides the agency with acceptable verification, which includes but is not limited to medical or law enforcement records, court or other legal documents, court, medical, criminal, child protective service, social service, psychological, or law enforcement records indicating the threat of physical or emotional harm, medical records indicating the emotional health history and present emotional health of family members, a written statement from a mental health professional indicating the emotion health status of family members, a written statement from public or private social agency, and sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the family's circumstances, OWF benefits may be provided up to six (6) payment months and must be re-determined every six (6) months.
13. **Effective: 12-01-04 Terminal Illness** If an OWF eligible individual is needed in the home on a continuum to provide care for a terminally ill spouse or child, OWF may be provided up to a maximum twelve (12) month period. The case will be reevaluated at each reapplication to determine continued need. Documentation from the terminally ill patient's primary physician is required to meet the criteria of this category.
14. **Effective: 7-1-05 Needed In Home** This exemption criteria applies to a two-parent AG, wherein if one individual is incapacitated and requires care that cannot be performed by an outside agency, the other AG member, who is needed in the home to provide such care, may continue to receive OWF benefits for up to three (3) payment months, or the time needed to provide the specified care, whichever is less. A statement must be provided from the incapacitated individual's physician to verify the need of the individual. The case will be reevaluated at the end of the three months to determine eligibility for an additional three months.