



Franklin County
Board of Commissioners

**JOB & FAMILY
SERVICES**

Case Information			
Case Name		OB Case #	
Address	City	State	Zip
Client Phone	WorkerID	Additional Info	

FCDJFS OWF HARDSHIP EXEMPTION REQUEST



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Directions: The Franklin County Department of Job and Family Services defines “Hardship” as an event or condition that has caused suffering or adversity for an Assistance group where the parent or caretaker needs Cash Assistance beyond their exhausted 36 months of general eligibility. Please review the 8 qualifying events below and select those that apply to you. Submit your completed application, along with the documents needed to verify the selected event(s). **Those that have used less than 36 months of TANF Cash Assistance will be automatically denied for this extension, but may qualify for a “Good Cause” Extension.** Ask your local agency how many months have been used, if you are unsure.

- EVENT #1 (Code 0401):** The requestor has a medically verified physical or mental illness or impairment that render him/her incapacitated for employment.
Provide the following items completed:
 - #611 Altwork Employability Form
 - #612 Primary Caregiver C-9 Exemption Form

- EVENT #2 (Code 0402) :** The requestor in a one-parent assistance group must provide medically necessary full-time care for an immediate adult family member in the requestor’s home, or other acceptable arrangements. “Family member” is defined as a spouse, child, parent, grandparent, sibling, stepchild, stepparent, stepsibling, great-grandparent, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, or daughter-in-law.
Provide the following completed items:
 - #612 Primary Caregiver C-9 Exemption Form

- EVENT #3 (Code 0403):** The requestor in a one-parent assistance group must provide medically or psychologically necessary full-time care for a child diagnosed with a physical or mental illness, impairment that requires specialized care, and other care arrangements are not available.
Provide the following completed items:
 - #612 Primary Caregiver C-9 Exemption Form

- EVENT #4 (Code 0404):** The requestor requires long term care due to a temporary illness or impairment but is not eligible for SSI.
Provide the following completed items:
 - #612 Primary Caregiver C-9 Exemption Form

FCDJFS OWF HARDSHIP EXEMPTION REQUEST FORM cont.

- EVENT #5 (Code 0501):** The requestor's assistance group includes an individual who has been battered or subject to extreme cruelty which renders the individual temporarily or permanently unable to work including: physical acts that result in or threaten to result 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 (including emotional harm); or neglect or deprivation of medical care.

Provide the following completed actions:

- **Assessment with Domestic Violence Worker in Workforce Development (WFD).**

- EVENT #6 (Code 0601):** The requestor is currently engaged in education and training in order to obtain employment.

Provide the following completed actions:

- **Official documentation of educational program being 75% completed.**

- EVENT #7 (Code 0701):** The requestor has three or more of the following surmountable employment barriers occurring simultaneously:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Work History | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Housing Instability |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Criminal History | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Education | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Illiteracy | <input type="checkbox"/> Chronic Non-debilitating Conditions |
| <input type="checkbox"/> Other | | | |

Provide the following completed actions:

- **Official verifications for the any stated barrier checked above.**

- EVENT #8 (Code 0801):** The requestor is at least six months pregnant and is physically unable to work due to her pregnancy. The hardship exemption will end six to eight weeks after the pregnancy ends, with the time period dependent on the physician's medical release as it pertains to traditional post-partum recovery timelines.

Provide the following items:

- **#611 Altwork Employability Form**
- **Documentation of "Unpaid Leave" from Employer.**

Disclaimer: FCDJFS reserves the right to secure and rely upon a second opinion from a medical provider of its choice. Once FCDJFS determines that the hardship has been remedied, and if no other hardship event exists, TANF cash assistance will be terminated. The hardship exemption criterion does not represent any guarantee of future assistance, continued assistance or future right to review once the hardship exemption is lost. FCDJFS maintains the control and discretion to determine whether an OWF participant is eligible for the continued receipt of a hardship exemption. The duration of the hardship exemption is contingent upon the presence or absence of specific factors relating to the basis for the hardship exemption as set forth in this Plan.

I am requesting that my assistance be continued. I have fully read this application and understand the directions, as well as the disclaimer. I understand that I will be required to provide proof of the events selected above. Some examples include but are not limited to: medical records, statements from employers, proof of criminal record, or proof of school enrollment.

Applicant Signature

Date