Hardship Exemption Calculator

Client Name:_____ **ID#**_____ **Total Points:** _____ **Date:** _____

Determining Factor:	0 pts	1point	2points	3points	Points
1. Has the client been assigned to activities in the last 24 months		1 or more	no	Barriers don't permit	
2. Has the client followed through with the Self Sufficiency agreement in the last 12 months?		no	sometimes	Barriers don't permit	
3. Has the client been on penalty (CSS,WPP or QA) in the last 12 months		2 or more	1 time	Not penalized	
4. Has the case manager contacted the client or accessed case information for the purpose of tracking and follow-up on participation in the last 24 months?		Consistently	Infrequent or no contact	Multi-contacts /multi-barriers	
5. How many jobs has the client had in the last 24 months?		1 or more	Consistently getting and losing jobs	0 with documented good cause	
6. Is the client currently dealing with barriers that would not be considered hardships?		No barriers to employment	Documented temporary barrier	Documented long term barrier	
7. Has a hardship criteria ended recently?	No Hardship	Yes & they are released back to employment	Yes and they need to complete an activity to enhance employability	No- barrier is long term or life long	
8. Has the client followed through on physical, mental or substance abuse issues?	No follow through	No issues	Have followed through/still struggling	Yes- continues to attend regular therapy	
9. Is the client engaged in an activity that will potentially lead to employment within the next 6 months?	NO	Customer is employable now	Yes they are engaged but need to finish component	Employed, but cannot achieve self sufficiency due to barriers or circumstances.	

20+ pts: 36 month Exemption   **Total Points:**

Provide documentation on all questions if points are given.

INSTRUCTIONS:

The Hardship Exemption Calculator was designed to help EES Workers, Supervisors, Program Administrators, Regional Directors and the Hardship Panel and their designee's in considering options for clients based on factual information from their case files, not just the emotional circumstances.   The answers have been designed to evoke conversation about what has actually happened with this client during their time with DCF. If an answer cannot be determined based on the options given, mark the 0 points box for that question.

Once the client's name and ID # have been noted in the provided fields, the PA and/or their designee should review the case file to determine what has occurred in the past 24 months. The PA may wish to include a second or third party in on the discussion. We encourage all participants in this determination to base their answers solely on the facts contained within the case file.

When clients do not meet the criteria for Hardships 1 – 4 in KEESM 2243 this form will be used as a guide to establish whether the clients' circumstances create criteria that meets Hardship #5 (AA). This hardship does not exempt clients from continuing to work on self sufficiency. However, barriers caused by these circumstances may impede the clients 'ability to meet their full potential at this time. For example: A client living in a remote area had a transportation barrier which was recently resolved. The client is now able to participate. This should be considered when answering questions 1, 2, 5 and 9.   A pregnant woman who was cooperating at 20 months is ordered to bed rest in her third trimester. She wants to finish her training once the baby is born. This client has a documented barrier that should be considered in questions 1, 2, 7, and 9 prior to closing her case at 24 months.

Once the points on the case are calculated this form will be sent, along with other appropriate information, to the Hardship Review Panel to determine if the case meets the criteria for an extension to 36 months of TANF assistance.

Hardship Panel Determination:

Request for additional information:
_____
_____
_____

Due: _____

Denied:
_____

Approved:
_____