## **Hardship Extension Request**

**Case number:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Client(s) Name:** Click or tap here to enter text.  **Worker/CN:**Click or tap here to enter text.

**Purple Supervisor/ESPA:** Click or tap here to enter text.

**STEP 1**

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| **If this is a NEW application approved through the 23rd or 24th month, the eligibility worker will complete this section.** | |
| How many months of TANF were received in Kansas? | Click or tap here to enter text. |
| How many months of TANF were received in another state? | Click or tap here to enter text. |
| **Hardship MUST be requested. STOP HERE and send the form to the Executive Hardship Committee at** [**DCF.ESExecHardshipRequests@ks.gov**](mailto:DCF.ESExecHardshipRequests@ks.gov) | |

**STEP 2**

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| **If this is an ongoing case and all questions are marked “YES”, the client is considered cooperating.** | **YES** | **NO** |
| Is there a current Self Sufficiency Agreement on file or documented that SSA has been reviewed and agreed upon? |  |  |
| Is the client meeting participation hours and followed through with tasks assigned on Self Sufficiency Agreement? If not, was good cause provided & documented? |  |  |
| Has the client provided documentation as requested by Career Navigator timely? (Dr. statements, JS/JR Worksheets, etc.) |  |  |
| Has client regularly attended WP appointments? If not, was good cause provided & documented? |  |  |
| **If ANY question above is marked “NO”, the client is not considered cooperating.**  **Hardship may NOT be requested. STOP HERE and send the form to your PA.**  **If ALL are marked YES, continue to step 3.** | | |

**STEP 3**

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|  | **YES** | **NO** | **If yes, insert date** |
| Is the client engaged in an activity that will potentially lead to employment within the next 12 months? Please explain: Click or tap here to enter text. |  |  | Select Date |
| Is the client demonstrating tangible advancement towards gainful employment or self-sufficiency? Please explain: Click or tap here to enter text. |  |  | Select Date |
| Is the client currently addressing obstacles or barriers that impact their success in reducing reliance on government benefits but can be resolved within the next 12 months?  Please explain: Click or tap here to enter text. |  |  | Select Date |
| **If ALL the questions above are marked “NO”, hardship may NOT be requested.**  **STOP HERE and send the form to your PA.**  **If ANY question above is marked “YES”, continue to step 4.** | | | |

**STEP 4**

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| According to KEESM 2242, specific protocol must be met at any time during the client’s 24 months of TANF prior to terminating TANF due to the time limit. | YES | NO | N/A | If yes, insert date |
| Has the Self-Assessment form been completed? |  |  |  | Select Date |
| Has a substance abuse assessment (SASSI, UNCOPE, DAST, etc.) been completed? |  |  |  | Select Date |
| Has the client been offered individualized employment services and assigned to appropriate activities? |  |  |  | Select Date |
| If the client has attempted but not been able to keep a job, has the client been evaluated for unknown barriers (including but not limited to vocational assessment, psychological evaluation, U.A.s, learning disability screen, etc.)? |  |  |  | Select Date |
| If the client has limited English proficiency, have they been referred for ESL classes? |  |  |  | Select Date |
| Has an ISTM (Integrated Service Team Meeting) been completed with all agencies working with the client? |  |  |  | Select Date |
| If ANY question above is marked “NO”, hardship MUST be requested by PA.  Continue to step 5. | | | | |

**STEP 5**

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| **Additional information to provide to the Executive Hardship Committee.** | **YES** | **NO** | **N/A** |
| FRE CLIENTS: Is the FRE client voluntarily and actively participating in an approved activity? (See E-1, TANF Coding Chart) |  |  |  |
| If the client is not employed, have they refused, voluntarily quit or reduced hours of employment while receiving TANF assistance, was good cause provided & documented? |  |  |  |
| If the client is working with a provider or other referral partner, is the client actively participating and attending appts with them? |  |  |  |
| Does the Career Navigator recommend approval of additional hardship? If so, was reasoning justified? Please explain: Click or tap here to enter text. |  |  |  |
| **Once complete, the CN will submit this form to their PA for review.**  **The PA will review and submit the form to Executive Hardship Committee.** | | | |

**STEP 6**

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| **The Executive Hardship Committee will complete the following section and return the form to the Purple Supervisor/ESPA listed at the top of the form by the 21st of the month**. |
| **Executive Hardship Committee Determination:**  **Denied  Approved**  **Months Approved:** Click or tap here to enter text.  **Comments:** Click or tap here to enter text.  **Date Reviewed:** Click or tap to enter a date. |