## **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**

|  |
| --- |
| **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** |

**STEP 2**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |
| --- |
| **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. |