

# TIME LIMIT HARDSHIP EXTENSIONS CHART

Revised June 19, 2024

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
1	Unable to Participate	Obsolete – can view but not modify on the ACES TWEPE Screen.				
2	Participating	Obsolete – can view but not modify on the ACES TWEPE Screen.				
3	Not Participating	Obsolete – can view but not modify on the ACES TWEPE Screen.				
4	55 & older caretaker relative	Approved for ZA <ul style="list-style-type: none"> <li>Adult caregiver relatives, who are not the parent of the child.</li> <li>Age 55 or older.</li> </ul>	Verify age and relationship.	Every 12 months.	No participation required.	
5	Disabled adult	Chronic and Severe Disability (often coded ZD.) <ul style="list-style-type: none"> <li>Mental, physical, emotional, or cognitive condition.</li> <li>Severe: Able to participate <u>10</u> hours or less per week in work or work activities.</li> <li>Conditions expected to last 12 months or more.</li> <li>Ineligible parent who is an SSI/SSDI recipient.</li> </ul> <p><b>Note:</b> The participant qualifies for the #5 time limit extension category even when the parent doesn't have an open ZD eJAS component code because they are required to pursue treatment or SSI.</p>	Medical evidence from the DSHS 10-353 form or alternative listing diagnosis, how long the condition will last and the number of hours per week the parent can participate (see section 6.6.5 in the WorkFirst Handbook, 6.6, Disabilities)  For ineligible parent, proof of SSI/SSDI receipt.	Every 12 months.	No participation required for ineligible parents.  The participant may be required to participate in available medical or mental health treatment that will help his or her condition improve.  Pursue sanction for failure to participate as required in the XG/XM/XE IRP.	According to the medical evidence dated [date] from [doctor's name]] you are able to participate [number] hours per week and your medical or mental health conditions were expected to last [number weeks or months]. You don't qualify for disability time limit extension unless your condition is expected to last 12 months or more and you are only able to participate 0-10 hours per week.

# TIME LIMIT HARDSHIP EXTENSIONS CHART

Revised June 19, 2024

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
6	<p><b>Caring for disabled adult</b></p> <p><b>*Note: This is used for Ineligible Parent TLE approvals temporarily.</b></p>	<p>Approved for ZB</p> <ul style="list-style-type: none"> <li>Required to be in the home to provide care for an adult relative.</li> <li>No one else is available to provide the care.</li> <li>Able to participate 10 hours or less per week in work or work activities.</li> </ul> <p>No ZB component.</p> <p>Required to be an Ineligible Parent due to citizenship or legal status, or currently receiving SSI.</p>	<p>Medical evidence that the parent is able to participate 10 hours or less because his or her disabled adult relative requires in-home care.</p> <p>Document that no one else is available to provide the care.</p> <p>Documentation that the parent is an ineligible parent (not a citizen, is a felon or currently receiving SSI).</p>	<p>The number of months determined by medical evidence or <b>12</b> months, whichever is less.</p> <p>Every 12 months</p>	<p>Sanction (or determine good cause for ineligible parents) if fails to participate in their agreed upon IRP. If no good cause, sanction adult recipients.</p> <p>If refuse to do WorkFirst activities, pursue sanction for adult recipients' failure to participate in any type of IRP activity.</p> <p><i>No participation required.</i></p>	<p>According to the evidence dated [date] from [doctor, counselor or other professional] you are able to participate [number] hours per week because you are needed in the home to care for your adult relative. According to our records dated [date], you [are/are not] the only person available to provide the care. You don't qualify for caring a disabled adult time limit extension unless you are only able to participate 0-10 hours per week and are the only person available to provide the care.</p> <p>According to the evidence dated [date] from [Us Immigration, Courts, SSA] you are able to participate [number] hours per week. You do not qualify for an Ineligible Parent time limit extension.</p>
7	<b>Caring for a disabled child</b>	<p>Approved for ZC</p> <ul style="list-style-type: none"> <li>Required to be in the home to provide care.</li> <li>Able to participate 10 hours or less per week in work or work activities.</li> </ul>	<p>Medical or public health nurse evidence that the participant is able to participate <b>10 hours or less</b> because his or her child requires in-home care.</p>	<p>Months on the medical evidence or 12 months, whichever is less.</p>	<p>No participation required.</p>	<p>According to the evidence dated [date] from [public health nurse, doctor, counselor or other professional] you are able to participate [number] hours per week because you are needed in the home to care for your disabled child. You don't qualify for caring for a disabled child time limit extension unless you are only able to participate 0-10 hours per week.</p>

# TIME LIMIT HARDSHIP EXTENSIONS CHART

Revised June 19, 2024

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
8	Required to apply for SSI/SSDI	<p>Approved for XB</p> <ul style="list-style-type: none"> <li>Eligible for ZD, but ZD but required to pursue SSI/SSDI based on the medical evidence.</li> <li>Do not require ineligible parents to apply for SSI/SSDI.</li> </ul> <p><b>Note:</b> Also qualifies for the #5, Disabled Adult, time limit extension.</p>	<p>Medical evidence from the DSHS 10-353 form <i>or</i> alternative listing diagnosis, how long the condition will last and the number of hours per week the parent can participate (see section. 6.6.5 in the WorkFirst Handbook, 6.6, Disabilities)</p>	<p>Months required to pursue <b>SSI or 12 months</b>, whichever is less.</p>	<p>Pursue sanction for failure to participate as required in the XB IRP.</p>	<p>According to our records dated [date] you applied for SSI on [date]. You are not required to apply for SSI in your Individual Responsibility Plan. You don't qualify for an SSI time limit extension unless you are required to apply for SSI in your Individual Responsibility Plan.</p>
9	Family violence	<p>Declared family violence issues:</p> <ul style="list-style-type: none"> <li>Service Plan to address family violence by someone trained in family violence, and</li> <li>Participating as required in family violence service plan.</li> </ul>	<p>Document family violence per DCS good cause requirements in the Social Services Manual – Good Cause. Family violence service plan listed separately as the participant's family violence service plan in the parent's IRP or, for ineligible parents, in eJAS family violence case notes.</p>	<p>The number of months listed on the family violence service plan <i>or</i> 6 months, whichever is less.</p>	<p>Sanction (or determine good cause for ineligible parents) &amp; time limit extension interviews if fails to participate in family violence service plan. If no good cause, sanction adult recipients. If refuse to do FV activities, end the family violence time limit extension and close case if not qualified for another type of time limit extension.</p> <p>Pursue sanction alone (or suspend if qualified) for adult recipients' failure to participate in any other type of IRP activity.</p>	<p>You may contact me at [phone number] if you require additional information about why you don't qualify for a time limit extension.</p> <p><b>Note:</b> staff must document in eJAS family violence case notes how they considered all available evidence before making a final decision.</p>

# TIME LIMIT HARDSHIP EXTENSIONS CHART

*Revised June 19, 2024*

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
10	<b>First-time child dependency</b>	Open state/tribal child welfare case. First time any of the adult's children have been involved in dependency considerations or actions.	Children's statement by telephone or in writing stating when the dependency issue is likely to be resolved.  See WFHB 3.6.1.8 for the process to confirm tribal first-time child dependency cases.	Months to anticipated child dependency resolution or <b>6 months</b> , whichever is less.	Pursue sanction if not participating in IRP activities.  When dependency is closed and all concurrent benefits/home post reunification services have ended, whether or not the child was returned or the parental rights are terminated, the family is no longer eligible for the extension.	According to our contact with [name of children's staff] on [date], you [do/don't] have an open child welfare case. The following children are involved in a dependency action: [list names]. The first time you ever had a child in dependency was [date]. You don't qualify for a child welfare time limit extension unless you have an open child welfare case, and this is the first time any child in your family has been in dependency.
11	<b>Employed 32 hours or more per week (unsubsidized)</b>	32 hours or more per week of unsubsidized employment listed in the "Emp Hours" field on the eJAS Component/Contractor/IRP Update screen. That is, all employment EXCEPT for those with the following ACES valid values for subsidized employment: CJ, EP, SC, WS, WT and WW.  Excludes subsidized employment such as Community Jobs or work-study.	Follow EAZ verification rules for when and how to verify income. See WFHB 8.1, Paid and Unpaid Employment, Overview. Examples include: <ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Employer statement by telephone or in writing</li> </ul> For self-employment, can use the ACES calculated hours or the person may provide a collateral statement from a reliable source who is in a position to confirm hours per WAC 388-490-0005.	Align with the next eligibility review or MCR. Review every 6 months thereafter.	Use change of circumstance rules to process changes.  Close case if no longer employed full-time, unless qualifies for another type of time limit extension.	According to our records dated [date] you are working [number] hours per week in [subsidized/unsubsidized] employment. Or, you are self-employed earning, on average, the equivalent of [number] minimum wage hours. You [have/have not] provided a collateral statements from [names] on [dates] who [are/are not] in a position to know your actual self-employment hours. You don't qualify for an employment time limit extension unless you're working, on average, 32 hours or more per week in unsubsidized employment or self-employment. Your self-employment hours must be based on the equivalent of minimum wage unless you provide alternative proof from persons who are in a position to know your actual self-employment hours.

# TIME LIMIT HARDSHIP EXTENSIONS CHART

*Revised June 19, 2024*

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
12	<b>Administrative Hearing</b>	Client receiving continued benefits pending an ALJ decision.  See WFHB 3.6.1.12 for ending continued benefits when the department's action is upheld at the Administrative Hearing.	N/A	First of the month the case will remain open pending an Administrative Hearing decision in three-month increments.		
13	<b>No Time Limit Extension</b>	N/A	N/A	N/A	N/A	Use appropriate template language above when parent meets some, but not all, of the criteria for a time limit extension category.
14	<b>Homelessness</b>	Including individuals who are living: <ul style="list-style-type: none"> <li>• Outside;</li> <li>• In a building or location not meant for human habitation;</li> <li>• In a building or location which they have no legal right to occupy;</li> <li>• In an emergency shelter;</li> <li>• In a temporary housing program which may include a transition and supportive housing program with a limited duration of stay.</li> </ul>	Self-declaration is considered acceptable verification of homelessness.	Every 6 months.	To qualify for a time limit extensions for homelessness, the recipient must participate in activities to achieve stable housing these activities must be developed in coordination with a housing provider.  If the participant stops following through with their IRP, they will no longer qualify for the extension.  If the parent(s) are homeless with their child(ren) they must engage in an IRP to participate in obtaining housing, they don't meet the McKinney Vento homeless TLE.	According to our contact with [name of housing case manager or housing agency staff] on [date], you [have/have not] followed through with your housing service plan. You don't qualify for a homeless time limit extension unless you comply with all requirements in your service plan and maintain contact with the housing provider/staff member to obtain securing housing.

# TIME LIMIT HARDSHIP EXTENSIONS CHART

Revised June 19, 2024

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
15	<b>Caring for a Homeless Child/Youth (McKinney-Vento)</b>	<p>Child(ren) or youth who are:</p> <ul style="list-style-type: none"> <li>Sharing housing with family or friends, (doubled up,) due to loss of housing, economic hardship, or a similar reason.</li> <li>Living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations.</li> <li>Living in emergency or transitional shelters.</li> <li>Abandoned in hospitals.</li> <li>Subject to a primary nighttime residence that is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc.)</li> <li>Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations.</li> <li>Migratory and living in any of the above situations.</li> </ul>	Self-declaration is considered acceptable verification of homelessness.	Every 6 months.	<p>To qualify for a time limit extension for McKinney-Vento Homeless Child/ Youth the recipient must have a child/youth in their care that meets the criteria listed.</p> <p>If the adult parent or guardian indicates that the child/youth has a permanent, stable nighttime residence they will no longer qualify for the extension.</p>	<p>According to our records the child(ren) in your care does/do not meet the criteria for homeless.</p> <p>You don't qualify for a homeless child/youth time limit extension.</p>
16	<b>Infant, Toddler and Post-Partum</b>	<p>Individuals who:</p> <p>To qualify for this time limit extension the recipient must have a child under the age of 2 years old in the household and be taking the Infant, Toddler, or Post-Partum exemption.</p>	Birth certificate of child is considered acceptable verification of age.	Length of time limit extension is to match end of the month of applicable exemption.	<p>To qualify for a time limit extension, the recipient must have remaining infant exemption days, or a child under 12 weeks of age.</p> <p>When a participant qualifies for the IE/TE/PD and is required to participate in mandatory activities (per WFHB 5.1.19) they must be engaged in the activity to continue receiving the extension.</p>	<p>You don't qualify for an infant/toddler/post-partum time limit extension.</p> <p>To qualify for this extension, you must have a child under the age of 2 years old in your household and have not exhausted your infant, toddler, or 12-week post-partum exemption.</p>

# TIME LIMIT HARDSHIP EXTENSIONS CHART

Revised June 19, 2024

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
17	High Unemployment Rate	Applicants or recipients who are over 60-months and were on TANF as of March 2020, or later during a month(s) when the unemployment rate was at 7% or higher.	<p>Months of High Unemployment Rate in Washington State since April 2020:</p> <ul style="list-style-type: none"> <li>• April 2020</li> <li>• May 2020</li> <li>• June 2020</li> <li>• July 2020</li> <li>• August 2020</li> <li>• September 2020</li> <li>• October 2020</li> </ul> <p>List on the ESD site can be found linked here- Unemployment Rate.</p>	<p>The number of months the client was active on TANF during high unemployment month to a maximum of 6 months whichever is less.</p> <p>Review if the applicant/participant was on TANF during a Washington State high unemployment rate month, starting March 2020 and authorize additional TANF assistance, month for month.</p>	<p>To qualify for a time limit extension for High Unemployment Rate the applicant/recipient must have been on during months of high unemployment and do not meet any other TLE hardship category.</p> <p>If the participant stops following through with their IRP, they will no longer qualify for the extension.</p>	<p>You don't qualify for the High Unemployment Rate time limit extension. To qualify for this extension, you must be on TANF as of March 2020 or later during a month(s) when the unemployment rate is 7% or higher.</p>