

**FANF HARDSHIP EXTENSION REQUEST – page 1 of 4**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Instructions:** Select only **one** hardship reason below that best describes why you need an extension to the 60-month lifetime limit on receipt of Financial Assistance to Needy Families (FANF) cash assistance, and provide the verification listed under the selected reason. Page 4 of this form must also be completed, initialed and signed or your hardship extension request will be denied. Once the verification(s) have been received, a determination will be made based on the document(s) provided to see if you meet the hardship criteria before the hardship extension can be approved. Additional verifications may be required. **All verifications are due within 10 days of your Hardship Extension Interview.**

**I am in compliance with the New Hampshire Employment Program (NHEP)** - I am currently working with NHEP and I am in compliance with all aspects of the program. I understand that this reason can ONLY be selected if I am currently mandatory to participate with NHEP and am meeting all compliance requirements of my current Employability Plan.

**Verifications:**

- NHEP representative verifies compliance on page 4; and
- Review, complete, sign and return a new Employability Plan with your NHEP representative.

**I am working at least 30 hours per week** - I currently am employed an average of 30 hours a week or more and I am still eligible for FANF cash assistance. I understand that I will need to participate with NHEP and follow my Employability Plan, which may include additional workforce development activities to help me achieve self-sufficiency.

**Verifications:**

- 4 weeks of current consecutive pays, Employment Verification Form (BFA form 756), or other agency approved verification that shows the current average monthly hours worked; and
- For current NHEP participants- review, complete, sign and return a new Employability Plan with your NHEP representative.

**I currently lack adequate child care-** I am currently trying to obtain adequate child care for my child/children, but am not able to find adequate child care and will continue to explore other child care providers and options while on my hardship extension unless I have a good cause reason.

**Verifications:**

- Written, signed and dated statement on the efforts you have made in trying to get child care, including list of child care agencies, contact person(s), date(s) of contact and reason(s) why agency cannot accommodate as well as specific actions you are taking currently to find child care, and what efforts you will continue to make while open under a hardship extension. Please provide any other documents that support these efforts.

**I lost my job within the last 60 days and am actively looking for work-** I have lost my job within the last 60 days due to no fault of my own, or had a good cause reason on why I voluntarily quit, and while I have been unemployed I have applied for Unemployment Benefits. I am actively searching for employment and will continue to while under a hardship extension and will participate with NHEP and comply with all aspects of the program.

**Verifications:**

- Documentation or a signed statement from the unemployment agency verifying that you have applied or are currently pursuing unemployment benefits or are not eligible for unemployment benefits;
- Verification that you did not quit the job, get fired, or refuse an offer of employment without a good cause reason; and a
- Written, signed and dated statement of the actions you are taking to actively look for employment, and the steps you will take if approved for a hardship extension to continue to look for employment.

**FANF HARDSHIP EXTENSION REQUEST – page 2 of 4**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**I am caring for a disabled or incapacitated relative or FANF assistance group member who resides in my household that prevents participation in work activities including participation with NHEP-** I am currently caring for my relative or someone in my FANF assistance group who is in need of care due to being incapacitated or disabled. This individual resides with me and there is no other alternative care available to them that is feasible.

**Verifications:**

- BFA Form 752A *Authorization for Release of Protected Health Information for FANF Financial Assistance;*
- BFA Form 752HH *Healthcare Provider Statement of Necessary Care for a FANF Household Member (subject to MEU approval of exemption); and a*
- Written, signed and dated statement indicating that no alternate care is available or feasible.

**I have a medical condition that prevents participation in work activities including participation with NHEP -** I am temporarily unable to participate in work activities or in NHEP due to a medical condition or illness, as certified by an Authorized Healthcare Provider. I also understand that before my second hardship extension for this reason can be approved I must pursue all other disability benefits including SSI, SSDI, State Supplemental financial and medical assistance (APTD or ANB) etc. and that I will continually pursue these benefits while under a hardship extension.

**Verifications:**

- BFA Form 752A *Authorization for Release of Protected Health Information for FANF Financial Assistance;*
- BFA Form 752 *Healthcare Provider Statement of Abilities for FANF Financial Assistance (subject to MEU approval of exemption); and*
- If this is at least your second hardship extension for this reason, you are required to provide proof of current pursuit of all benefits that you may be eligible for, including Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI), and State Supplemental financial and medical assistance, and continually pursue these benefits. Continuous pursuit of other benefits requires you to apply, reapply, and/or appeal any denials.

**I have a learning disability-** I have a learning disability that has been identified by a state certified education professional that is licensed to certify for learning disabilities or a licensed psychologist. My learning disability prevents me from working or participating in the New Hampshire Employment Program.

**Verifications:**

- A current signed and dated statement from a state certified education professional licensed to certify the existence of a learning disability, or a licensed psychologist, that indicates you have a learning disability that prevents you from working, participating in work-related activities, or preparing for work.

**I am participating in a substance misuse or mental health treatment program-** I am currently participating in a substance misuse or mental health treatment program that prevents or limits my ability to work, or participate in work-activities like the New Hampshire Employment Program.

**Verifications:**

- A signed and dated statement from the program director or designee indicating that you are currently an active participant in the treatment program, how many times a week you are participating with the program and how participation hinders your ability to participate in work related activities;
- BFA Form 752A *Authorization for Release of Protected Health Information for FANF Financial Assistance;* and
- BFA Form 752 *Healthcare Provider Statement of Abilities for FANF Financial Assistance.*

**FANF HARDSHIP EXTENSION REQUEST – page 3 of 4**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Case Number: \_\_\_\_\_

I am, or a member of my household is, a victim of family/domestic violence.

**Verifications:**

Completed BFA Form 754C, *Request for Family/Domestic Violence Option*, with the required documentation listed on the 754C; and

NHEP Assessment Intervention Unit (AIU) Counselor verifies that you have participated in an individualized assessment interview and sends an email to your worker with the date & time of your completed phone interview.

**NOTE:** *You must call the AIU Counselor at 1-800-852-3345 ext. 19322 or 603-271-9322 within 2 days to schedule the assessment interview if not scheduled today with your worker.*

***Failure to participate in interview mentioned above will result in an automatic denial of your hardship request.***

I am currently experiencing a life-threatening circumstance or emergency- My family is facing a life-threatening or emergency situation such as a medical emergency, eviction/homelessness, a natural disaster, arson, or theft that could result in an emergency situation.

**Verifications:**

Signed and dated statement explaining your life-threatening circumstance or emergency;

Documentation that proves your claim; and

Other documentation required listed below by department staff:

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**FANF HARDSHIP EXTENSION REQUEST – page 4 of 4**

<p><b>Agency Use Only</b></p> <p><input type="checkbox"/> The assistance group is in compliance with NHEP work program requirements and no mandatory participant is under sanction for failure to comply with NHEP work program requirements.                  Signature of NHEP representative verifying: _____</p>
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I wish to request an extension to the 60-month FANF lifetime limit for the following Hardship Extension reason: \_\_\_\_\_

<p align="center"><b>Please read each statement below and signify your understanding of the statement by writing your initials in the space provided. If you do not understand a statement, please ask us to explain it to you before you write your initials.</b></p>	<p align="center"><b>Your Initials</b></p>
<p><b>I understand</b> that to receive a FANF hardship extension, I must provide all requested verification of the hardship within 10 days of the Hardship Extension Interview.</p>	
<p><b>I understand</b> that if I am requesting an extension before the end of my 60 months of FANF cash assistance or the end of my current hardship extension that I must still be experiencing the hardship reason above on the day my hardship extension begins, or my extension approval will be withdrawn and my FANF cash assistance case will close when I have reached my 60 month lifetime limit or the end of my current hardship extension.</p>	
<p><b>I understand</b> that during a FANF hardship extension, my family must continue to meet all eligibility requirements for FANF cash assistance, including participating in NHEP work program activities if required to do so, and that failure to meet any eligibility or NHEP work program requirement, without good cause, will result in termination of the FANF hardship extension and closure of my FANF cash assistance case. <b>I further understand</b> that if my family is no longer experiencing the hardship, my hardship extension will end and my FANF cash assistance case will close.</p>	
<p><b>I understand</b> that I must immediately report all changes in the circumstances upon which I am basing my request for a hardship extension, but no later than 10 days from the date I become aware of the change.</p>	
<p><b>I understand</b> that all extensions are temporary (6 months or less). <b>I further understand</b> that I may apply for additional FANF hardship extensions in the future if I believe my family is experiencing the same or a different hardship.</p>	
<p><b>I understand</b> that if I disagree with the decision on my FANF hardship request, I have the right to an Administrative Appeal (“Fair Hearing”) and, if I am requesting an extension before the end of my 60<sup>th</sup> month of FANF cash assistance or my current hardship extension, to have my FANF benefits continued pending the outcome of the appeal.</p>	
<p><b>I understand</b> that I must comply with all aspects of the NHEP work program while in a FANF hardship extension and if I do not comply, my FANF hardship extension will end immediately for my entire family. <b>I further understand</b> that if on 2 occasions I fail or refuse to comply with NHEP work program requirements and my FANF hardship extension ends, <b><u>I will not be able to get a FANF hardship extension ever again for any reason.</u></b></p>	

Client’s Printed Name and Client’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Signature of Staff Member Verifying this Form \_\_\_\_\_ Date \_\_\_\_\_

I completed this form by myself                       I had help completing this form

Printed Name and Signature of person who helped complete this form \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ Date \_\_\_\_\_

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301