



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
**NOTICE OF TEMPORARY ASSISTANCE
EXTENSION FOR HARDSHIP ACTION**

CASE NAME	DCN OR CASE NUMBER	LOAD NUMBER
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You have received _____ months toward your lifetime limit of 45 months for receipt of Temporary Assistance. Your case has been reviewed for an extension for hardship using the following criteria.

SECTION I.

AN EXTENSION FOR HARDSHIP DETERMINATION IS BEING CONSIDERED BASED ON:

- ☐ Substance Abuse ☐ Mental Health ☐ Active in Children's Division and Income Maintenance
☐ Family Crisis ☐ Pending Review ☐ Victim of Domestic Violence

SECTION II.

YOUR DETERMINATION FOR AN EXTENSION OF HARDSHIP HAS BEEN REVIEWED USING THE FOLLOWING INFORMATION:

SECTION III.

THE EXTENSION FOR HARDSHIP HAS BEEN:

☐ REVIEWED

Based on current information you **may** be eligible to receive an extension when you have reached your 45-month lifetime limit. Your case will be re-evaluated in _____ days.
You continue to be eligible for Temporary Assistance.

☐ APPROVED

YOU HAVE AGREED TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

If you do not cooperate with the activities agreed upon above, you would no longer be eligible for the extension.

Your next review date will be _____ .

☐ DENIED

YOUR EXTENSION OR EXEMPTION HAS BEEN DENIED BECAUSE:

You may apply for Temporary Assistance after you have received your 45-month lifetime limit. To be eligible you must meet the eligibility requirements of the Temporary Assistance Program **AND** be eligible for an extension based on hardship or exempt from the lifetime limit.

FSD DESIGNEE	TELEPHONE NUMBER
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