|  |  |  |
| --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESFAMILY SUPPORT DIVISION**NOTICE OF TEMPORARY ASSISTANCE****EXTENSION FOR HARDSHIP ACTION** | CASE NAME     CASE NUMBER     LOAD NUMBER      |
| You have received  months toward your lifetime limit of 45-months for receipt of Temporary Assistance. Your case has been reviewed for an extension of hardship using the following criteria. |
| **SECTION I** |
| AN EXTENSION FOR HARDSHIP DETERMINATION IS BEING CONSIDERED BASED ON: |
| [ ]  Substance Abuse | [ ]  Mental Health | [ ]  Team Conclusion | [ ]  Active in Children’s Services and Income Maintenance |
| [ ]  Family Crisis | [ ]  Pending Review | [ ]  Other |  |
| **SECTION II** |
| YOUR DETERMINATION FOR AN EXTENSION OF HARDSHIP HAS BEEN REVIEWED USING THE FOLLOWING INFORMATION:                                         |
| **SECTION III** |
| THE EXTENSION FOR HARDSHIP HAS BEEN: |
| [ ]  REVIEWEDBased 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, you would no longer be eligible for the extension. |
| Your next review date will be . |
| [ ]  DENIED |
| 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. |
| CASE MANAGER      | TELEPHONE NUMBER   -   -     | DATE      |
| MO 886-4024 (12-02)/E 04-2004 | PERMANENT | IM-363 |