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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY 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: | | | | | | | | |
| 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, 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 |