



Hardship Exemption Determination

Part A: Completed by Income Maintenance

Client's Name	FIP Case Number	State ID Number
Date of Hardship Exemption Request	County	

IM Determination

Hardship Exists. If the family has a hardship and meets nonfinancial FIP criteria, complete the **Hardship Exists** and **Reason** sections.

- ◆ If the family has an FIA-responsible person, forward a copy of this form to the local PROMISE JOBS office, with a copy of the family's hardship exemption request form, all evidence of the hardship, and a copy of form 470-3884, *Hardship Exemption: Service Information*, from the family's service worker (if applicable). Take no further action on the hardship exemption request until PROMISE JOBS returns the form to you with Part B completed.
- ◆ If the family does **not** have an FIA-responsible person, make the final determination of the family's hardship exemption request and complete Part C.

Check all of the hardship reasons that apply:

- | | |
|--|--|
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Disability (potentially eligible for SSI) |
| <input type="checkbox"/> Lack of employability | <input type="checkbox"/> Parent needed in home – child has special needs |
| <input type="checkbox"/> Lack of suitable child care | <input type="checkbox"/> Housing barriers |
| <input type="checkbox"/> Physical or mental health issues | <input type="checkbox"/> Substance abuse issues |
| <input type="checkbox"/> Other circumstances that prevent self-sufficiency (explain in Reason section). | <input type="checkbox"/> Lack of employability due to alien status |

Does the family have an open service case? Yes No If yes, fill out the following:

Service Worker Name	Phone Number
---------------------	--------------

Adults responsible for signing the hardship exemption FIA:

Name	State ID Number
Name	State ID Number

Hardship Does Not Exist. If the family is not eligible for a hardship exemption, complete the **Hardship Does Not Exist** and **Reason** sections. Forward a copy of this form to the Administrator of the Division of Financial, Health and Work Supports and to the service worker (if applicable).

- Denied—check reason for denial:
 - No FIP eligibility
 - Eligible for FIP. Hardship exemption unnecessary.
 - Client withdrew hardship exemption request.
 - Hardship exemption request submitted before month 59.
 - Did not provide requested information.
 - Did not return *Financial Support Application*.
 - Does not meet hardship criteria.

Reason. List the reasons below for approving or denying the hardship exemption request. Describe or provide documentation of all barriers to be included in the FIA.

Hardship exemption period: _____ (MM/YYYY) through _____ (MM/YYYY)

IM Worker Name	Date
Phone Number	Fax Number

Part B: Completed by PROMISE JOBS

FIA Requirement

Complete Part B and return a copy of the form to the IM worker identified in Part A.

- Attended interview
Date of interview: _____
- Signed FIA
Date FIA signed: _____
- Did not attend required interview
- Did not sign FIA

PROMISE JOBS Worker Name	Date
Phone Number	Fax Number

Part C: Completed by Income Maintenance (Only fill in this section when Part B is completed)

Final Hardship Exemption Determination

For a family with:

- ◆ An FIA-responsible person, process the request upon receipt of the form from PROMISE JOBS.
- ◆ No FIA-responsible person, process the request when you make the final determination of the family's hardship exemption request.

Complete Part C after IABC entries have updated. Forward a copy of the form to the PROMISE JOBS worker (if applicable) and the service worker (if applicable).

- Approved
- Denied—no FIA
- Denied—no FIP eligibility

IM Worker Name	Date
Phone Number	Fax Number

Original: Local IM case file

Copies to: Local PROMISE JOBS case file (when applicable)
Local Service case file (when applicable)
FaDSS (when applicable)