

HARDSHIP EXEMPTION: SERVICE INFORMATION**PART A**

Case name	Case #	County
Family address and phone number		
IM worker name		Date
Phone number	Fax number	E-mail address

PART B

The family has applied for a Hardship Exemption (i.e., FIP after 60 months). Information you have concerning this family will provide a more complete picture of the family's situation. This will assist the:

- ◆ IM worker in determining if a hardship exists.
- ◆ PROMISE JOBS worker in developing a Family Investment Agreement (FIA) with the family. The goal of the FIA is to assist the family in overcoming its barriers to self-sufficiency. Information you provide in question 1 will be used in developing the FIA to assure that the FIA does not conflict with the Case Permanency Plan.

Please answer the following two items and return the form to the IM worker within five working days.

1. List appointments, time commitments, expectations or responsibilities the family has relative to the Case Permanency Plan or court order (e.g., therapy appointments, visits).

2. From your knowledge about the family, what challenges are you aware of, including safety issues, that may impact this family's ability to be self sufficient?

Service worker name	Date
Completed by: Name	Phone number
Fax number	E-mail address

Original: IM case file

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