



## Request for FIP Beyond 60 Months

### Introduction

Under federal law, families can get Family Investment Program (FIP) for up to 60 months in their lifetime. The only way families can get FIP for more than 60 months is if they have a hardship that keeps them from supporting themselves. This is called a hardship exemption.

### Why do families get a hardship exemption?

Families may get a hardship exemption for the following reasons:

- Domestic violence
- Not enough skills to get or keep a job
- Quality child care not available
- Physical or mental health problems or disability
- Housing situation makes it difficult or impossible to work
- Substance abuse problems
- A parent needs to be at home to care for a child with special problems
- Other hardship reasons that keep the family from being self-supporting

### How do I ask for a hardship exemption?

You can ask for a hardship exemption if you've been on FIP for at least 59 months. Your local Department of Human Services (DHS) office can tell you how many months you've been on FIP.

To get a hardship exemption, you must:

1. **Fill out this form and return it** to your local DHS or PROMISE JOBS office. If you are not on FIP now, you must also fill out a *Financial Support Application*. You can get the application from the local DHS office.
2. **Give proof of your hardship.** The DHS worker will tell you what's needed and when. The worker can help you get the proof or suggest ways you can get it. Proof can be things like:
  - ◆ Copies of medical, psychological, psychiatric, child protective, social services, court or police records.
  - ◆ Proof that you've applied for disability benefits or Supplemental Security Income (SSI).
  - ◆ Signed statements from doctors, psychologists, psychiatrists, domestic violence counselors, substance abuse counselors, job training or vocational rehabilitation counselors, or others who know about your family's hardship.
  - ◆ Written statements from friends and relatives along with other proof.

3. **Meet with PROMISE JOBS and sign a six-month Family Investment Agreement (FIA).** The FIA will list the steps you'll take to overcome your hardship. When both parents are in the home, both must sign the FIA. Other members of your family may also have to sign the FIA. You'll get a letter telling you where and when to meet with PROMISE JOBS, and who must come to the meeting.

**If you don't follow the three steps above, your hardship exemption will be denied.**

### What will happen if I get a hardship exemption?

If you're approved for a hardship exemption, you must follow the steps in your FIA and meet all other FIP rules. If you don't follow the FIA, you will have chosen a Limited Benefit Plan and your FIP could stop before the six-month period is over.

If you follow the steps in your FIA and still have a hardship at the end of your six-month period, you can ask for another six-month hardship exemption. You'll have to set up a new FIA.

You'll get a written notice to approve or deny your hardship exemption request. You'll usually get this notice within 30 days of asking for a hardship exemption. Once you get the notice, you have the right to ask for a hearing if you disagree with the decision.

### What do I need to fill out?

If you want to ask for a hardship exemption, fill out this information and read and **sign page 3**.

First name	Middle name	Last name
Social Security No.	Date of birth	Phone number
Name of other parent or stepparent in the home		
Street address		
Mailing address (if different)		
City	State	Zip code

Tell us about your hardship and how it keeps you from supporting yourself.

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**Please read this page carefully. If you agree to the terms and want to ask for a hardship exemption, sign and date the form at the bottom of this page.**

**Return the form, along with any proof you have, to your local DHS or PROMISE JOBS office. Giving proof about your hardship right away may help us make a decision faster.**

<b>Agreement to Release Information</b>
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I agree that DHS, PROMISE JOBS, and FaDSS employees may:

- Talk with each other about me and my family members.
- Share with each other any written files that they have about me and my family members.

I understand that these employees may have confidential information about me and my family members regarding mental health, alcohol or substance abuse, or AIDS/HIV-related information that they would not usually share with each other.

I understand that I may withdraw at any time my agreement allowing employees to share and discuss mental health, alcohol or substance abuse, or AIDS/HIV-related information about me and my family members. I also understand that if I withdraw my agreement, DHS may deny my hardship exemption request.

I understand that I have the right to see the information that the employees are sharing with each other.

I understand that my agreement to allow sharing of this information and files will end six months after the date that I sign the hardship exemption request.

I understand that a photocopy of this signed form is considered the same as this original form.

I have read this form, or it has been read and explained to me, and I understand it.

Your signature or mark	Date	Signature of person who helped complete the form, if any	Date
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