

**Lucas County Department of Job & Family Services**

3737 W. Sylvania Ave • P.O. Box 10007 Toledo, OH 43699-0007 • (419) 213-8800

Request for Consideration Form: OWF Extension Screening Tool

**\*Section 1: Client Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City, State Zip Code

**\*Section 2: To be completed by client requesting to be considered for an extension**

The purpose of an extension is to offer temporary assistance to clients in their effort to find employment. You may be asked to provide proof that you have made progress in achieving self-sufficiency. If you are requesting an OWF extension, indicate the criteria that applies to your situation by checking one box in Section 3 and then sign on the signature line provided at the bottom. Failure to provide the required verifications as shown by each criteria will result in the denial of your Request for Consideration. In order to be considered for an extension, your case must be opened or pending. If your case is closed, you will need to complete an application (Request for Cash, Food and Medical Assistance form 7200).

**\*Section 3: Extension Criteria**

- ☐ I have an open case with Lucas County Children Services Board and my case plan prohibits employment.  
**Required verifications:** A statement from your CSB worker prohibiting employment and the duration of inability to work.
- ☐ I am the primary caretaker of a disabled family member.  
**Required verifications:** Verification that disabled family member has been living in your home for the six months prior to this application AND a statement from a doctor verifying the need for 24 hour care AND verification from school or doctor that the child cannot attend school and/or child care.
- ☐ I am disabled, temporarily incapacitated or in my post partum period of pregnancy. If this was a work related injury, I have applied for worker's compensation.  
**Required verifications:** Basic medical or current statement from a doctor completed within the last 90 days noting that I am unable to work and the length AND application for worker's compensation.
- ☐ I am unemployed at this time; I have been employed for at least 6 consecutive months which ended within the last 90 days.  
**Required verifications:** Proof of employment AND proof that I have not quit in accordance with LCJFS Job Quit criteria AND verification that I have applied for unemployment benefits AND verification that my gross earnings were equal to or greater than the OWF payment standard for my household size.
- ☐ I am currently participating in a certified drug/alcohol treatment program and am unable to work.  
**Required verifications:** A statement from a certified drug/alcohol treatment program that prohibits me from working and the duration I am unable to work.
- ☐ I am currently a victim of domestic violence. \*I understand that if I am employed or attending school, I will be assigned for all my required hours in a work activity.  
**Required verifications:** A written statement from the victim, a case plan or any other documentation will be accepted but not required. \*Domestic violence disclosures may be reported to Lucas County Children Services.
- ☐ I am enrolled and attending a post secondary education program and will complete or graduate within 6 months of my extension request form. I understand that I must meet my required Work Activities hours.  
**Required verifications:** Current verification of enrollment AND a statement from a school representative showing when applicant will complete program AND verification of satisfactory progress for prior semester or quarter.
- ☐ I am pregnant and my doctor states I am unable to work at this time.  
**Required verifications:** Basic medical or current statement from a doctor noting that I am unable to work and the length.

Please note that at any time you are found ineligible during your extension period, your cash will be terminated.

All medical verification must be signed by a doctor or authorized representative/Provider within the last 90 days. The medical form needs to be legible and complete in order for it to be used. If the medical has a span of time that you are unemployable, please note that LCDJFS will use the shortest time when determining eligibility for the criteria.

For a two parent household, both parents must complete an application and provide documentation. Both parents must meet a criteria to be found eligible.

LCDJFS has deemed anyone attending school to be employable and you will be required to comply with all OWF eligibility requirements including Work Activities Participation.

**\*\*By signing this form, I am verifying that the information on this request is accurate and I understand that this form serves as a release to contact any agency or medical professional to assist in the processing of my application.**

**\*Client Signature & Date:** \_\_\_\_\_