

# High Unemployment Rate & Recent High Unemployment Rate TLE Categories

For WorkFirst Staff

## EXISTING CATEGORIES

You may already be very familiar with the existing [Time Limit Extension \(TLE\) categories](#).

#	Extension Category	Criteria	Documentation	Review Cycle	Ongoing Participation Requirements	TLE Letter Template for Denials
1	Unable to Participate	Obsolete – can view but not modify on the ACTS TLEP screen.				
2	Participating	Obsolete – can view but not modify on the ACTS TLEP screen.				
3	Not Participating	Obsolete – can view but not modify on the ACTS TLEP screen.				
4	55 & older caregiver relative	Approved for IA <ul style="list-style-type: none"> <li>Adult caregiver relatives, who are not the parent of the child.</li> <li>Age 55 or older.</li> </ul>	Verify age and relationship.	Every 12 months.	No participation required.	
5	Disabled adult	Chronic and Severe Disability (often coded 20) <ul style="list-style-type: none"> <li>Mental, physical, emotional, or cognitive condition.</li> <li>Severe: Able to participate 20 hours or less per week in work or work activities.</li> <li>Conditions expected to last 12 months or more.</li> <li>Ineligible parent who is an SSI/SSDI recipient.</li> </ul> <p><b>Note:</b> The participant qualifies for the 45 time limit extension category even when the parent doesn't have an open 20 axis component code because they are required to pursue treatment or SI.</p>	Medical evidence from the DSHS 50-20 form or alternative listing diagnosis, how long the condition will last and the number of hours per week the parent can participate (see section 6.4.6 in the WorkFirst Handbook, 6.6. Disabilities)  For ineligible parent, proof of SSI/SSDI receipt.	Every 12 months.	No participation required for ineligible parents.  The participant may be required to participate in available medical or mental health treatment that will help his or her condition improve.  Pursue sanction for failure to participate as required in the K0/AN/RE RFP.	According to the medical evidence dated [date] from [doctor's name] you are able to participate [number] hours per week and your medical or mental health conditions were expected to last [number weeks or months]. You don't qualify for disability time limit extension unless your condition is expected to last 12 months or more and you are only able to participate 0-10 hours per week.

## INTRODUCING:

There are now **two** categories related to High Unemployment in the TLE eJAS tool,

- **#16 High Unemployment Rate**
- **#17 Recent High Unemployment Rate**

Let's define the two categories:

**High Unemployment Rate** – applicants or recipients who are over 60 months and were on TANF from March 2020 to December 2022 (month(s) when the unemployment rate was at 7% or higher). This category is only available if the participant doesn't meet any other time limit extension category.

**Recent High Unemployment Rate** – applicants or recipients who are over 60 months, who don't meet any other TLE category, and the most recent published Washington State unemployment rate is 7% or higher.

## HOW TO CHECK #16 High Unemployment Rate

If you're wondering, *How will I know if an applicant/participant was on TANF during months where the rate was 7% or higher?*, we've got you covered. See the chart on the following page.

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## HOW TO CHECK #16 High Unemployment Rate CONTINUED...

Months where the Washington state unemployment rate was at 7% or higher, starting after March 2020:

Month	Year
April	2020
May	2020
June	2020
July	2020
August	2020
September	2020
October	2020

- Review unemployment chart months to the left.
- Review ACES TANF months history to determine if applicant/participant received cash during a high unemployment rate month.

## APPROVALS

If the participant is approved for #16, follow the [Time Limit Decision Policy in Practice](#) in the WorkFirst Handbook in chapter 3.6.1.

You will approve the **High Unemployment Rate** category for the number of months that the person qualified (month for month match). There is a maximum **6-month** extension for this category, so if someone had all 7 months, they would need another TLE.

For example, a participant was on TANF for April 2020 and August 2020. They would be eligible for the TLE for a total of two months.

Check out the screenshot on the next page for an example of how a **two-month** approval of TLE #16 would look in the eJAS TLE Tool:

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## HOW TO CHECK # 16 High Unemployment Rate

### Time Limit Extension Review

#### 4. Is the client currently (mark all that apply):

Exempt or required to apply for SSI?

(If so, review at least every 12 months as their exemptions expire)

Length of Extension

- Needy caretaker relative age 55 or older  months
- Disabled Adult  months
- Caring for a disabled adult  months
- Caring for a disabled child  months
- Applying for SSI  months
- Able to provide verification of family violence and participating in activities needed to address family violence according to a service plan developed by a person trained in family violence (review at least every 6 months).
  - Follow the Division of Child Support Good Cause Verification requirements.
  - Plan may be developed by WF staff trained in family violence. months
- Involved in an open child welfare case and it is the first time the client has had any child in dependency placement. (review at least every 6 months)  months
- Employed 32 hours or more per week (review at TANF eligibility review and mid-certification review)  months
- Homeless  months
- Caring for a homeless child  months
- To qualify for this extension, the applicant/recipient must have been on TANF as of March 2020 or later during a month(s) when the unemployment rate is 7% or higher.  months

If this category is selected, enter below the specific months that the unemployment rate was 7% or higher. The number of months below must match the number entered in the length of extension box.

04/2020  08/2020

Reason for duplication with a prior Time Limit Extension:

Enter the date verification was received for the Time Limit Extension. Click on Note History to select the appropriate date. [Notes History](#)

If there is no note documenting the decision, enter a summary of the reason for the decision: (maximum 7500 characters)

5. Based on the above information, is the client eligible for a time limit extension?  Yes  No

Extension Reason:

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## HOW TO CHECK # 17 Recent High Unemployment Rate

This TLE category can't be selected in combination with any other TLE categories and can only be used when all other time limit categories have been exhausted, **and** the most recent published Washington State unemployment rate is 7% or higher.

Check eJAS to see if we already approved a TLE for **#16 High Unemployment Rate**. Check ACES to see if the participant received TANF for each historical month.

If TLE hardship **#16 High Unemployment Rate** has been exhausted and the most recent published Washington State unemployment rate is 7% or higher, the applicant/recipient can be approved for **#17 Recent High Unemployment Rate**.

### How will you find the unemployment rates in Washington State?

You can access data provided by [Employment Security Department linked in this monthly report](#).

If the participant is approved for **#17 Recent High Unemployment Rate**, follow the process in the eJAS TLE tool per the [Time Limit Decision Policy in Practice](#) in the WorkFirst Handbook, chapter 3.6.1.

You will approve the **Recent High Unemployment Rate** category for a total of **3 months**.

Check out the screenshot on the next page for an example of how a **3-month** approval of TLE **#17** would look in the eJAS TLE Tool.

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## # 17 Recent High Unemployment Rate

**4. Is the client currently (mark all that apply):**  
Exempt or required to apply for SSI?  
(If so, review at least every 12 months as their exemptions expire)

	Length of Extension
<input type="checkbox"/> Needy caretaker relative age 55 or older	<input type="text"/> months
<input type="checkbox"/> Disabled Adult	<input type="text"/> months
<input type="checkbox"/> Caring for a disabled adult	<input type="text"/> months
<input type="checkbox"/> Caring for a disabled child	<input type="text"/> months
<input type="checkbox"/> Applying for SSI	<input type="text"/> months
<input type="checkbox"/> Able to provide verification of family violence and participating in activities needed to address family violence according to a service plan developed by a person trained in family violence (review at least every 6 months). • Follow the Division of Child Support Good Cause Verification requirements. • Plan may be developed by WF staff trained in family violence.	<input type="text"/> months
<input type="checkbox"/> Involved in an open child welfare case and it is the first time the client has had any child in dependency placement. (review at least every 6 months)	<input type="text"/> months
<input type="checkbox"/> Employed 32 hours or more per week (review at TANF eligibility review and mid-certification review.	<input type="text"/> months
<input type="checkbox"/> Homeless	<input type="text"/> months
<input type="checkbox"/> Caring for homeless child	<input type="text"/> months
<input type="checkbox"/> To qualify for this extension, the applicant/recipient must be caring for a child in the home under the age of two and eligible for the infant, toddler, or post-partum exemption from WorkFirst.	<input type="text"/> months
<input type="checkbox"/> To qualify for this extension, the applicant/recipient must have been on TANF as of March 2020 or later during a month(s) when the unemployment rate is 7% or higher.	<input type="text"/> months
<input checked="" type="checkbox"/> To qualify for this extension, the applicant or recipient must be applying for, or receiving, TANF when the latest published unemployment rate is at 7% or higher and doesn't meet any other TLE hardship category.	<input type="text" value="3"/> months


Enter the date verification was received for the Time Limit Extension. Click on Note History to select the appropriate date. \_\_\_\_\_ [Notes History](#)

**If there is no note documenting the decision, enter a summary of the reason for the decision:**

*(maximum 7500 characters)*

**5. Based on the above information, is the client eligible for a time limit extension?**  Yes  No

**Extension Reason:**

Enter start date of extension:   End date of extension: \_\_\_\_\_