

TLE High Unemployment Rate Category

For WorkFirst Staff

EXISTING CATEGORIES

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

Hardship Extension Category	Criteria	Demonstration	Review Cycle	Ongoing Participation Requirements	Time Limit Extension Letter Template for Approval
1. Unable to Participate	Disability - can view but not notify on the JLEIS TLEP screen				
2. Not Participating	Disability - can view but not notify on the JLEIS TLEP screen				
3. Not Participating	Disability - can view but not notify on the JLEIS TLEP screen				
4. 55 & Older caregiver relative	Age 55 or older relative, who are not the parent of the child	Verify age and relationship	Every 12 months	No participation required	
5. Disabled adult	Diagnosis and Screen Positivity (often coded JPS) <ul style="list-style-type: none"> • Mental, physical, emotional or cognitive condition • Severely able to participate 12 hours or less per week in work or work activities • Condition expected to last 12 months or more • Ineligible parent who is an SSI/SSDI recipient Note: The participant qualifies for the 60 Disabled Adult time limit extension even when the parent doesn't have an open CD child caregiver code because when required to purchase treatment or OTC	Medical evidence from the OSRSC 10/30/2020 or alternative credible diagnosis, how long the condition will last and the number of hours per week the parent can participate (see section 4.1.1 in the participant handbook, 4.1.1 Disabled)	Every 12 months	No participation required for eligible parents	According to the medical evidence dated (longer than prior) showing you are able to participate (hours per week and your medical or mental health conditions were reported to last (number) weeks or more. This time limit extension allows your condition to report to last 12 months or more and you are still able to participate 10 hours per week.
6. Caring for disabled adult	Agreement to 28 <ul style="list-style-type: none"> • Required to be in the home to provide care for an adult relative • No other child is available to provide the care • Able to participate 10 hours or less per week in work activities Note: This criteria is used temporarily for participants TLE approved 8/30/2023 Post-Partnership approvals will not use 28 requirement.	Medical evidence that the parent is able to participate 10 hours or less per week in work activities. For medical evidence see the Disabled Adult relative requires include care. Document that no other child is available to provide the care Document that the approval is based on a Post-Partnership TLE	The number of months demonstrated the medical evidence is 12 months, whichever is less. All Post-Partnership TLE approvals are to be approved 8/30/2023	The participant is required to participate in the home any day of the week from 9 AM - 5 PM. Partners TLE time frame Partner or partner's good cause for multiple months (12 or more per good cause, partner shall be ready)	According to the evidence dated (date), dependent or other person(s) you are able to participate (hours per week and you are able to participate (hours) per week because you are needed in the home to care for your adult relative. According to the medical evidence (date), you partner will be the only person available to provide the care. You don't qualify for caring a disabled adult time limit extension because you are only able to participate 10 hours per week while on the only person available to provide the care.

INTRODUCING:

In June 2022, a new TLE hardship category, **#17: “High Unemployment Rate,”** was added into the TLE tool in eJAS.

Let’s define it: Applicants or recipients who are over 60 months and were on TANF during a limited time period from March 2020 to December 2022 during a month(s) when the unemployment rate was at 7% or higher.

The “High Unemployment Rate” category is only available if the participant doesn’t meet any other time limit extension category.

Think of it like our last ditched effort; **this is the last option we pursue.**

HOW TO CHECK

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. Simply refer to the chart below!

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HOW TO CHECK 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

1. Review unemployment chart months.
2. Review ACES TANF months history to determine if applicant/participant received cash during a high unemployment rate month (see chart).

APPROVALS

If the participant is approved for #17, follow the normal process in the eJAS TLE tool per the [Step-by-step guide](#) in the WorkFirst Handbook.

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 ext. for this category, so if someone had all 7 months, they would need another TLE.

For example, if 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 below for an example of how a two-month approval of TLE #17 would look in the eJAS TLE Tool:

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APPROVALS CONTINUED...

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)

- Needy caretaker relative age 55 or older
- Disabled Adult
- Caring for a disabled adult
- Caring for a disabled child
- Applying for SSI
- 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.
- 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)
- Employed 32 hours or more per week (review at TANF eligibility review and mid-certification review)
- Homeless
- Caring for a homeless child

Length of Extension

- months
- months
- months
- months
- months
- months
- months
- months
- months
- 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.

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.

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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APPROVALS CONTINUED....

This TLE category can't be selected in combination with any other TLE hardship categories.

The extension months must match the TANF month listed or the user will not be able to finalize the extension.

DENIALS

If the participant is ineligible for any of the TLE hardship categories, including #16, follow the normal process in 3.6.1.16 TLE Decisions Step by step guide, which includes a supervisor and/or designee review.

Resources:

[WFHB section 3.6.1.16 Time Limit Decisions – Step-by-step guide](#)

[WFHB section 3.6.2 Time Limit Extension Reviews](#)

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