CalWORKs 48-MONTH TIME LIMIT EXTENDER REQUEST FORM

CalWORKs 48-MONTH TIME LIMIT EXTENDERS

PLEASE PRINT

YES

NO

YOUR NAME	COUNTY USE ONLY		
ADDRESS STREET		COUNTY	
CITY	ZIP	CASE NAME	
PHONE	•	CASE NO.	OTHER ID NO.
()			
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	

Beginning July 1, 2011, most adults cannot get aid for more than a total of 48 months (4 years) from the CalWORKs program. (This includes aid you got from other states' Federal Temporary Assistance for Needy Families (Tribal TANF) Programs on and after January 1998.) However, aid can be paid beyond the CalWORKs 48-month time limit, if you and all parents, aided stepparents, and/or caretaker relatives in the home meet one of the conditions listed below.

If you answer "Yes" to any of these questions, you may be eligible for an extender. Please answer all the questions. If you need help with this form contact the county, but the county cannot complete this form for you. **Please be sure to sign and date the back of this form**. You may need to send more information to help the county decide if you can be extended on aid.

	1.	Are you staying at home to take care of someone in the household who cannot take care of her/himself, which impairs you from working or participating in welfare-to-work activities?
	2.	Are you the nonparent caretaker relative of a child who is a dependent or ward of the court in foster care, or at risk of being placed in foster care?
	3.	Are you getting benefits from State Disability Insurance (SDI), Worker's Compensation Temporary Disability Insurance (TDI), In-Home Supportive Services (IHSS), or the State Supplemental Program (SSP) and are you unable to work or to participate in a welfare-to-work activity on a regular basis?
	4.	Although you are not getting disability benefits, is a physical or mental problem keeping you from working or participating in welfare-to-work activities for 20 or more hours per week?
	5.	Are you able to work or take part in welfare-to-work activities for 20 or more hours per week even though you have a physical or mental problem, because you get help with the problem? For example, you receive counseling, treatment, or special tutoring to enable you to cope with the problem. Otherwise the

CalWORKs 48-MONTH TIME LIMIT EXTENDER FOR ADVANCED AGE - If you are 60 years of age or older, you may

may be extended if you worked or participated in welfare-to-work in the past.)

problem would keep you from working or participating in welfare-to-work activities.

(The county will review your past and current records to determine if you qualify for this extender. Aid

contact your worker to ask for an extender for advanced age. You do not have to complete this form to ask for the extender.

OTHER AIDED ADULTS IN THE HOME - All other parents, aided stepparents, and/or caretaker relatives in your home must also qualify for an extender in order for you to be extended on aid. She/he must complete a separate request form. You can be extended on aid if the other adult(s) is <u>not</u> in your assistance unit and she/he has not received aid for 48 months.

PLEASE READ AND SIGN THE BACK OF THIS FORM.

Calworks 48-Month time limit extender request form

con cour	WORKs 48-MONTH TIME LIMIT WAIVER - If you are a victim of domestic abuse and the coudition or situation prevents or impairs your ability to be regularly employed or take part in welfanty may waive the 48-month time limit, so you can be extended on aid. You do <u>not</u> have to contestic abuse waiver or extender to the time limits. You may contact your worker to request a contest abuse waiver or extender to the time limits.	are-to-work activities, the mplete this form to get a
•	You will be informed whether or not you will be extended on aid and the reason why.	
•	You may be asked to give the county proof of your reason for requesting the extender.	
•	If you do not agree with the county, you may ask for a State hearing.	
•	Your condition may be evaluated again to determine if you can continue to be extended on	aid.
YOUR	SIGNATURE	DATE