



**Series:** Operating Procedures **COA:** N/A  
**Procedure Name:** Wages/Hardship Exemption-Substitute Care Review **CFOP:** 175-77  
**Procedure Number:** OP-1077  
**Revision #/Date:** (1) 10/24/08  
**Effective Date:** 7/1/08  
**Applicable to:** All CBCB Staff and Contract Providers

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**SUBJECT:** Wages and Hardship Exemptions

**PURPOSE:** To set out the steps of the department's response to a review of a family's situation when the end of the eligibility period for temporary cash assistance has been reached.

**PROCEDURE:**

### References

The review for substitute care is pursuant to Florida Statutes: Section 414.105 (1)(e)

### Definitions


- a. **WAGES** "Work and Gain Economic Self-Sufficiency" program. The goal of the program is to emphasize work, self-sufficiency and personal responsibility. The program strives to meet the transitional needs of program participants who need short-term assistance by providing time limited cash assistance to meet some immediate need while moving from welfare to work.
- b. **Hardship Exemption** A hardship exemption is defined as extraordinary barriers that potentially qualify a participant to receive an exemption to the WAGES requirements. Criteria for hardship exemptions include the following:
  - (1) Diligent participation in activities, combined with extraordinary barriers to employment, including the conditions that may result in an exemption to work requirements.
  - (2) Diligent participation in activities and a need by teen parents for an exemption in order to have 24 months of eligibility after receiving a high school diploma or its equivalent.
  - (3) Diligent participation in activities, combined with inability to find employment.
  - (4) Significant barriers to employment, combined with a need for additional time.
  - (5) A review and recommendation from CBC of Brevard staff for an extension of assistance for a minor child of the participating family based on the determination that the termination of cash assistance would be likely to result in the child being placed into emergency shelter or foster care.

- c. Protective Payee The protective payee is an individual selected by the recipient or public assistance specialist to receive benefits on behalf of the assistance group when CBC of Brevard staff determine that terminating benefits at the end of the time limit would likely result in the child being placed in emergency shelter or substitute care.

**General Requirements**

- a. CBC of Brevard staff will be responsible for reviewing and assessing the risk of a child being placed into emergency shelter or foster care as a result of the termination of the family's temporary cash assistance.
- b. The department's public assistance specialists and WAGES contracted case managers will use statutory criteria to recommend participants for a hardship exemption. If the participant was denied an exemption, a Substitute Care Review will be requested.
- c. The review will be conveyed through each district's Economic Self-Sufficiency program office to the Care Coordinator during the Family Team Conference process. The review will involve three elements:
  - (1) Financial Management Review - to be completed by WAGES or Economic Self-Sufficiency.
  - (2) Participant Case Summary - to be completed by WAGES or Economic Self-Sufficiency.
  - (3) Substitute Care Review - to be completed by CBC of Brevard.
- d. CBC of Brevard, during the Family Team Conference will conduct the assessments in cases where a child may require continuation of cash assistance. Cash assistance continued for any child in a family must be provided through a protective payee. The assessment consists of the following:
  - (1) Review of abuse/neglect history.
  - (2) Review of provider history.
  - (3) Documentation of extended family/support system.
- e. If there is an open CBC of Brevard service provider, e.g., protective supervision, the assigned Care Manager will be consulted regarding the status of the case. In addition, a copy of the completed review will be filed in the CBC of Brevard case record.
- f. CBC of Brevard will review these factors and will provide a recommendation whether or not to continue cash assistance for the child through a protective payee. This recommendation will be made during the Family Team Conferencing process.


BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



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DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
CBC of Brevard, Inc.

APPROVAL DATE: 01/06/09

	WAGES	<b>SUBSTITUTE CARE REVIEW</b> <i>CBC of Brevard</i> (STEP 6)
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**Participant:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**CASE/SEQ:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

CBC OF BREVARD PARTICIPANT PACKET CHECKLIST

- |                          |   |                          |                          |
|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> | (1) Substitute Care Review Routing Form | <input type="checkbox"/> | (5) HSn Provider History |
| <input type="checkbox"/> | (2) ESS Case Summary Form               | <input type="checkbox"/> | (6) Delinquency History  |
| <input type="checkbox"/> | (3) WAGES Case Summary Form             | <input type="checkbox"/> | (7) Criminal History     |
| <input type="checkbox"/> | (4) FAHIS/CSA Abuse Report History      | <input type="checkbox"/> | (8) Other                |

SIGNIFICANT FACTORS

- Y  N (1) Participant has been involved in an abuse report within the past five years.
- Y  N (2) Participant has an open CBC of Brevard case.
- Y  N (3) Participant and/or person living in the home have a delinquency history.
- Y  N (4) Participant has children under age 5.
- Y  N (5) Participant has verified income from other sources.

- Y  N (6) Participant will not have a significant loss in income if cash assistance is terminated.
- Y  N (7) Participant has extended family support in the area.
- Y  N (8) Participant is employed OR compliant with WAGES assigned work activity.
- Y  N (9) Participant has sustained at least one employment for a minimum of 9 months.

**ABUSE/NEGLECT HISTORY**  NA

Date	Alleged Perpetrator(s)	Alleged Victim(s)	Alleged Maltreatment(s)	Finding(s)/Indicator(s)

**QUESTIONS REGARDING THE ABUSE/NEGLECT HISTORY**  NA

- (1) Was a child removed or placed with relatives during an investigation?  YES  NO
- (2) Did any report involve domestic violence?  YES  NO
- (3) Did any report involve substance abuse?  YES  NO
- (4) Did any report relate to inadequate income?  YES  NO

DELINQUENCY HISTORY

NA

Name	Relationship to Participant	Date of Arrest	Charge	Disposition

CRIMINAL HISTORY

NA

Name	Relationship to Participant	Date of Arrest	Charge	Disposition

PROVIDER SERVICES

NA

Dates	Programs	Services	Worker

EXTENDED FAMILY/SUPPORT SYSTEM

NA

Name	Relationship to the child(ren)	Location

PHONE CONTACT

<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	X	Public Assistance Specialist:
<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	X	WAGES Case Manager or designee:
<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	X	Care Manager:
<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	X	Other (i.e. Service Providers):

CBC OF BREVARD SUMMARY

ASSESSMENT AND DETERMINATION

(STEP 7)

Termination of the child's temporary cash assistance will likely result in the child(ren) being placed in emergency or foster care.

Termination of the child's temporary cash assistance will not likely result in the child(ren) being placed in emergency or foster care.

Care Manager Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Care Coordinator \_\_\_\_\_ Date \_\_\_\_\_