



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
**NOTICE OF TEMPORARY ASSISTANCE
 EXTENSION FOR HARDSHIP ACTION**

CASE NAME
CASE NUMBER
LOAD NUMBER

You have received _____ months toward your lifetime limit of 60 months for receipt of Temporary Assistance. Your case has been reviewed for an extension of hardship using the following criteria.

SECTION I.

AN EXTENSION FOR HARDSHIP DETERMINATION IS BEING CONSIDERED BASED ON:

- Substance Abuse
 Mental Health
 Team Conclusion
 Active in Children's Services and Income Maintenance
 Family Crisis
 Pending Review
 Other

SECTION II.

YOUR DETERMINATION FOR AN EXTENSION OF HARDSHIP HAS BEEN REVIEWED USING THE FOLLOWING INFORMATION:

SECTION III.

THE EXTENSION FOR HARDSHIP HAS BEEN:

REVIEWED
 Based on current information you **may** be eligible to receive an extension when you have reached your 60-month lifetime limit. Your case will be re-evaluated in _____ days. You continue to be eligible for Temporary Assistance.

APPROVED
 YOU HAVE AGREED TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

If you do not cooperate with the activities agreed upon, you would no longer be eligible for the extension.

Your next review date will be _____ .

DENIED

You may apply for Temporary Assistance after you have received your 60-month lifetime limit. To be eligible you must meet the eligibility requirements of the Temporary Assistance Program **AND** be eligible for an extension based on hardship.

CASE MANAGER	TELEPHONE NUMBER	DATE
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