



1509-1 Good Cause Criteria

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| Supersedes: | TANF 1509-1 (01/01/2008) |
| References: | ARM 37.78.102 and .508 |
| Overview: | <p><u>GENERAL RULE</u>--The applicant/participant is provided the opportunity to present and verify reason (s) why they failed to comply with program requirements.</p> <ul style="list-style-type: none">• Participation in allowable work activities;• Providing verification and documentation of participation in allowable work activities;• Accepting or maintaining employment;• Keeping appointments;• Reporting changes within ten (10) days of knowing of the change;• Providing information and/or verification necessary to determine eligibility; and• FIA/EP activities. <p>NOTE: Good cause criteria does not apply to filing/assistance unit members that do not or no longer reside in the home and do not meet the criteria for Temporary Absence (TANF 302-1). For the process on determining the filing assistance unit, see TANF 201-1 and 201-3.</p> <p>The reasons and verification provided by the participant will be evaluated to determine if they meet 'good cause' criteria. If good cause exists, the adverse action is not taken. The Eligibility Case Manager or WoRC case manager will discuss the circumstances with the individual in an effort to prevent noncompliance in the future. In many instances, this evaluation is immediate and the appropriate action taken promptly with appropriate notice.</p> <p>For the process on determining good cause when the claim is made after the imposition of a sanction, see TANF 702-2.</p> |
| GOOD CAUSE CRITERIA RELATED TO FIA/EP REQUIREMENTS | <p>If the applicant/participant fails to comply with FIA/EP requirements as outlined in the General Rule, the following circumstances <u>must be present and verified by the participant</u> to avoid the adverse action:</p> <ol style="list-style-type: none">1. A temporary severe illness or incapacity of the participant (for the duration of the illness or incapacity) that is verified by medical documentation if available or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity; <p>NOTE: Temporary is defined as 3 days or less in duration. If the duration of the temporary illness or incapacity is more than 3 days, medical documentation is required.</p> <ol style="list-style-type: none">2. A temporary severe illness or incapacity of another household member |

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| | <p>sufficiently serious to require the presence of the participant (for the duration of the illness or incapacity) that is verified by medical documentation, if available or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity and the required presence of the participant;</p> <p>NOTE: Temporary is defined as 3 days or less in duration. If the duration of the temporary illness or incapacity is more than 3 days, medical documentation is required.</p> <p>3. Death of a family member within the 5th degree of kinship (good cause allowed up to a maximum of five working days) verified by a copy of an obituary, funeral card, etc;</p> <p>4. Temporary inability to obtain necessary child care (through no fault of the participant) verified by a signed statement from a resource and referral agency or other individual familiar with the child care situation;</p> <p>NOTE: Temporary is defined as 3 days or less in duration.</p> <p>5. Adverse weather conditions which make travel impossible or unreasonably dangerous as experienced by others in the community;</p> <p>6. Temporary lack of transportation in a case where the participant cannot reasonably be expected to walk or bicycle because of the distance or the participant’s health or physical limitations;</p> <p>NOTE: Transportation is considered to be available if the participant has the use of a private vehicle, public transportation, or can ride with someone else, provided the participant will not be required to accept a ride under circumstances which would be considered dangerous or unsuitable.</p> <p>7. The individual is unable to comply due to a current domestic violence situation as verified by a police report, statement from a domestic violence agency or signed statement from another individual who is familiar with the situation; and</p> <p>8. The individual is unable to provide verification of financial or non-financial information due to circumstances beyond their control. Participant must be making a good faith effort to obtain the required verification. For example, the participant is unable to provide employment information because his/her employer is out of state on vacation.</p> |
| <p>GOOD CAUSE CRITERIA RELATED TO EMPLOYMENT</p> | <p>If a participant terminates, reduces earnings or refuses suitable employment, the following circumstances must be present and verified by the participant to avoid the adverse action:</p> <p>1. A temporary severe illness or incapacity of the participant (for the duration</p> |

of the illness or incapacity) that is verified by medical documentation, if available, or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity;

NOTE: Temporary is defined as 3 days or less in duration. If the duration of the temporary illness or incapacity is more than 3 days, medical documentation is required.

2. A temporary severe illness or incapacity of another household member sufficiently serious to require the presence of the participant (for the duration of the illness or incapacity) that is verified by medical documentation, if available, or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity;

NOTE: Temporary is defined as 3 days or less in duration. If the duration of the temporary illness or incapacity is more than 3 days, medical documentation is required.

3. The participant has a physical or mental impairment which prevents the participant from accepting or maintaining this employment, as determined and verified by a qualified medical professional involved in the treatment of the individual. A qualified medical professional is defined as an individual who is currently licensed in the State of Montana and is practicing within their field of expertise.

4. The individual is sixty (60) years of age or older.

5. Temporary lack of transportation in a case where the participant cannot reasonably be expected to walk or bicycle because of the distance or the participant's health or physical limitations;

NOTE: Transportation is considered to be available if the participant has the use of a private vehicle, public transportation, or can ride with someone else, provided the participant will not be required to accept a ride under circumstances which would be considered dangerous or unsuitable.

6. Temporary inability to obtain necessary child care during employment hours (through no fault of the participant) verified by a signed statement from a resource and referral agency or other individual familiar with the child care situation;

NOTE: Temporary is defined as 3 days or less in duration.

7. Working conditions are unsuitable because of an unreasonable degree of risk to health or safety or lack of worker's compensation coverage;

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| | <ol style="list-style-type: none"> 8. The individual is unable to comply due to a current domestic violence situation as verified by a police report, statement from a domestic violence agency or signed statement from another individual who is familiar with the situation; 9. The participant lacks the necessary work-related skills for the employment and cannot acquire such skills in time to obtain or retain the employment; and 10. The wage offered is less than the state minimum wage. |
| <p>GOOD CAUSE CRITERIA RELATED TO NON-FINANCIAL AND FINANCIAL</p> | <p>If the applicant/participant fails to provide financial or non-financial verification to determine or continue eligibility, good cause is allowed for the following:</p> <ol style="list-style-type: none"> 1. Verified circumstances beyond the participant’s control for failing to provide citizenship verification, birth certificate, kinship documentation, income or resources. Participant must be making a good faith effort to obtain the required verification. |
| <p>Date Revised</p> | <p>January 1, 2013</p> |