

W-2 AGENCY TIME LIMIT EXTENSION APPROVAL RECORD

This form is the record of the W-2 agency's extension approval decision. The information on this form must match the time limit extension decision information entered into the WWP system. The participant must sign the form to indicate that the W-2 worker has discussed the extension decision with the participant. The W-2 agency must provide the W-2 participant with a signed copy of the form each time the W-2 agency makes an extension eligibility decision (W-2 Manual, Chapter 2). A signed copy of the form must also be retained in the participant's electronic case file.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

PART I – AGENCY INFORMATION

W-2 Agency/County	Date Extension Discussion Occurred With Participant
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PART II – PARTICIPANT INFORMATION

1. Participant Name (Last, First, MI)	2. PIN	3. Case Number
4. Name of W-2 group member approaching 60 months (if different from W-2 participant).	5. Current Number of Months Used	6. Time Limit End Date
7. Current W-2 Employment Position		

PART III – W-2 AGENCY'S POLICY REVIEW

- Does the W-2 participant have a DVR referral pending? Yes No
- Is the W-2 participant receiving DVR services? Yes No
- Does the W-2 participant have a pending SSI application or appeal? Yes No
- Has the W-2 participant completed the WWP Informal Assessment within the past 12 months?
Date Completed: / / Yes No
- Has a recent Supportive Service Plan been completed?
Date Completed/Declined: / / Yes No
If no, explain why it was not completed:

PART IV – W-2 AGENCY'S EXTENSION DECISION

- This extension request has been **approved**.
 60-month 24-month
- Extension granted for 6 months.
Extension Begin Date: / / Extension End Date: / /
- Describe the specific actions the agency will take to help the W-2 participant and his or her family during the extension period.

RETAIN COMPLETED FORM IN ELECTRONIC CASE FILE

PART V – EXTENSION APPROVAL REASONS

 24-Month Extension Approval

Why is the W-2 participant approved for a 24-month extension? Check the applicable box:

Trial Employment Match Program (TEMP):

- Participant made all efforts to find and accept a job. Given the local jobs available, the participant could not have gotten a job.

CSJ:

- Participant made all efforts to find and accept a job. Given the local jobs available, the participant could not have gotten a job.
- No TEMP jobs were available.

W-2 T:

- Participant made all efforts to find a job by participating in all assigned activities.
- Participant has significant barriers that prevent moving to a CSJ or TEMP job.

Note: A valid formal assessment (see W-2 Manual Section 5.5) must be completed in order to approve an extension for the W-2 T placement.

Valid Formal Assessment Completion Date: / /

The approval decision was based on the following non-confidential information:

For policy on applying 24-month extension criteria, refer to the W-2 Manual, Chapter 2. For policy on what information is considered confidential, refer to W-2 Manual Section 4.2.2.

 60-Month Extension Approval

Why is the W-2 participant approved for a 60-month extension? Check the applicable box:

- Participant made all efforts to find and accept a job. Given the local jobs available, the participant could not have gotten a job. Participant has participated in all assigned activities.
- Participant **is not able** to work, has participated in all assigned activities, and has one of the following significant barriers:
- Personal disability or incapacitation.
 - Needed to remain at home to care for a member of the W-2 Group. That W-2 Group member's incapacity is so severe that without in-home care provided by the W-2 participant, the incapacitated W-2 Group member's health and well-being would be significantly affected.

Note: A valid formal assessment (see W-2 Manual Section 5.5) must be completed in order to approve an extension for this reason.

Valid Formal Assessment Completion Date: / /

- Participant has participated in all assigned activities and has significant limitations to working such as any of the following:
- Low achievement ability, learning disability, or emotional problems of such severity that they stop the individual from getting or keeping a job, but that do not meet the requirements for SSDI or SSI.
 - Family problems that affect one of the members of the W-2 Group including legal problems, family crises, homelessness, domestic abuse, or children's school or medical activities.

Note: A valid formal assessment (see W-2 Manual Section 5.5) must be completed in order to approve an extension for the following limitation: low achievement ability, learning disability, or emotional problems.

Valid Formal Assessment Completion Date: / /

The approval decision was based on the following non-confidential information:

For policy on applying 60-month extension criteria, refer to the W-2 Manual, Chapter 2. For policy on what information is considered confidential, refer to W-2 Manual Section 4.2.2.

PART VI – PARTICIPANT ACKNOWLEDGEMENTS

For both 24-month and 60-month extension approvals, my W-2 worker has discussed the following with me:

1. I understand that I can get W-2 cash for a total of 60 months (5 years) over my lifetime. I can only be in each of the paid W-2 employment positions (W-2 T, CSJ, TEMP) for up to 24 months (2 years). Each month counts even if I don't get a payment because I didn't do my assigned W-2 activities without a good reason.
2. I understand that my W-2 worker has approved this extension to give me more time to find a job or obtain SSI/SSDI. I understand that program extensions are not automatic.
3. I understand that if there is another parent in my W-2 Group who is reaching their 60-month time limit before me that:
 - The extension request is based on me, the **parent who is in the W-2 placement**, meeting the extension criteria, and
 - My W-2 Group is eligible for an extension because I met the extension criteria.

If I leave my W-2 Group, the other parent in my W-2 Group will need to apply for a new extension.

4. I understand that if I leave the W-2 program, or if I need to change placements, my worker may need to review if I am allowed to continue to have an extension.
5. I understand that in order to keep my extension, I must:
 - a) Continue to meet W-2 financial and non-financial eligibility conditions;
 - b) Participate in my assigned activities; and
 - c) Stay in contact with my worker.

I understand that if I fail to meet any of these conditions, I may no longer be allowed to have an extension.

PART VII – SIGNATURES

Applicant / Participant Signature

Date Signed

I have explained the conditions of and reasons for this extension decision and answered the applicant's/participant's questions to the best of my knowledge. I have witnessed the signature on this extension decision.

Authorized Agency Representative Signature

Date Signed