

W-2 AGENCY TIME LIMIT EXTENSION DENIAL RECORD

This form is the record of the W-2 agency's extension denial 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
- Was a CMD placement offered? Yes No
- Was the CMD placement accepted? 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

- The extension request has been **denied**.
 60-month 24-month
- Describe the specific actions the agency will take to help the W-2 participant and his or her family.

RETAIN COMPLETED FORM IN ELECTRONIC CASE FILE

PART V – EXTENSION DENIAL REASONS

 24-Month Extension Denial

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

Trial Employment Match Program (TEMP):

- Participant **did not** make all efforts to find and accept a job. Given the local jobs available, the participant could have gotten a job.
- Participant voluntarily declined an extension.

CSJ:

- Participant **did not** make all efforts to find and accept a job. Given the local jobs available, the participant could have gotten a job.
- TEMP jobs were available.
- Participant voluntarily declined an extension.

W-2 T:

- Participant **did not** make all efforts to find a job by participating in all assigned activities.
- Participant does not have any significant barriers that prevent moving to a CSJ or TEMP job.
- Participant voluntarily declined an extension.

The denial 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 Denial

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

- Participant **did not** make all efforts to find and accept a job. Given the local jobs available, the participant could have gotten a job.
- Participant **is able** to work, and **does not** have any 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.
- Participant **does not** have 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.
- Participant **has not** participated in all assigned activities.
- Participant voluntarily declined an extension.

The denial 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 denials, my W-2 worker talked about the following with me:

1. I understand that I may get W-2 case management services in the CMD W-2 placement and that:
 - a) The goal of case management services is to help me find a job. Case management services include weekly contact with my W-2 worker to discuss job search activities and other assigned activities.
 - b) Every 30 days, my W-2 worker will review my ability to get a job and my eligibility for a time limit extension. My worker will also check if I am doing all of my assigned activities and I cannot find a job.
2. 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
 - Since I did not meet the extension criteria, my W-2 Group is not eligible for an extension.

If my W-2 worker puts the other parent in my W-2 Group in the W-2 placement, my W-2 worker will reassess whether the other parent is eligible for an extension.

3. I understand that I may be eligible for other programs to help low-income families such as Job Center services, FoodShare, Child Care, Medicaid, Job Access Loans, Emergency Assistance, etc.
4. I understand that I have the right to request a Fact Finding if I feel that:
 - a) My extension should not have been denied; or
 - b) The CMD placement was not the right placement for me.

PART VII – SIGNATURES

Participant Signature	Date Signed
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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
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