ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Family Assistance Administration

CASH ASSISTANCE BENEFIT LIMIT EXTENSION REQUEST

To request an extension of Cash Assistance (CA), please complete the information below.

Proof to support your extension reason may be required.

See pages 9-11 for EOE/ADA disclosures

I would like to request an extension of CA for the following reason:

☐ **A hardship prevents us from supporting the dependent children in our family without CA.**

Name of adult family member in need of hardship extension:

☐ **Is a non-parent, age 60 or older, and provides the sole**

care for all dependent children in my case receiving CA.

☐ **Is temporarily or permanently disabled *(e.g., receiving ongoing mental or physical medical treatment that prevents me from working)*.**

☐ **Is a caregiver for a child, parent, spouse or domestic partner with a disability.**

- ☐ **Is a victim of domestic violence, a crime, or any other violence.**
- ☐ **Is homeless.**
- ☐ **Is unable to finish current education or training program without CA.**
- ☐ **Is unable to find or afford the child care.**
- ☐ **Is unable to find available or affordable transportation to work in my area.**

☐ **Has another hardship reason that I feel keeps me from becoming self-sufficient *(explain)*.**

☐ **We are requesting a CA Time Limit extension for an additional 12 months of CA benefits. I certify we meet both of the following requirements:**

☐ **All children, ages 6-15, in your household are required to attend school and meet the school attendance requirements, unless one of the following applies:**

a. The child has excused absences.

b. The child is enrolled in a vocational,

technical, career or educational training program approved by the Department of Education.

c. The school has excused the child from attending the school because of physical or mental condition or because of suspension or expulsion.

☐ **No one in our budgetary unit had a Jobs sanction during our final month of CA benefits and the final month was October 2017 or later.**

☐ **I have provided copies of the following information to verify my extension request reason:**

Name *(Last, First, M.I.) (Print or type)*

Signature

Date

This institution is an equal opportunity provider.

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