



# EXTENSION DETERMINATION FORM

CLIENT NAME	CBMS CASE NUMBER	SUBMITTED BY	DATE SUBMITTED

TANF CLOCK COUNT	TANF 60TH MONTH WILL BE	DATE EXTENSION REQUESTED	EXTENSION REQUEST #

EXTENSION REQUEST PERIOD

The client is requesting an extension due to the following hardship reason(s):

Disabled adult

Caring for a disabled family member

Caring for a disabled family child

Domestic/Family violence

Family instability

Inadequate or unavailable housing

Inadequate or unavailable employment opportunities

Inadequate or unavailable transportation

Inadequate or unavailable childcare

Judicial system involvement

The head of a single-parent household unit and has a child under one year of age

Other hardship reasons



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If hardship reason and/or good cause is questionable as defined in Colorado Works rules, please explain in the text-entry box below.

The client was asked to provide this documentation. Explain in the text-entry box below. (View a list of acceptable documentation on the **Colorado Works Extension Toolkit**.)

Did the client provide the requested documentation/verification?

Yes

No

The individualized plan shall include the following client workforce development activities, deadlines, and actions.

The individualized plan will include the following case manager/coach deadlines and actions.

Has the client been informed verbally and in writing that they must engage in workforce development activities and actions developed in the individualized plan when their extension is approved? Disabled adult

Yes,

No



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EXTENSION DETERMINATION FORM | Version 2 | Release Date: April 2025

# EXTENSION DETERMINATION FORM

Questionable Extension Information/Verification Request Date

Questionable Extension Information/Verification Received Date

Extension Approval Date

Extension Data Entry Completed Date

Extension Denial Date: If denied, what is the reason?

1. A hardship does not exist, or a questionable hardship was found not to exist following the submission of documentation.
2. Assistance units that contain a disqualified person(s) shall not be eligible for consideration of an extension. "Disqualified person" means a person who would be a member of the assistance unit but is ineligible due to program prohibitions.
3. The client does not engage in work program activities (listed in their individualized plan) during the extension period and does not have good cause for disengagement. (The county department is responsible for re-engaging the client during the extension period.)
4. Requesting consecutive extensions (more than one in a row) beyond the current extension period without good cause.

**Example:** *Jane was provided an initial six-month extension and needs a second extension based on childcare needs. She does not request a second extension by the last day of the six-month initial extension period. She cannot produce good cause that supports her untimely request for a second extension.*

5. However, Jane can apply for benefits in the future with good cause. An extension can be granted at this time.
6. A client does not adhere to their workforce development plan during the extension period without good cause.
7. Other denial reasons shall be submitted to the State Department via a State prescribed review process at [CDHS\\_DEWS\\_Policy\\_Inbox@state.co.us](mailto:CDHS_DEWS_Policy_Inbox@state.co.us).



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## CBMS data mapping

- **Client Name:** The name of the client the extension record is for
- **Submitted by:** The name of the user who updated the request from pending to approved or denied
- **CBMS Case Number:** The case where the client was receiving Colorado Works at the time the extension request was added
- **Date Submitted:** the date the extension request was approved or denied
- **TANF Clock Count:** The number of Federal + Colorado month the client used at the time the extension was requested
- **Date Extension Requested:** Date Request Received
- **TANF 60th month will be:** MM/YYYY when the client will receive their 60th month of assistance, assuming the case continues to pay with the current HH composition
- **Extension Request Number:** The number of separate sets of extension months previously added to the client's clock
- **Extension Request Period:** If approved, the period of time of the extension (extension begin date plus, if denied, the period of the requested extension (date 61st month would be plus the number of months requested)
- **The client is requesting an extension due to the following hardship reason(s):** the Reason Extension Approved/Denied shown when approved, or before the extension was denied. If denied, any notes that were entered into the request should also be identified.
- **If hardship reason and/or good cause is questionable as defined in Colorado Works rules, please explain in the text-entry box:** show the notes from requirement 3 of this HLBR (or null if none)
- **The client was asked to provide this documentation. Explain in the text-entry box. (View a list of acceptable documentation on the Colorado Works Extension Toolkit.):** populate the info included on the speed letter from requirement 4 of this HLBR if Questionable - Needs Additional Information was ever chosen as the Determination, else leave blank)



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EXTENSION DETERMINATION FORM | Version 2 | Release Date: April 2025

# EXTENSION DETERMINATION FORM

CBMS data mapping continued

- **Did the client provide the requested documentation/verification?** Yes if Questionable - Needs Additional Information was ever chosen as the Determination and the Determination Status is currently Approved, No if Questionable - Needs Additional Information was ever chosen as the Determination and the Determination is currently Denied, else blank.
- **The individualized plan shall include the following client workforce development activities, deadlines, and actions:** Participant Responsibilities / My Next Steps from the extension plan.
- **The individualized plan will include the following case manager/coach deadlines and actions:** Agency Responsibilities / County Commitments from the extension plan. Has the client been informed verbally and in writing that when their extension is approved, they must engage in workforce development activities and actions developed in the individualized plan? Yes, and the date from requirement 7, if entered, otherwise, the date the NOA informing the client that their extension was approved was mailed
- **Questionable Extension Information/Verification Request Date:** Date Questionable - Needs Additional Information was chosen as status.
- **Questionable Extension Information/Verification Received Date:** The Latest date in a received verification date field from requirement 6
- **Extension Approval Date:** the system date the determination was changed to approved
- **Extension Denial Date, if denied, what is the reason?** The system date of the determination was changed to denied (or the date of an EDBC denial due to disqualified individual in AU), and the reason for the denial was chosen by the user or determined by EDBC
- **Extension Data Entry Completed Date:** The date the extension request was approved or denied

## ACCESSIBILITY:

This document is designed to comply with the Web Content Accessibility Guidelines (WCAG) 2.1 AA standard. If you experience any difficulty accessing the content or have questions regarding the process, please contact [SOC\\_StaffDevelopment@state.co.us](mailto:SOC_StaffDevelopment@state.co.us) for assistance.



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