

| Date: | _ | | | |
|-------|---|--|--|--|
| | | | | |
| EC: | | | | |

48 Month Supplemental Interview

Guidelines

- 1. Use this form to facilitate a conversation around the families' options during their last months on MFIP and complete the form together.
- This form follows Ramsey County Workforce Solution's 4E's philosophy by placing emphasis on ways of increasing <u>E</u>ngagement, <u>E</u>ducation, <u>E</u>mployment, and <u>E</u>mployment Retention during the families remaining time on MFIP.
- 3. Employment Counselors should utilize Goal Action Plans (GAP) as a means to help families achieve the best possible outcome for their circumstances. Emphasis should be on employment and self-sufficiency.
- 4. Employment Counselors need to seek out and utilize internal/external support and programs that will meet the unique needs of each family (NdCAD, Career Specialists, training/education, etc.).

| Participant Information | | | | |
|--|--|--|--|--|
| Name: Maxis #: Email: | Phone: TANF Months: Alternate Phone: | | | |
| | Engagement | | | |
| Describe your expe | erience on MFIP: | | | |
| Current Activity/ies | | | | |
| How long have you in these activities? | been | | | |
| Describe progress made: | being | | | |



| Employment | | | | |
|---|------------------------|--------------|---------------|-------------------|
| Current/Most Recent Employer: | | | | |
| Position/Job Title: | | | | |
| Start Date: | | Hrs/Wk | :: | |
| End Date: | | Wage: | | |
| Describe any opportunity for adv | rancement: | | | |
| | | | | |
| | | | | |
| Is position in desired field? | l Yes □ No □ Un | sure | | |
| Strategy to advance career: | Pursue Education/Train | ning | ☐ Referral to | Career Specialist |
| | Complete Career Asse | essment | ☐ Other: | |
| Comments/Notes: | | | | |
| | | | | |
| | Employmen | nt Retention | | |
| What are your current child care needs? Check all that apply: | ☐ Before School ☐ | After School | | School Breaks |
| | □ Full Time □ | Part Time | | Evenings/Weekends |
| | ☐ Other (explain): | | | |
| Do you need help finding childcare? | ☐ Yes What type: _ | | | |
| | □ No | | | |
| Describe your transportation: | □ Reliable | | Jnreliable | |
| | ☐ Options discussed: | | | |



| Employment Retention (continued) | | | | |
|--|--|--|--|--|
| Do you need help creating a family ☐ Yes ☐ No ☐ Maybe budget? | | | | |
| Comments/Notes: | | | | |
| | | | | |
| Do you or anyone in your household have any mental health or physical health needs that impact your ability to work? | | | | |
| □ Yes □ No □ Maybe | | | | |
| Comments/Notes: | | | | |
| What are your employment strengths (strong workplace skills, punctuality/attendance, pursues new learning)? | | | | |
| What are your employment challenges (unreliable child care/transportation, spotty work history, etc.)? | | | | |
| Education | | | | |
| What has your experience been with school/training in the past? | | | | |
| Are you currently in school? | | | | |
| If so, list program: | | | | |
| Anticipated end date: | | | | |
| Describe your career goal: | | | | |
| | | | | |

Where do you feel training/education fits in with your career goals now and in the future?



| If career goal/training needs are not clearly identified, describe plan to d | ao so: |
|--|--------|
|--|--------|

Next Steps

What are the key services you and your family need during your remaining time on MFIP?

Describe the plan to address this family's needs during the remaining time on MFIP:

For Employment Counselor Use

| Referrals and Activities you | ı will pursue for this family durir | ng the remaining time on MFIP (check all that apply): | |
|----------------------------------|-------------------------------------|---|--|
| □ NdCAD | ☐ Career Specialist | □ Work Assessment □ Physical Health | |
| ☐ Complete Career Assessments | ☐ Psychological Assessment | ☐ Financial ☐ Education/Training Literacy/Family Budget | |
| ☐ Child Care | ☐ Address Child Needs | □ Other: | |
| EC Signature: | | | |
| | | | |
| EC Supervisor Signature: | | | |