

## **MFIP Employment Services** PARTICIPANT CASE TRANSFER FORM

Date: Participant Name Months on TANF WF1# Check all that apply: **EXS** 0-60 months WPR FSS Young Parents (under 25 year old) **Transitional Housing** \*Two Parent Household - List the name, date of birth and Workforce One # of the second parent: If there is a  $2^{nd}$  parent and the  $2^{nd}$  parent is being served by another agency, please complete: Agency Name: Job Counselor Name: Reason why not at the same agency: \*Must transfer case to Workforce Solutions (unless enrolled at AIFC) if:  $\checkmark$  One parent in the household is under the age of 25. √ The family resides in transitional housing within the housing collaboration.

| Senaing agency co                   | ending agency completes: |       |         |  |
|-------------------------------------|--------------------------|-------|---------|--|
| Current                             | Agen                     | су    | Phone   |  |
| Agency Name:                        | Conta                    | act:  | Number: |  |
| Reasons to transfe                  | er:                      |       |         |  |
|                                     |                          |       |         |  |
| Receiving Agency:                   |                          |       |         |  |
|                                     |                          |       |         |  |
| Receiving Agency                    |                          | Phone |         |  |
| Contact Person:                     |                          | Numbe | r:      |  |
| Receiving Agency:  Receiving Agency | er:                      | Phone |         |  |

The following documents have been stored on Workforce One EDS (check all that apply):

| <b>Current Activity Documentation</b> | n **Assessments                      | Additional Information           |  |
|---------------------------------------|--------------------------------------|----------------------------------|--|
| Job Search Logs                       | MFIP Self Screen and Scoring Form    | Childcare Transmittal Form       |  |
| Resume                                | Job Counselor Observation Checklist  | Employment Plan-Current/Signed   |  |
| *School Verification                  | LD Screen Form                       | NOITS-Recent                     |  |
| Work Verification                     | Vocational/Psychological Assessments | Status Update Form-Recent        |  |
| ARMHS Reports                         | Request for Medical Info Form        | Sanction Outreach Reports-Recent |  |
| SSI Reports                           | Medical Documentation                | Referral Forms (ARMHS, TWE, SSI) |  |
| Work Experience Reports               | Assessor/Treatment Provider Report   | FSS Eligibility Checklist        |  |
| Pay Stubs                             | ABLE/WRA Scoring Form                | 48-Month Case Review Checklist   |  |
| Other (please list):                  | Other (please list):                 | Extension Decision Form          |  |
|                                       |                                      | Other (please list):             |  |

<sup>\*</sup>School Verification (current) includes: post secondary education forms, occupational research packet, training program information, financial aid award letter, class schedules, grades/progress reports, certificates/diplomas, etc.

Sending Agency: Completed form and supporting documentation must be indexed into EDS on Workforce One

Rev. 3/18/2020

<sup>\*\*</sup> Ensure a release of information form is current for purpose of HIPAA and other privacy laws