[ ]  **Impacts Employment – Priority** [ ]  **Continuation of Open Case** [ ]  **Open or Re-Open Case**

**DWP/MFIP Child Care Transmittal**

**Request for Authorization**

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| --- | --- | --- | --- |
| **TODAY’S DATE:** | Click here to enter a date. | Employment Counselor Name: |  |
| Child Care Worker Name: |       | Counselor Phone Number: |  |
| Worker Phone Number: |  | Counselor E-mail Address: |  |
|  |  | Agency Name: |  |

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| **PARTICIPANT INFORMATION** |
| Participant Name: |  | Maxis Case Number: |  |
| 2nd Parent Name: |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| **AUTHORIZATION INFORMATION*****If participant is engaged in more than one activity, please provide information for all that apply, including daily start and end times.*** |
| **Current Activity** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Job Search**  **Start:** **End:** |  |  |  |  |  |  |  |
| **Employment** **Start:** **End:** |  |  |  |  |  |  |  |
| **Training/School** **Start:** **End:** |  |  |  |  |  |  |  |
| **Study Time** **Start:** **End:** |  |  |  |  |  |  |  |
| **Social Service** **Start:** **End:** |  |  |  |  |  |  |  |
| **Work Experience****Start:****End:** |  |  |  |  |  |  |  |
| **Name of Activity** **Start:** **End:** |  |  |  |  |  |  |  |
| **The activities above on:** Click here to enter a date. **and end on:** Click here to enter a date.**The above schedule includes travel time:** Choose an item. |

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| --- |
| **SUPPORTING DOCUMENTATION INFORMATION** |
|  | Attached | In ES File |  | Attached | In ES File |
| Employment Verification | [ ]  | [ ]  | Training/School Schedule | [ ]  | [ ]  |
| Work Schedules | [ ]  | [ ]  | Job Search Logs | [ ]  | [ ]  |
| Training/School Monthly Attendance | [ ]  | [ ]  | Other: | [ ]  | [ ]  |

**Comments:**

*This transmittal form is to request authorization from Ramsey County to assist with payment for child care for Employment Plan activities; I understand that this transmittal is NOT an authorization for child care. Ramsey County Child Care Unit will issue a separate authorization form if child care is approved. I also understand that if the participant’s activities change, a new transmittal form may be required.*