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

**DWP/MFIP Child Care Transmittal**

**Request for Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.*