

<b>Participant Name</b>		<b>MAXIS #</b>	
<b>Employment Counselor Name</b>		<b>Agency Name</b>	<b>Date</b>

<b>FSS Eligibility Criteria</b>		<b>Yes</b>	<b>No</b>
<b>A</b>	Has a qualified professional certified that the participant is ill, injured, or incapacitated?		
	Is the condition expected to continue for more than 30 days?		
	Has a qualified professional certified that the condition prevent him/her from obtaining or retaining employment 20 or more?		
	<i>If yes to all, is a current request for medical information form in the file?</i>		
<b>B</b>	Is the participant’s presence in the home required as a caregiver due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household?		
	Has a qualified professional certified the caregiver’s condition, and the need for a person to provide assistance in the home?		
	Has a qualified professional certified the expectation that the caregiver’s condition, and the need, will continue for more than 30 days?		
	<i>If yes to all, is a current request for medical information form in the file?</i>		
<b>C</b>	Does the participant have a child or adult in the household who meets disability or medical criteria for home care services, a home and community-based waiver services program, or meets the criteria for severe emotional disturbance or serious and persistent mental illness?		
	<i>If yes, is a psychological report summary, or MMIS or SSIS verification, or eligibility verification from social worker, or medical form or documentation of SED form in the file?</i>		
<b>D</b>	Is the participant a legal non-citizen who has resided in the United States 12 months or less? # months: _____		
	Verified through MAXIS		
<b>E</b>	Has a licensed physical, psychological practitioner, or other qualified professional certified that the participant is developmentally disabled or mentally ill?		
	Has a qualified professional certified that the condition prevents the participant from obtaining or retaining unsubsidized employment 20 hours or more?		
	<i>If yes to all, is a current request for medical information form or vocational psychological report in the file?</i>		
<b>F</b>	Has the participant been assessed by a vocational rehabilitation specialist or another qualified professional?		
	If yes, an “unemployable checklist” is attached to show at least two criteria are met, per County guidelines.		
<b>G</b>	Has a qualified professional certified that the participant has an IQ below 80?		
	Has a qualified professional certified that the condition prevents the participant from obtaining or retaining unsubsidized employment 20 hours or more?		
	<i>If yes, is a psychological report or qualified professional verification in the file?</i>		
<b>H</b>	Has a qualified professional certified that the participant is learning disabled?		
	Has a qualified professional certified that the condition prevents the participant from obtaining or retaining unsubsidized employment 20 hours or more?		
	<i>If yes, vocational psychological report summary or qualified professional’s verification in the file?</i>		
<b>I</b>	The participant has a family violence waiver and is complying with an employment plan under MN Statutes?		
	<i>If yes, are the documents supporting waiver are in case file and employment plan in file or on WF1?</i>		
<b>J</b>	The participant is applying (or is appealing) for SSI/RSDI (social security disability insurance)?		
	<i>If yes, date of Application to Social Security Administration: _____ (must have for MAXIS coding purposes)</i>		
	<i>If yes, is a copy of application, verification from a SSI advocate that application is pending, or a counselor case note confirming application in file/WF1?</i>		

**IMPORTANT - For FSS eligible cases, counselor sends a Status Update Form to Data Quality Liaison so MAXIS can be updated**

<b>FSS Eligibility Decision</b>	<b>Meet FSS?</b>	<b>Yes</b>	1- Gave documentation and copy of this form to Supervisor on: _____
		<b>No</b>	2- Updated Plan and participant indicators on Workforce One on: _____ WPR- Case note in WF1 reason for remaining in WPR Activity.

Agency Supervisor Name: _____	Signature: _____	Date: _____
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<b>For category F- Qualified Professional Name:</b> _____	Signature: _____	Date: _____
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