

Minnesota Family Investment Program (MFIP) – Employment Services
FACE TO FACE EXTENSION CHECKLIST



Participant Name:	Maxis#:	SS#:
Financial Worker:	Employment Counselor Name / Agency:	

Two Parent Household Case

Second Parent Name: _____

Time Limit Notice and Extension Request

I have read the Minnesota Family Investment Program (MFIP) notice on time Limits. My employment counselor/representative _____ and I met on _____ to discuss my MFIP time limits.

I understand that I have used _____ months of MFIP cash assistance and my MFIP will end on _____.

I received notification of my MFIP time limit in the mail (MAXIS notice) or was informed by my Financial Worker

I understand that I *may* be eligible for an extension of MFIP months if I:

Please check all that apply:

<input type="checkbox"/>	Am participating in work activity 30 hours per week, 25 of which on average are working, or
<input type="checkbox"/>	Have experienced family violence/complying with a safety plan; or
<input type="checkbox"/>	Am unable to work 20 hours or more per week because I am ill, injured or incapacitated and my condition is expected to last more than 30 days; or
<input type="checkbox"/>	Need to be at home to care for someone in my household who is ill, injured or incapacitated and the his/her condition, and the need, will continue for more than 30 days; <i>Person's name</i> _____ or
<input type="checkbox"/>	Have a child who is severely emotionally disturbed; <i>Child's name</i> _____ or
<input type="checkbox"/>	Have a household member who is seriously and persistently mentally ill; <i>Person's name</i> _____ or
<input type="checkbox"/>	Have an elderly or disabled household member who is eligible for or receiving waived services; <i>Person's name</i> _____ or
<input type="checkbox"/>	Have a member of my household who needs in-home health services; <i>Person's name</i> _____ or
<input type="checkbox"/>	Am unable to work 20 hours or more because I - <i>Check any that may apply</i> : Am developmentally disabled Am mentally ill Am learning disabled Have an IQ below 80 or Have other employment barriers which are not listed that I would like to have considered. (Please List) - _____

Please indicate that these items have been discussed:

	Yes	No
If I am in sanction now, this could make getting an extension difficult or impossible and this has been explained to me. And if I am in sanction in month 60, I cannot get an extension for any reason.		
I can't get a working extension if I have been in sanction for two months in the past year.		
Post-extension sanctions		
The family violence waiver		
I want to request a Family Violence Waiver.		
Food support and medical assistance, if extension is denied		
Appropriate referrals and resources		
The difference in services after extension		
Working Tax Credits		
Information given on appeals, if an extension is denied.		

Workforce Solutions - Ramsey County
Minnesota Family Investment Program (MFIP) – Employment Services
FACE TO FACE EXTENSION INTERVIEW FORM



Interpreter:

I would like an interpreter Yes No

If a professional assessment was done, was an interpreter requested? Yes No

Was an interpreter present? Yes No

Extension Request:

I would like to apply for an MFIP extension Yes No

By signing this document I understand and agree that:

- 1. The Employment Services staff reviewed and discussed all the information above with me; AND***
- 2. Applying for an extension does not guarantee that I will be eligible for an extension of my MFIP benefits beyond the 60-month life time limit.***

Reviewed and Discussed by	Name	Signature	Date
MFIP Participant			
Employment Counselor/Representative			
Interpreter Agency:			

EMPLOYMENT SERVICES PROVIDER USE ONLY

Unexpired documents to support extension approval attached

Please list:

Unable to obtain

Reason(s):