

**MFIP 48-MONTH CASE REVIEW CHECKLIST**

Case Name:	MAXIS Case #:
ES Provider:	WF1#:
Employment Counselor:	Financial Worker:
Phone Number:	Phone Number:
Completed By:	Date Completed:

**Sanction History**

Currently Sanctioned?	Yes	No	Total Sanction Occurrences:
Month/Year:			
If Yes, Reason:			
What actions has Employment Counselor taken to help bring the participant back into compliance?		Other:	
Case File Review (by 2nd Month Sanction 30%) Sanction Outreach / Home Visit Face-to-Face Meeting Written Notice (Face-to-Face Not Conducted)			
Is sanction coded on WF1?	Yes	No	Is sanction coded on MAXIS? Yes No
			Date:

**Number of TANF Months**

Number of Months Used:	Banked Months:	Verified On:
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**Education/Testing**

Highest Grade Completed:	High School GED	Post Secondary Education Other: _____
Reading Level:	Math Level:	SPL: (if appropriate)
		Participant attended ESL instruction? Yes No
Comments Regarding Education/Testing:		

**Work History**

What is this person's paid work history (including subsidized, unsubsidized and self-employment)?	
No History of Paid Work No Work History Within Past 12 Months No Paid Work Since: Inconsistent Work History Describe Briefly:	
History of Consistent Work Since:	Hours Worked Per Month in the Last 3 Months:



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Is there any unpaid/volunteer work history? Yes No

If yes, describe briefly:

#### ES Extension Criteria

##### *Illness or Incapacity*

Is the participant unable to work due to illness, injury or incapacity which is expected to last more than 30 days? Yes No

Has a qualified professional determined that the participant's condition prevents him/her from working 20 or more hours per week? Yes No

If yes, is this coded on MAXIS? Yes No

Current verification from a health care professional on file.

Verification from a health care professional must be obtained.

Has the person been referred to SSI or Goodwill EasterSeals (GWES) for assistance in applying for SSI? Yes No

Status:

Is the participant's presence in the home required as a caregiver due to illness, injury or incapacity of another household member? Yes No

Has a qualified professional certified the expectation that the household member's condition and the need will continue for more than 30 days? Yes No

If yes, is this coded on MAXIS? Yes No

Current verification from a health care professional on file

Verification from a health care professional must be obtained

Does the participant have a child or adult in the household who meets disability or medical criteria:

Severely emotionally disturbed (SED) *(this applies to children only)*

Seriously and persistently mentally ill (SPMI) *(this applies to adults only)*

Eligible for home care services or a home and community-based waiver *(this includes a PCA)*

If yes, is this coded on MAXIS? Yes No

Current verification from a health care professional on file

Verification from a health care professional must be obtained

Is the participant in need of special accommodations for some other reason? Yes No

If yes, describe:

#### Hard to Employ Category

Has the participant been diagnosed:

As developmentally disabled or mentally ill and (s)he is unable to work 20 or more hours per week

With an IQ below 80 and (s)he is unable to work 20 hours or more per week

With a learning disability and (s)he is unable to work 20 hours or more per week



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If yes to \_\_\_\_\_ questions complete the following information:

Was a Mental Health Assessment completed?	Yes	No
Diagnosis and recommendations on file?	Yes	No
Referred to SSI or GWES?	Yes	No
Status:		
Does the participant have multiple conditions which affect the ability to work 20 or more hours per week (including chemical and mental health issues)?	Yes	No
= _____ been assessed by a vocational specialist to be temporarily unemployable	Yes	No
= _____ completed an unemployable check list (on file)	Yes	No
Is the participant experiencing domestic violence?	Yes	No
Has a Domestic Violence Waiver been approved?	Yes	No
	Date:	

**Employed Category**

Is the participant involved in at least 30 hours of work activities a week, including an average of 25 hours per week that are paid work?	Yes	No
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Verification on file? Yes No

***Paid work includes:*** Unsubsidized work, subsidized or supported work, apprenticeships, on-the-job training, self-employment (divide the gross adjusted income by the minimum wage to determine hours or ask FAS), childcare for someone participating in community work activities (when combined with other paid work) and hours spent complying with a child protection plan if the participant is active with child protection

Is the participant active with child protection?	Yes	No
Does the participant need childcare in order to work?	Yes	No
Is childcare authorized and in place?	Yes	No
Does the participant have back-up childcare in place?	Yes	No

**Review of Employment Plan**

Date of last review:		
Does the plan need to be changed?	Yes	No
Does the participant require special accommodations?	Yes	No
If yes, describe _____:		

Review comments:

**Follow-Up Tasks**

Is there substantiating documentation on file?	Yes	No
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Verification needed for extension determination:

Referrals Needed for:

Psychological Assessments  
Voc Rehab Assessments      † k Referral Type:  
TWE      u ‡ - Site:  
GWES for SSI Assistance  
ARHMS and Case Management Services

Next Steps in Employment Services: