

Participant Name:	Maxis#	SS#:
Financial Worker:	Emp Counselor Name:	Agency:

The Following Section is for Workforce Solutions Extension Review Team Only
Email this Decision Form and Supporting Documentation to: WFS-ERT@Ramseycounty.us

Extension Categories

All categories listed below that apply to this applicant are checked and the primary extension category is circled.

Note: The number listed after the extension is the corresponding Local Flag on Workforce One and the Maxis code entered on the TIME panel.

Please check one that applies:

- Initial Extension Decision
 Post 60 Month Application
 Category Change
 Extension Review

Current Extension (if applicable):

<p>Hard to Employ</p> <input type="checkbox"/> Unemployable (5) <input type="checkbox"/> IQ<80 (6) <input type="checkbox"/> Learning Disabled (7) <input type="checkbox"/> Mental Retardation (11) <input type="checkbox"/> Mental Illness (12)	<p>Ill/Incap</p> <input type="checkbox"/> Participant Ill/Incap>30 days (1) <input type="checkbox"/> Participant needed in the home (2) Needed for: (person's name) _____ <input type="checkbox"/> Family Violence (10)
<p>Employed</p> <input type="checkbox"/> One parent employed 25+ hours/week (8E) <input type="checkbox"/> One parent employed/Reduced hours (8F) <input type="checkbox"/> Two parent employed 55+ hours/week (9)	<p>Ill/Incap – Special Medical</p> Enter person's name who is eligible for spec med criteria <input type="checkbox"/> PCA Services (3A) - _____ <input type="checkbox"/> Waivered Services (3B) - _____ <input type="checkbox"/> SED Child (3C) - _____ <input type="checkbox"/> SPMI Adult (3D) - _____
<p>Other</p> <input type="checkbox"/> Ext due to Appeal only (AP) <input type="checkbox"/> No extension identified (NO) <input type="checkbox"/> Client has not provided documentation (NO)	<p>Date of Diagnosis for possible Banked Months _____</p>
Extension to be reviewed in: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Other _____	
Next Review Date: _____	
<p>Comments</p>	

EXTENSION APPROVAL

Date of Extension Decision:	Extension Review Team Member:
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