

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

The Following Section is for Workforce Solutions Extension Review Team Only

Extension Categories

All categories listed below that apply to this applicant are checked and **the primary extension category is circled**.
Note: The two-digit number listed after the extension is the corresponding 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><u>Hard to Employ</u></p> <p><input type="checkbox"/> Unemployable (05)</p> <p><input type="checkbox"/> IQ<80 (06)</p> <p><input type="checkbox"/> Learning Disabled (07)</p> <p><input type="checkbox"/> Mental Retardation (11)</p> <p><input type="checkbox"/> Mental Illness (12)</p> <p><u>Employed</u></p> <p><input type="checkbox"/> One parent employed 25+ hours/week (08)</p> <p><input type="checkbox"/> One parent employed/Reduced hours (08)</p> <p><input type="checkbox"/> Two parent employed 55+ hours/week (09)</p> <p><u>Other</u></p> <p><input type="checkbox"/> Ext due to Appeal only (AP)</p> <p><input type="checkbox"/> No extension identified (NO)</p> <p><input type="checkbox"/> Client has not provided documentation (NO)</p>	<p><u>Ill/Incap</u></p> <p><input type="checkbox"/> Participant Ill/Incap>30 days (01)</p> <p><input type="checkbox"/> Participant needed in the home (02)</p> <p>Needed for: (person's name) _____</p> <p><input type="checkbox"/> Family Violence (10)</p> <p><u>Ill/Incap – Special Medical</u></p> <p>Enter person's name who is eligible for spec med criteria</p> <p><input type="checkbox"/> PCA Services (03) - _____</p> <p><input type="checkbox"/> Waivered Services (03) - _____</p> <p><input type="checkbox"/> SED Child (03) - _____</p> <p><input type="checkbox"/> SPMI Adult/Child (03) - _____</p> <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><u>Comments</u></p> 	

EXTENSION APPROVAL

Date of Extension Decision:	Extension Review Team Member:
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