

MN Family Investment Program (MFIP) Employment Services  
PARTICIPANT CASE TRANSFER



Participant Name		Months on TANF		WF1 #	
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**Check all that apply:**

0-55 months		WPR		FSS		Young Parents (under 22 year old)		TWE		Subsidized Housing	
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\*Two Parent Household - List the name, date of birth and Workforce One # of the second parent:

**If there is a 2<sup>nd</sup> parent and the 2<sup>nd</sup> parent is being served by another agency, please complete:**

Agency Name:		Job Counselor Name:	
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Reason why not at the same agency:

**\*Must transfer case to Workforce Solutions Extension Services if one parent in the household has been approved for an extension beyond the 60-month limit.**

**NOTE: This Case Transfer Form is no longer used for cases reaching the 60-month time limit. Please follow the Extension Request Procedure for cases requesting an extension.**

**Sending agency completes:**

Current Agency Name:		Agency Contact:		Phone Number:	
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Reasons to transfer:

Receiving Agency:

Receiving Agency Contact Person:		Phone Number:	
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**Please include copies of the following in the transfer file (check all that apply):**

Current Activity Documentation		**Assessments		Additional Information	
Job Search Logs		MFIP Self Screen and Scoring Form		Childcare Transmittal Form	
Resume		Job Counselor Observation Checklist		Employment Plan-Current/Signed	
*School Verification		LD Screen Form		NOITS-Recent	
Work Verification		Vocational/Psychological Assessments		Status Update Form-Recent	
ARMHS Reports		Request for Medical Info Form		Sanction Outreach Reports-Recent	
SSI Reports		Medical Documentation		Referral Forms (ARMHS, TWE, SSI)	
TWE Reports		Assessor/Treatment Provider Report		FSS Eligibility Checklist	
Pay Stubs		ABLE/WRA Scoring Form		48-Month Case Review Checklist	
Other (please list):		Other (please list):		Other (please list):	

*\*School Verification (current) includes: post secondary education forms, occupational research packet, training program information, financial aid award letter, class schedules, grades/progress reports, certificates/diplomas, etc.*

**\*\* Ensure a release of information form is current for purpose of HIPAA and other privacy laws**

**Completed form and enclosed copies must be sent interoffice mail to:  
Workforce Solutions MIS - Attn. Laurie Doheny, North Saint Paul**

WORKFORCE SOLUTIONS USE ONLY

Received Date		WF1 Assignment Date		Date Case File Sent to Receiving Agency	
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