

Minnesota Family Investment Program (MFIP) Employment Services
STATUS UPDATE

) : _____

To:

Name:	
Position:	
Agency:	
Phone:	
Fax:	

From:

Name:	
Position:	
Agency:	
Phone:	
Fax:	

Name:	
Position:	
Agency:	
Phone:	
Fax:	

Re:

Caregiver:					
Case #:					
SSN:					
Phone:					
Alt Phone:					
Address:					
City:		State:		Zip:	

PURPOSE: Use this form to notify DWP and MFIP financial workers, Employment Services, Child Care staff/providers and other staff of changes in status affecting the caregiver. If the phone number or address has changed, please indicate this information has changed by checking the box in the right corner of those fields.

PROGRAM (check one)

Diversionary Work Program (DWP)

Minnesota Family Investment Program (MFIP)

STATUS CHANGES

(check appropriate boxes, enter information and select from drop-down boxes, if applicable)

Family Stabilization Services (FSS) (if more than two categories, list in Comments section below)

Open: Effective Date _____ Close: End Date (if applicable) _____

FSS Category 1

FSS Category 2

Employment (e.g., begin/end employment, change in employer, hours or salary)

Effective Date _____ End Date (if applicable) _____

Employment

Is Employment Subsidized? Yes No

If yes, choose type:

Family Violence Waiver Granted

Effective Date _____

Waiver End Date (if applicable) _____

Other Changes (e.g., household composition)

(Explain in Comments section below)

Effective Date _____

End Date (if applicable) _____

Employment Services Status Change

Effective Date _____

From:

To:

COMMENTS:

Workforce Solutions - Ramsey County
Minnesota Family Investment Program (MFIP) Employment Services
STATUS UPDATE FORM



Caregiver:		Case#:	
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SANCTION – Imposed, Postponed or Cured

(check appropriate boxes, enter information and select from drop-down boxes, if applicable)

Employment Services – action requested:

Impose Sanction: _____ Date of Non-Compliance _____

Postpone Sanction _____ Date of Conciliation or Fair Hearing _____

List Reason: _____

Cure Sanction: _____ Date of Compliance _____

Financial Worker – action taken:

MFIP:

Sanction Imposed

Sanction Lifted/Reopened _____ Date of Action _____

Type of Sanction *(check all that apply)*:

Employment Services Child Support Other

Amount of Sanction *(check all that apply)*:

10% 30% 100% Vendor Rent Vendor Utilities

Other _____

DWP:

Disqualification Reopened Other _____

CHILD CARE *(check appropriate boxes)*

Provider Change _____ Effective Date _____

New Provider's Name:		Phone:	
Address:	City:	State:	Zip:

Change In *(check all that apply)*: *(Explain in Comments section below)*

Hours Required for Other Activities in EP MFIP Status – No Longer on MFIP

Effective Date _____ Effective Date _____

Employment Hours Other

Effective Date _____ Effective Date _____

Terminate Child Care *(Explain in Comments section below)*

Effective Date _____

CASE TRANSFER – Only Between Agencies *(Select from drop-down box)*

Reason: _____ Effective Date _____

CASE CLOSED *(Select from drop-down box; explain in Comments section, if necessary)*

Reason: _____ Effective Date _____

COMMENTS: