

Ramsey County Workforce Solutions TANF Innovation Project Referral Form 2016

A. REFERRING MFIP AGENCY

Referral Date: _____

MFIP Agency: **HIRED**
 Ramsey County Public Health

EC Name: _____

EC Email: _____

B. PARTICIPANT INFORMATION

Name (first, last): _____ WFI Record ID: _____

Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone 1: _____ Language(s) Spoken: _____

Phone 2: _____ Interpreter Needed: Yes No

C. PARTICIPANT ELIGIBILITY: *Participant must be ready to work at the time of referral.*

Childcare has been discussed and will be available

Have proof of eligibility to work documents (refer to I-9 form)

Able to work without restrictions OR have doctor's note describing restrictions

If male, 18 years old or older, has registered for Selective Service.

Check registration or register at: <https://www.sss.gov/> Selective Service Registration Number: _____

D. ADDITIONAL PARTICIPANT INFORMATION: *These items do NOT impact eligibility but help ensure quality services. MFIP Employment Counselor is responsible for providing client support services.*

Transportation type: Bus Car Other: List details _____

Domestic Violence/Safety issue: _____ Mental Health issue: _____

Education grade level: _____ Criminal history: _____

List Job Interests: _____

Desired work hours per week: _____

Skills/Certificates/Diploma/Degrees? ***(attach copies if available)*** Work limitations? ***(attach most recent medical form)***

E. COMMENTS: *additional information from Employment Counselor.*

- MFIP Employment Counselor emails completed referral form and copies of additional documents as necessary (refer to section D above) to Workforce Solutions Youth Employment Counselor: James.Cannon@co.ramsey.mn.us.
- James will follow up with MFIP Employment Counselor within 48 hours after participant's orientation date.