

Minnesota Family Investment Program (MFIP) Employment Services
TEMPORARILY UNEMPLOYABLE PARTICIPANT

Case Name: _____ Maxis #: _____

This Section to be completed by Financial Worker or Employment Counselor:

Name (If different from above): _____ Date of Birth: _____ Gender M F

Street Address: _____ City: _____ State: _____ Zip Code: _____

Authorization for Release of Information:

I give permission for _____ to release information by completing and sending in this form to Ramsey County Workforce Solutions and Human Services staff, and/or contracted MFIP-ES provider staff. I understand that this information about me is protected under state and/or federal privacy laws and cannot be disclosed without my written authorization unless otherwise provided for by state or federal law. I voluntarily and knowingly waive those protections of this information and consent to its release. This information will be used, in part, to qualify me for public assistance and/or services. I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested. This authorization will end one year from the date I sign it, unless the law allows for a longer period.

Client signature: _____ Date: _____

(or authorized representative) Name: _____

To the Qualified Professional:

The following individual is temporarily "unemployable" because he/she is experiencing significant and severe issues that affect the ability to work. This means that both criteria one and two below apply to this participant. I recommend enrollment into Family Stabilization Services until _____.

Employment Counselor Name: _____

Date: _____

- 1) **Work History- Both statements below must be true**
(Job Counselor: If these criteria do not apply, keep the participant in the Work Participation Rate.)
The participant has a poor work history due to repeated job losses or short periods of employment during his/her time in MFIP.
The participant has at least one of the barriers under criteria two that prevent him/her from obtaining or retaining employment.
- 2) There are case notes and other documents in the file that verify that *at least one of the following is true for this participant.*
Check all that apply
Extremely limited ability to speak English, despite efforts to learn it. There must be documentation of the participant's effort to learn English and documentation indicating that participant's language skills are below SPL 6.
A felony record limits the employment opportunities available for the participant.
There is a reasonable belief that chemical dependency issues are present (no professional certification) limiting the participant's ability to work.
There are case notes in the file that document attempts to engage the participant in the necessary services.
There is a reasonable belief that mental health issues are present (no professional certification) limiting the participant's ability to work and interfere with the participant's ability to seek assessment or treatment.
There are case notes in the file that document attempts to engage the participant in the necessary service.

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



TEMPORARILY UNEMPLOYABLE PARTICIPANT FORM

Comments:

Check if applicable:

I have **no or little recent knowledge** about this client and, therefore, I have not diagnosed any physical and/or mental health conditions within the last three years.

I would support this client in applying for disability benefits.

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

Qualified Professional Name: _____ Clinic: _____

Address: _____ City/State: _____ Zip: _____

Signature: _____ Date: _____ Phone: _____

Thank you for your cooperation. Please sign and date in the box above and mail or fax this form to the contact person listed below as soon as possible. If you have any questions, please call the contact person listed below.

Please Return to:

Contact Name: _____ Department/Agency: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____