



MFIP/DWP Employment Plan

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Case Information

| |
|--------------|
| NAME |
| MAXIS NUMBER |
| AGENCY |

| |
|---------------|
| JOB COUNSELOR |
| PHONE NUMBER |

Plan Dates

| |
|------------------|
| PLAN START DATE: |
| DWP END DATE |

| |
|----------------------|
| PROGRESS REVIEW DATE |
| ANNUAL REVIEW |

Mutual Expectations

Your MFIP Employment Plan should help you succeed in getting to work quickly. We are here to provide support and referrals as you seek employment. There are many things we can do to help, but there are some things that we expect from you as well. The things that we both agree to do to help you succeed are called mutual expectations.

What you agree to do:

- Ask questions when you do not understand something
- Work as hard as you can to go to work to support you family
- Show up on time for all appointments and activities, or call ahead if you cannot make it or if you will be late
- Tell us when there is a problem that interferes with your ability to work
- Tell us as soon as possible when something important in your life changes like moving to a new address, new people moving in with you or starting a new job
- Follow your employment plan as agreed.

What we agree to do:

- Listen as you tell us about yourself, your family and your progress in moving to work
- Promptly return your phone calls
- Possibly help you with some transportation expenses and other work related costs like clothes or uniforms- please ask if you need help with these kinds of expenses
- Work with your child care and financial worker(s) who in turn provide you with cash, food support, health care and child care benefits
- Help you find the resources you need to get and keep a job.

Special Considerations

- Family Violence Waiver (complete Family Safety Section)
- Family Violence discussed; no violence present
- Family Violence discussed; violence present but waiver not taken
- 18 and 19 year-old without a high school diploma or GED:
 - School Option
 - Work Option
 - School and Work Option
- Member of a two parent family.
- Child under 6 years of age.
Date youngest child turns 6: _____

Job Goal

Accept and keep suitable employment leading to earnings high enough to leave cash assistance.

What are your targeted job interests?

What is your training-related job goal?

Comments on the employment plan

TOTAL HOURS OF PARTICIPATION PER WEEK

I understand:

- I will maintain regular contact with my job counselor.
- If I do not follow my employment plan or I quit suitable employment my grant may be reduced or in some cases may be closed.
- Any changes that prevent me from following my plan must be reported to my job counselor within 10 days from when the change happens.
- My Employment Plan may be revised if my job counselor and I agree to the change.

By signing below, I agree to follow the Employment Plan.

| |
|---------------|
| PARTICIPANT |
| JOB COUNSELOR |

| |
|------|
| DATE |
| DATE |

Others involved in development of Employment Plan *(if appropriate)*

| | |
|------|-------|
| NAME | TITLE |
|------|-------|

| |
|------|
| DATE |
|------|



Employment MFIP/DWP Employment Plan

| | | | |
|--|--|----------------|------|
| NAME | | MAXIS NUMBER | DATE |
| EMPLOYER | | JOB START DATE | |
| POSITION | | HOURS PER WEEK | |
| Is employment subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No | | WAGE | |

I agree to do the following: *(check all that apply)*

Full time: I will work hours per week

Part time: I will work hours per week

If my job ends or my hours go down, I will call my counselor within 10 days and meet to write a new employment plan

Work schedule:

I will turn in work verification to my job counselor by

I will turn in my pay stubs to my job counselor by

If my job ends or my hours go down, I will call my counselor within 10 days and meet to write a new employment plan

I will not quit my job without talking to my job counselor first.



Job Search Requirements MFIP/DWP Employment Plan

| | | |
|-----------------|--------------------------|---|
| NAME | MAXIS NUMBER | DATE |
| JOB SEARCH DATE | JOB SEARCH REVISION DATE | HOURS OF JOB SEARCH ACTIVITIES PER WEEK |

I agree to participate in the following activities hours per week. *(check all that apply)*

Attend Job Search Workshop

| | | |
|----------|-------|------|
| DAYS | DATES | TIME |
| LOCATION | | |

Attend Job Club

| | | |
|----------|-------|------|
| DAYS | DATES | TIME |
| LOCATION | | |

Use the agency resource room or a Work Force Center for job leads, to research employers, apply for jobs and interview with employers

Write, revise and send resumes and cover letters

Turn in resume to my job counselor by:

Make cold calls per week

Contact employers per week

After job searching from to , I will meet with my job counselor

See attached information on job search activities

Participate in Agency Specific Activities

Turn in completed activity logs Daily Weekly Monthly Other _____

I understand:

- I must maintain regular contact with Job Counselor
- I must accept any offer of suitable employment
- When I get a job I will tell my job counselor within 10 days and meet to write a new employment plan
- Once working, I will not quit my job without talking to my job counselor first
- That if I don't find a job I may be required to accept subsidized employment or unpaid work experience.



Unpaid Work Activities MFIP/DWP Employment Plan

| | | |
|------|--------------|------|
| NAME | MAXIS NUMBER | DATE |
|------|--------------|------|

| | | |
|----------|--------------------------|------------|
| SITE | HOURS PER WEEK | START DATE |
| POSITION | EXPECTED COMPLETION DATE | |

Type of Unpaid Work Activity:

- Unpaid Work Experience; Work-related injuries covered by the Injury Protection Program (IPP)
- Community Work Experience Program (CWEP); Work-related injuries covered by the IPP
- Volunteer Experience; Work-related injuries covered by employer

I agree:

- To participate in the above activities for hours per week
- I will turn in verification of my activity hours
- If my activity ends or my hours go down, I will call my counselor within 10 days and meet to write a new employment plan
- I will not quit these activities without talking to my job counselor first.



Education MFIP/DWP Employment Plan

| | | |
|------|--------------|------|
| NAME | MAXIS NUMBER | DATE |
|------|--------------|------|

Type of Secondary Education

- | | |
|---|--|
| <input type="checkbox"/> Adult Basic Education (ABE) | <input type="checkbox"/> General Equivalency Diploma (GED) |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> High School completion |
| <input type="checkbox"/> Functional Work Literacy (FWL) | |

| | |
|------------|--------------------------|
| START DATE | EXPECTED COMPLETION DATE |
|------------|--------------------------|

Attend:

| | | |
|------------|-------|----------------|
| CLASSES AT | DATES | HOURS PER WEEK |
| DAYS | | |

- Submit school verification/registration and class schedule
- Submit Progress Reports by:

Post High School/Short-term Training

I understand: *(check all that apply).*

- I must complete the Occupational Research packet (or other support of educational plan)
- I must have a job working at least 20 hours per week before my education plan is approved
- If my work hours fall below 20 hours per week, I must contact and meet with my job counselor immediately. I understand I have 30 days to meet the 20 hour per week requirement or find a new job at 20 hours per week
- If I don't find a new job, my training plan will no longer be an approved activity. My child care assistance will end.
- I must submit financial aid award letters, class schedule, grades and fee statement each session
- I must make satisfactory progress toward completion and maintain grade point average of at least _____.

Attend:

| | |
|---|------------------------------------|
| SCHOOL | PROGRAM |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part time | HOURS PER WEEK/CREDITS PER SESSION |
| | START DATE |
| | EXPECTED COMPLETION DATE |

I agree to:

- Attend all scheduled classes
- Turn in completed activity/attendance logs
- Maintain regular contact with job counselor
- Discuss any changes in my educational plan with my job counselor **before** changing my plan
- Provide a copy of certificate/diploma/degree at completion and meet with job counselor to update my plan
- I will search for a full-time job at end of my training.



Family Safety MFIP/DWP Employment Plan

| | | |
|------|--------------|------|
| NAME | MAXIS NUMBER | DATE |
|------|--------------|------|

Safety Goals:

Safety Activities: *(check all that apply)*

- Check in with a domestic violence advocate
- Carry a cell phone
- Change phone number(s)
- Change locks and improve security of building
- Investigate possibility of court action
- Inform school/day care of current situation
- Inform school/day care of current situation and that the abuser is not authorized to pick up the child(ren)
- Set up code words or arrangements at work to call police
- Make a police report
- Children will work with a family violence advocate from the community or battered womens' program
- Attend counseling
- Attend support group
- Change job site or duties
- Change job to a place unknown to the abuser.

I understand that I must participate in all of the activities listed in my Employment Plan. If the safety needs of my family interfere with these activities I will contact my job counselor to revise my plan.

I will maintain contact with my advocate

| |
|--------------------|
| NEXT MEETING DATE? |
|--------------------|



Other Goals and Activities MFIP/DWP Employment Plan

| | | |
|------|--------------|------|
| NAME | MAXIS NUMBER | DATE |
|------|--------------|------|

I agree to work on the following activities: *(check all that apply)*

Look for and get child care by:

| |
|-------|
| DATE: |
|-------|

Arrange for Transportation:

| |
|-----------------|
| CLIENT ACTIVITY |
|-----------------|

Housing:

| |
|-----------------|
| CLIENT ACTIVITY |
|-----------------|

Physical Health:

| | | |
|-----------------|------------|--------------------------|
| CLIENT ACTIVITY | | |
| HOURS | START DATE | EXPECTED COMPLETION DATE |

Mental Health:

| | | |
|-----------------|------------|--------------------------|
| CLIENT ACTIVITY | | |
| HOURS | START DATE | EXPECTED COMPLETION DATE |

Chemical Health:

| | | |
|-----------------|------------|--------------------------|
| CLIENT ACTIVITY | | |
| HOURS | START DATE | EXPECTED COMPLETION DATE |

Rehabilitation Services:

| | | |
|-----------------|------------|--------------------------|
| CLIENT ACTIVITY | | |
| HOURS | START DATE | EXPECTED COMPLETION DATE |

Legal Issues:

| | | |
|-----------------|--|--|
| CLIENT ACTIVITY | | |
|-----------------|--|--|

Child Welfare:

| | | |
|-----------------|--|--|
| CLIENT ACTIVITY | | |
|-----------------|--|--|

Other

| | | |
|-----------------|--|--|
| CLIENT ACTIVITY | | |
|-----------------|--|--|



Referrals & Support Services MFIP/DWP Employment Plan

| | | |
|------|--------------|------|
| NAME | MAXIS NUMBER | DATE |
|------|--------------|------|

Referrals

Refer to:

| | | |
|---------------------|-------|-------|
| PERSON/ORGANIZATION | | PHONE |
| ADDRESS | | |
| CITY | STATE | ZIP |

Refer to:

| | | |
|---------------------|-------|-------|
| PERSON/ORGANIZATION | | PHONE |
| ADDRESS | | |
| CITY | STATE | ZIP |

Refer to:

| | | |
|-----------------|-------|-------|
| CLIENT ACTIVITY | | PHONE |
| ADDRESS | | |
| CITY | STATE | ZIP |

Support Services

Support services may be available for activities in this plan as appropriate and as funds allow.

Transportation:

| |
|----------|
| DESCRIBE |
|----------|

Child Care:

| |
|----------|
| DESCRIBE |
|----------|

Uniforms/clothing:

| |
|----------|
| DESCRIBE |
|----------|

School related costs:

| |
|----------|
| DESCRIBE |
|----------|

Submit