

MFIP Short Form

Keyed Date

WSA Code

Intake

1 _____
Social Security Number

2 _____
Last Name

3 _____
First Name

4 _____
Street

5 _____
City

6 _____
State

7 _____
Zip Code

8 _____
Phone Number

9 _____
Date of Birth

10 _____
Entry Date

11 _____
Gender (M / F)

12 _____
MAXIS Case ID

13 **Employment Status**

Employed - Full Time

Employed - Part Time

Not Employed

Self Employed - Non Farm

Self Employed - Farm

14 **Race**

American Indian / Alaskan

Asian

Black / African American

Hawaiian Native / Pacific

White

15 **County**

Hennepin

Ramsey

Scott

Carver

Other _____

16 **Citizenship**

U.S. Citizen

Eligible Non-Citizen

Not Applicable

17 **Selective Service**

Registered

Selective Service Number _____

Not Registered

Not Applicable

Characteristics

18 Hispanic or Latino

19 Limited English Language Proficiency

20 **Household Size**

Eligible Family Size _____

21 **Education**

Highest Grade Completed _____

Target Program

22 _____
Employer Name

23 _____
Start Date

24 _____
End Date

25 _____
Hourly Wage

26 _____
Job Title

27 **MFIP Specific**

Mandatory Participant

Single Parent Household

Two Parent Household

Under 20, No HS Diploma/GED

Service Management Notebook - Employment Plan

28 _____
Plan Start Date

29 _____
Planned ONET Code

30 _____
Provider Name

31 _____
Counselor Name

32 _____
Activity Name

33 _____
Actual Start Date

Data Entry Information

34 _____
Content Review Signature

35 _____
Date

36 _____
TEAMS ID