



## Sanction Resolution Referral Form

Please fax to 612-752-8501, Attention: Safiyo, or email [safiyo.ali@avivomn.org](mailto:safiyo.ali@avivomn.org)

Referral Date	Agency Name	Job Counselor	
Counselor Email Address		Counselor Phone Number	Counselor Fax Number

Participant Name		Case #	
Address		Cell Phone #	Home Phone #
City	Zip Code	DOB	MFIP Months Used
Primary Language		FSS? Yes / No	Two-Parent Household? Yes / No

**Date sanction imposed by HSR (month/year):** \_\_\_\_\_ **Current Sanction Occurrence #:** \_\_\_\_\_

*Reason for Sanction:*

- |  |   |
|--|---|
| <input type="checkbox"/> Failed to attend ES Overview<br><input type="checkbox"/> Failed to develop Employment Plan<br><input type="checkbox"/> Non-compliance with Employment Plan<br><input type="checkbox"/> Failure to turn in required documentation(s) | <input type="checkbox"/> Failed to accept suitable employment<br><input type="checkbox"/> Quit suitable employment without good cause<br><input type="checkbox"/> Under 20; failed education requirement<br><input type="checkbox"/> Other (please explain below) |
|--|---|

*Comments:*

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