

Give checklist to participant to sign at the **end** of the overview presentation. Keep original in participant's file.

Participant Name:	MAXIS Case #:
2 nd Parent (if applicable):	Date of Attendance:
Agency:	Overview Representative:

This is a:

Full Overview: New application/New to county/First MFIP Employment Services Overview in Hennepin County

Reconnection Session: Re-application/Transfer within Hennepin County

MFIP Employment Service Overview Topics

1. Expectation to develop a plan that leads to self-support
2. Benefits of being employed
3. Allowable activities
4. Family stabilization services eligibility
5. Education and training opportunities (DHS-3366)
6. Childcare resources and referrals
7. Employment Services Responsibilities, Rights and Consent (DHS-3172)
8. Rights that people with disabilities have and types of help available to them (DHS-4133)
9. Consequences for failure to comply
10. Eligibility for Transition Year Childcare Assistance
11. Domestic Violence information and referral (DHS-3477, DHS-3323)

Brochures

I received the following brochures:

Employment Service Responsibilities, Rights and Consent (DHS-3172)

Education and Training in MFIP (DHS-3366)

Do you have a disability? (DHS-4133)

Domestic Violence Information and Referral (DHS-3477, DHS-3323)

Do You Need Help Paying for Child Care? (DHS-3551)

Signature

Participant:	Date:
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