A picture containing logo

Description automatically generatedMFIP Employment Services Overview

Document Checklist

|  |  |
| --- | --- |
| Participant Name: | Maxis Case #: |
| 2nd Parent (if applicable): | Date of Attendance: |

|  |
| --- |
| **Brochures** |

I received and read the following documents:

Work will Always Pay

Education and Training in MFIP (DHS-3366)

Do you have a disability? (DHS-4133)

Domestic Violence Information (DHS-3477)

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

Opting Out of Cash (DHS-3356)

Notice of Privacy Practices (DHS-3979)

|  |  |
| --- | --- |
| **Signature** | |
| Participant Signature: | Date: |
| Agency Signature: | Date: |