MFIP Employment Services Overview

Document Checklist

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

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| **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)

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