



Employment Services

Responsibilities, Rights and Consent

Employment plan

I understand that a Minnesota Family Investment Program (MFIP) or Diversionary Work Program (DWP) Employment Plan is required and that Family Stabilization Services (FSS) is a part of the MFIP/DWP program. I have read my plan and know that I must complete the activities in the plan to help me reach my goals.

I understand that I must:

- Tell my job counselor as soon as possible when something stops me from following through with my plan. We will meet to revise my agreement if this happens.
- Tell my job counselor about any changes to my employment status within ten (10) working days
- Tell my job counselor if I plan to move to another county
- Make satisfactory progress and follow through with the plan
- Attend all scheduled meetings.

I understand that my not making satisfactory progress and following through with my plan will result in the following actions:

DWP Participants

- My help with basic needs like shelter and utilities and personal needs may stop.
- My help with child care and transportation may stop.

MFIP Participants

- My MFIP grant may go down by 10% or more of the MFIP standard of need. *(It may close if I have six sanctions.)*
- My rent and/or utilities may be vendored.
- My help with child care and transportation may go down or stop.

Dispute resolution

If you have a disagreement with your counselor, there are two ways to settle the disagreement:

- **Conciliation** means an informal meeting where you and your counselor try to reach a mutual agreement about how to settle the disagreement. The counselor's supervisor must review the outcome of this meeting.
- **Fair Hearing** means a legal process where an appeals referee settles the disagreement. If the referee does not decide in your favor a sanction and/or loss of support services could result.

I can request Conciliation when:

- I disagree with my job counselor about whether I have good cause for not participating
- I disagree with the contents or meaning of my Employment Plan
- My job counselor sends me an MFIP Notice of Intent to Sanction (DHS-3175).

I can request a Fair Hearing when:

- I disagree with my job counselor about whether I have good cause for not participating
- I believe the action of the agency or county adversely affects me
- I do not reach agreement with my job counselor in Conciliation
- My job counselor sends me a Notice of Intent to Sanction and I do not want Conciliation
- The county sends me a Notice of Adverse Action.

Requesting dispute resolution

I can request Conciliation from the employment services agency by telephone, in writing or in person. If I get a Notice of Intent to Sanction or a 10-day notice to close my case, I must request conciliation within 10 days of the mailing date of the notice.

I can request a Fair Hearing by writing the county agency or the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. I must mail the request within 30 days of getting the Notice of Adverse Action. If I cannot send the request within 30 days *and have good cause*, I can have up to 90 days to send the request. I have the right to bring an attorney to the fair hearing. I can also call Legal Aid for help:

Hennepin (612) 334-5970
Ramsey (651) 222-4731
All other Minnesota counties. (888) 354-5522

Data privacy

The information in my employment services files is private. The employment services office may share this information with other people in employment services agencies, and the county or state human services department. The information may also be shared with certain others if authorized by law. For example, if I were to move or be assigned to a new worker, my worker may share information from my file with the next employment services agency, the county or the State of Minnesota.

I understand the person or agency that gets my information may pass it on to others. If my information is passed on to others, this authorization may no longer protect it. I know I can stop this authorization with written notice at any time, but that this written notice will not affect information the agency has already shared. I understand I have to complete this form to get MFIP/DWP benefits.

This authorization to use or share information in my employment services file will stop when my MFIP/DWP case is closed.

Your right to file a complaint

If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including access to government buildings, you may file a complaint with your county agency or any of the following agencies.

Minnesota Department of Human Services
Office for Equal Opportunity
PO Box 64997
St. Paul, Minnesota 55164-0997
(651) 431-3040 (Voice)
(866) 786-3945 (TTY)

Minnesota Department of Human Rights
190 East 5th Street, Suite 700
St. Paul, Minnesota 55101
(800) 657-3704 (Voice)
(651) 296-1283 (TTY)

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice)
(312) 353-5693 (TTY)

U.S. Department of Agriculture
Director, Office of Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410
(800) 795-3272 (Voice)
(202) 720-6382 (TTY)

I have discussed this information with my Employment Services counselor. I understand my responsibilities and rights and I agree to follow them.

CAREGIVER	JOB COUNSELOR
DATE	DATE



Client Name:	Maxis Case #:
2 nd 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	
Client Signature:	Date:
Agency Signature:	Date:



Electronic Communication Authorization

Avivo understands your privacy is important. We are required by law to maintain your privacy of confidential information, which includes protected health information. It is important that you understand that there are limitations to ensuring confidentiality should you choose to communicate with Avivo staff electronically via email or text.

Should you choose to engage in electronic communication with Avivo, note the following:

- Avivo will not share emails and texts outside of the agency without a signed Release of Information.
- For your protection, please limit electronic communications to brief messages and avoid providing detailed, sensitive information altogether that may identify you. Refrain from using personal identifiers such as your social security number, age, race, birth date, etc.
- Avivo staff will not disclose any protected health information through the use of email or text messages. Avivo responses to messages/texts will not provide any confidential information.
- Due to the nature of the internet, electronic communications are not secure and may be viewed by unauthorized individuals. Consideration needs to be given to the amount and type of information disclosed via electronic communications.

Please check (X) one of the following:

I give Avivo permission to communicate with me via email or text. I am aware of the specific limitations and potential risks that are related to my use of electronic communication. I also understand that the use of electronic communication means that my confidentiality cannot be assured.

I decline to give Avivo permission to communicate with me via email or text.

Client Name: _____

Phone number: _____

E-mail Address: _____

Client Signature: _____

Date: _____

Withdrawing Authorization: I hereby withdraw my authorization to communicate with Avivo staff by email and/or text messages. I understand that to initiate contact by electronic communication will require me to sign a new authorization.

Client Signature: _____

Date: _____



Avivo wants to help you.....

I am looking for help with or resources for (circle all that apply).....

- | | | |
|---------------------------|----------------------|------------------------|
| Driver's License/State ID | Child Care | HS Diploma/GED/College |
| Public transportation | Affordable phone | Affordable housing |
| Immigration services | Food shelf locations | DL Reinstatement |
| Work clothing/supplies | Interview clothing | Household Supplies |

Provide more specific information: _____

I am looking for job related help with (circle all that apply).....

- | | | |
|-------------------------------|-----------------------------------|------------------|
| Criminal background resources | Set up an email account | Resume writing |
| Filling out job applications | Thank you letters | Interview skills |
| Job searching | Cover letters | Networking |
| Keeping a job | Career assessments | PCA/CNA training |
| Career Exploration | Finding felony friendly employers | |

Provide more specific information: _____



I need help with filling out and/or more assistance with (circle all that apply).....

- | | | |
|-------------------------|-----------------------|---------------------------|
| Social Security | Health insurance | Mental health(self/child) |
| Parenting skills | Safe at home | Energy assistance |
| Medical opinion forms | Housing | Physical health provider |
| Community Resources/ESL | Child care assistance | Specialized services |

Provide more specific information: _____

Office Use Only _____

Referral sent to : Career Services Social Worker

CD Name: _____

SW Name: _____

Follow up: _____

