

PATH Week 2 Assignment Plan 21-Day Application Eligibility Period

FIP Applicant's Name (printed): _____

Client/Recipient ID: _____

2-Parent Family (Optional Data) Name of 2nd Parent: _____

MW! Staff Name (printed): _____

Date Plan Created: _____

Week Begin Date: _____

Week End Date: _____

Required Hours (check one) 20 30 35 55

MW Staff: Check All Assignments that Apply and Assign Hours:

Assigned Hours:

**MWA Use Only
Assignment Completed:**

PATH Orientation Presentation: (If necessary)

Yes No

FAST: (If necessary)

Yes No

Individual Service Strategy: (If necessary)

Yes No

Assessment Test: (If necessary)

Yes No

Barrier Resolution Activity(ies): [Document Assignment Below, i.e., Childcare, Housing, Food Bank, Counseling]

Yes No

Job Search/Job Readiness Workshop(s):

Yes No

Resume Writing Workshop(s):

Yes No

Interviewing Skills Workshop(s):

Yes No

Computer Skills Workshop(s):::

Yes No

Career/Life Skills Workshop(s):

Yes No

High School / GED Prep:

Yes No

High School Completion/GED Course of Study, 18 & 19 Year Old Grantees Only:

Yes No

Community Service or Work Experience Research:

Yes No

Job Search Activities:

Yes No

Employment:

Yes No

Vocational Education:

Yes No

Other:

Yes No

Next Appointment with MW Staff: Dat

Tim

Location

I agree to complete activities as assigned above, turn in my documentation as required, contact MW! if I have questions or need supportive services, and return for my scheduled appointment. I further understand that if I fail to complete my weekly assignments, (without approval from the MW! Staff), my request for FIP benefits may be denied.

FIP Applicant Signature

Date

MW Staff Signature

Date

Applicant Refused to Sign (Applicant's FIP Benefits may be denied)

Distribution of Signed Form: Original remains in case file and a copy must be given to the applicant at the time of signing.

MW STAFF USE ONLY: Applicant satisfactorily completed weekly assignments Yes No If No, MW! staff must explain in detail below. [Attach additional explanation documents as necessary.] If the applicant disagrees with the determination he or she must be offered the opportunity to speak with a supervisor for managerial review.

MW! Staff Signature _____

Date _____

Final Distribution of Week 2 Assignment Plan Form: Original remains in case file and a copy of the completed form with the Weekly Assignment completion status finished must be given to the applicant.

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