# PATH Week 3 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:** | **MW! Use Only Assignment Completed:** |
|---|---|---|
| ☐ Employment: | | ☐ Yes ☐ No |
| ☐ Job Search/Job Readiness: | | ☐ Yes ☐ No |
| ☐ Vocational Education: | | ☐ Yes ☐ No |
| ☐ High School / GED Prep: | | ☐ Yes ☐ No |
| ☐ High School Completion/ GED Course of Study, 18 & 19 Year Old Grantees only: | | ☐ Yes ☐ No |
| ☐ Job Skills Training Directly Related to Employment: | | ☐ Yes ☐ No |
| ☐ Education Directly Related to Employment: | | ☐ Yes ☐ No |
| ☐ Community Service and/or Work Experience Research: | | ☐ Yes ☐ No |
| ☐ Other: | | ☐ Yes ☐ No |
| **Additional Assignments** | | |
| ☐ Job Search/Job Readiness Workshop(s): | | ☐ Yes ☐ No |
| ☐ Resume Writing Workshop(s): | | ☐ Yes ☐ No |
| ☐ Interviewing Skills Workshop(s): | | ☐ Yes ☐ No |
| ☐ Barrier Removal Activity(ies) [if necessary]: [Document Assignment Below, i.e., Childcare, Housing, Food Bank, Counseling] | | Yes No |

**Next Appointment with MW! Staff: Date:** _____ **Time:** _____ **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 orientation assignments, (without approval from 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 a managerial review.

**MW! Staff Signature:** _____ **Date:** _____

Final Distribution of Week 3 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.

"Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649.3777 Auxiliary Aids and Services Available to Individuals with Disabilities."