

**Extension Request Form
PATH 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:

FIP Applicant Name: _____ **is requesting to extend the 21-Day Application Eligibility Period due to the reason indicated below (check one):**

Temporary medical emergency for:

Death in the family

Self

Spouse

Dependent

Immediate need for relocation of the primary residence

Incarceration

Extension Request Details (if applicable):

MW! STAFF USE ONLY:

Current 21-Day Application Eligibility Begin Date:

_____, (Month, Day, Year)

Current Last Date to Complete 21-Day Application Eligibility Period:

_____, (Month, Day, Year)

Extension Granted: **In-Person** **By Phone** [Applicant Signature Required upon return to MW!]

The One-week (7 Days) Extension is granted and the new Last Day to Complete 21-Day Application Eligibility Period is: _____ (Month, Day, Year)

Next Appointment with MW!: Date:

Time:

Location:

I, _____,
(FIP Applicant Printed Name)

understand that I must return to Michigan Works! for my next scheduled appointment listed above. I also understand this 7-Day Extension of my 21-Day Application Eligibility Period assignments may delay when I will receive Family Independence Program (cash assistance) benefits. I understand if I fail to return to Michigan Works! to complete my weekly assignments (without an approval from MW!) my request for FIP benefits may be denied.

FIP Applicant Signature

Date

Michigan Works! Staff Signature

Date

Distribution of Signed Form: Original remains in case file and a completed copy must be given to the applicant after signing occurs

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

Revised: 01/24/14