

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:**

- | | | |
|---|------------|-----------|
| <input type="checkbox"/> Employment: | Yes | No |
| <input type="checkbox"/> Job Search/Job Readiness: | Yes | No |
| <input type="checkbox"/> Vocational Education: | Yes | No |
| <input type="checkbox"/> High School / GED Prep: | Yes | No |
| <input type="checkbox"/> High School Completion/ GED Course of Study, 18 & 19 Year Old Grantees only: | Yes | No |
| <input type="checkbox"/> Job Skills Training Directly Related to Employment: | Yes | No |
| <input type="checkbox"/> Education Directly Related to Employment: | Yes | No |
| <input type="checkbox"/> Community Service and/or Work Experience Research: | Yes | No |
| Other: _____ | Yes | No |

Additional Assignments

- | | | |
|---|------------|-----------|
| <input type="checkbox"/> Job Search/Job Readiness Workshop(s): | Yes | No |
| <input type="checkbox"/> Resume Writing Workshop(s): | Yes | No |
| <input type="checkbox"/> 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.