

**PATH Week 1 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**

21 Day AEP Presentation:	Yes	No
PATH Orientation Presentation:	Yes	No
FAST:	Yes	No
Individual Service Strategy:	Yes	No
Assessment Test :	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 - 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 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 a managerial review.

MW! Staff Signature _____

Date _____

Final Distribution of Week 1 Assignment Plan Form: Original remains in case file and a copy of the completed form with the Weekly Assignment completion status entered 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."