

## 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.

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