**ESP 54-Month Administrative Review Checklist**

**Instructions:**

* Complete checklist
* Upload completed checklist in WF1 EDS as:
  + **Document name**: Face to Face Extension Checklist
  + **EDS Document type**: Assessments
  + **EDS Document name**: Assessments
  + **EDS User Defined Document Name**: Administrative Review Checklist

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| **Participant information** | | | |
| Case name:  Enter text. | | Maxis case #:  Enter text. | |
| 2nd parent (if applicable):  Enter text. | | Transition meeting date:  Enter date. | |
| Assigned TTL:  Enter text. | Email:  Enter text. | | Phone:  Enter text. |
| Counselor:  Enter text. | Email:  Enter text. | | Phone:  Enter text. |
| Does participant need interpreter? Yes No If yes, which language? Enter text. | | | |

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| TANF months used |

1. Total TANF months used: Enter text.
2. Anticipated 60th month date: Enter date.
3. 2nd parent anticipated 60th month (if applicable): Enter date.

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| Notes: (TANF months used in another state, banked months available etc.)  Enter text. |

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| Sanction History |

1. Is the participant in ES sanction? Yes No
2. Were good cause reasons explored? Yes No
3. What actions have the agency or sanction resolution staff taken to help bring participant into compliance?

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| Notes:  Enter text. |

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| Employment status |

1. Is participant in employment activities of at least 30 hours per week of which at least 25 is in paid employment? Yes No
2. Maxis recorded hours: Enter text. as of: Enter date.
3. If this is a two-parent household, do both parents’ combined employment activities average 55 hours per week of which 45 is in paid employment? Yes No
4. Is participant active with child protection? Yes No
5. If yes, how many hours per week? Enter text.
6. Other sources of income: Enter text.

**Employed/limited hours**

1. Is the participant working and has a verified illness/incapacity? Yes No
2. Is the participant working as many hours as the doctor states they can work? Yes No
3. Average hours per week participant is working: Enter text.

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| Notes:  Enter text. |

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| FSS eligibility that may result in MFIP extension eligibility |

Does a member of the household meet FSS eligibility? Yes No

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| **Condition** | **Name/relationship to participant** | **Expected end date** | **Is there potential for extension eligibility?** |
| Ill/incap  (including chemical health) | Enter text. | Enter date. | Enter text. |
| MI/DD | Enter text. | Enter date. | Enter text. |
| LD | Enter text. | Enter date. | Enter text. |
| IQ below 80 | Enter text. | Enter date. | Enter text. |
| Needed in the home | Enter text. | Enter date. | Enter text. |
| SED | Enter text. | Enter date. | Enter text. |
| SPMI | Enter text. | Enter date. | Enter text. |
| SMC | Enter text. | Enter date. | Enter text. |
| FVW | Enter text. | Enter date. | Enter text. |
| Unemployable | Enter text. | Enter date. | Enter text. |

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| Applying for other benefits |

1. Has a physician recommended someone in the household apply for SSA benefits? Yes No
2. Does this person need assistance with application process? Yes No

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| Notes:  Enter text. |

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| Assessments/Referral for Services |

Would participant benefit from an assessment by staff psychologist or a vocational assessment? Yes No

If Yes, in which area? (Check all that apply)

Achievement testing

Learning disability (math and reading)

IQ

Memory

Personality testing

Unemployable (vocational assessment)

Does the participant need assistance with locating additional community resources? Yes No

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| Notes:  Enter text. |

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| Additional information |

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| Notes:  Enter text. |