**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. |