

Participant Name	Maxis #	SS #
Financial Worker	Agency	Counselor Name & Phone #

The Following Section is completed by the Agency Manager/Supervisor.

All Extension Decisions must be communicated to Ramsey County FAS.
Submit Extension Decision Form to: FAS.MFIPEXTENSION@CO.RAMSEY.MN.US

Extension Categories

All categories listed below that apply to this applicant are checked and **the primary extension category is circled.**

Note: The number listed after the extension is the corresponding Local Flag on Workforce One and the Maxis code entered on the TIME panel.

Please check one that applies:

- Initial Extension Decision Post 60 Month Application Category Change Extension Review

Current Extension (if applicable): _____

<p>Hard to Employ</p> <p><input type="checkbox"/> Unemployable (5)</p> <p><input type="checkbox"/> IQ<80 (6)</p> <p><input type="checkbox"/> Learning Disabled (7)</p> <p><input type="checkbox"/> Mental Retardation (11)</p> <p><input type="checkbox"/> Mental Illness (12)</p>	<p>Ill/Incap</p> <p><input type="checkbox"/> Participant Ill/Incap>30 days (1)</p> <p><input type="checkbox"/> Participant needed in the home (2)</p> <p>Needed for: (person's name) _____</p> <p><input type="checkbox"/> Family Violence (10)</p>
<p>Employed</p> <p><input type="checkbox"/> One parent employed 25+ hours/week (8E)</p> <p><input type="checkbox"/> One parent employed/Reduced hours (8F)</p> <p><input type="checkbox"/> Two parent employed 55+ hours/week (9)</p>	<p>Ill/Incap – Special Medical</p> <p>Enter person's name who is eligible for spec med criteria</p> <p><input type="checkbox"/> PCA Services (3A) - _____</p> <p><input type="checkbox"/> Waivered Services (3B) - _____</p> <p><input type="checkbox"/> SED Child (3C) - _____</p> <p><input type="checkbox"/> SPMI Adult (3D) - _____</p>
<p>Other</p> <p><input type="checkbox"/> Ext due to Appeal only (AP)</p> <p><input type="checkbox"/> No extension identified (NO)</p> <p><input type="checkbox"/> Client has not provided documentation (NO)</p>	<p>Date of Diagnosis for possible Banked Months _____</p>
<p>Extension to be reviewed in: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Other _____</p>	
<p>Next Review Date: _____</p>	
<p>Comments:</p> <p>_____</p>	

EXTENSION APPROVAL

Date of Extension Decision:	Extension Review Team Member:
-----------------------------	-------------------------------