

FSS Eligibility Screening Form

Participant Name		MAXIS #	
Employment Counselor Name	Agency Name	Date	

FSS Eligibility Criteria		select: n/a, yes or no
A	Has a qualified professional certified that the participant is ill, injured, or incapacitated?	
	Is the condition expected to continue for more than 30 days?	
	Has a qualified professional certified that the condition prevent him/her from obtaining or retaining employment 20 or more?	
	<i>If yes to all, is a current request for medical information form in the file?</i>	
B	Is the participant's presence in the home required as a caregiver due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household?	
	Has a qualified professional certified the individual's condition, and the need for a person to provide assistance in the home?	
	Has a qualified professional certified the expectation that the individual's condition, and the need, will continue for more than 30 days?	
	<i>If yes to all, is a current request for medical information form in the file?</i>	
C	Does the participant have a child or adult in the household who meets disability or medical criteria for home care services, a home and community-based waiver services program, or meets the criteria for severe emotional disturbance or serious and persistent mental illness?	
	<i>If yes, is a psychological report summary, or MMIS or SSIS verification, or eligibility verification from social worker, or medical form or documentation of SED form in the file?</i>	
D	Is the participant a legal non-citizen who is in the United States 12 months or less? # months:	
	<i>If verified through MAXIS, indicate MAXIS in yes column</i>	
E	Has a licensed physical, psychological practitioner, or other qualified professional certified that the participant is developmentally disabled or mentally ill?	
	Has a qualified professional certified that the condition prevents the participant from obtaining or retaining unsubsidized employment 20 hours or more?	
	<i>If yes to all, is a current request for medical information form or vocational psychological report in the file?</i>	
F	Has the participant been assessed by a vocational rehabilitation specialist or another qualified professional?	
	<i>If yes, an "unemployable checklist" is attached to show at least two criteria are met, per County guidelines.</i>	
G	Has a qualified professional certified that the participant has an IQ below 80?	
	Has a qualified professional certified that the condition prevents the participant from obtaining or retaining unsubsidized employment 20 hours or more?	
	<i>If yes, is a psychological report or qualified professional verification is in the file?</i>	
H	Has a qualified professional certified that the participant is learning disabled?	
	Has a qualified professional certified that the condition prevents the participant from obtaining or retaining unsubsidized employment 20 hours or more?	
	<i>If yes, vocational psychological report summary or qualified professional's verification in the file?</i>	
I	The participant has a family violence waiver and is complying with an employment plan under MN Statutes?	
	<i>If yes, are the documents supporting waiver are in case file and employment plan in file or on WF1?</i>	
J	The participant is applying (or is appealing) for SSI/RSDI (social security disability insurance)?	
	<i>If yes, date of Application to Social Security Administration:</i> <input style="width: 100px;" type="text"/> <i>(must have for MAXIS coding purposes)</i>	
	<i>If yes, is a copy of application, verification from a SSI advocate that application is pending, or a counselor case note confirming application in file/WF1?</i>	

IMPORTANT: For FSS eligible cases, Submit a Status Update Form to FAS. File all documentations in WF1 EDS.

FSS Eligibility Decision	Meet FSS?	Yes	1- Gave documentation and copy of this form to Supervisor on: 2- Updated Plan and participant indicators on Workforce One on:
		No	WPR- Case note in WF1 reason for remaining in WPR Activity.
Agency Supervisor Name:		Signature and date:	
For category F- Qualified Professional Name:		Signature and date:	