

MFIP Activity Guide Tip Sheet*

Activity	Documentation Needed	Notes
Uncompensated Work Experience	<ul style="list-style-type: none"> • Participant's name • Dates covered (no less frequently than monthly) • Number of hours worked <u>each</u> day • Work site supervisor's signature or other responsible individual, not Employment Services Provider (ESP) • Name and phone number for Work site supervisor (or other responsible individual's) must be on file or on activity 	Monthly hours must comply with FLSA**
Community Service Programs	<ul style="list-style-type: none"> • Participant's name • Dates covered (no less frequently than monthly) • Number of hours worked <u>each</u> day • Work site supervisor's signature or other responsible individual, not ESP • Name and phone number for Work site supervisor (or other responsible individual's) must be on file or on activity log • Statement of useful public purpose the placement provides • Statement of how job will enhance employability 	Monthly hours must comply with FLSA**
Job Search Form DHS-5784 is mandatory to document job search activity	<p><i>Part 1 (Front Side of form)</i></p> <ul style="list-style-type: none"> • Participant's name • Dates covered (weekly) • Job contact information (date of contact, time spent on job contact, the position of interest, employer contact info, purpose and result of job contact) - all columns must be completed <p><i>Part 2 (Back Side of form) - On-site Activity</i></p> <ul style="list-style-type: none"> • Date • Time spent • Type of On-site activity (such as job club, structured job search, etc) <p>For Agency use only Section</p> <ul style="list-style-type: none"> • Total Hours (regular hours, on-site hours, holiday hours, other excused absence hours, CD/MH and rehab services hours) • Weekly Check-in (date and method used) • Bi-weekly verification of Job Contact (note which job contact verified and method used to verify) <p>Signatures/Dates</p> <ul style="list-style-type: none"> • Both Participant and ESP 	

*Family Stabilization Services – See Appendix E of [Employment Services Manual](#) for the complete Supervision, Documentation, and Verification Requirements including Family Stabilization Services (FSS) provisions.

** Fair Labor Standards Act (FLSA) – All work experience participants are considered employees under the FLSA. Participant would not be required to participate in uncompensated work experience more hours than the monthly MFIP cash assistance amount plus the monthly food support amount divided by the state minimum wage.

Activity	Documentation Needed	Notes
Providing Child Care to a CSP Participant's Child(ren)	<ul style="list-style-type: none"> • Participant's name • Dates covered • Number of hours <u>each</u> day • Signature of the participant who is engaged in the community service program • Name and phone number of the participant engaged in the CSP must also be on the activity log or on file 	Monthly hours must comply with FLSA**
Training/ Education (up to 12 months) (13+ months)	<ul style="list-style-type: none"> • Participant's name • Dates covered (no less frequently than monthly) • Number of hours attended <u>each</u> day • Responsible individual's signature (not ESP) • Name and phone number of responsible individual must be on file or on activity log <p>***See note below about study time allowed for all school related activities</p>	Responsible individual's signature is not needed if faxed or emailed by the school
Job Skills Training ABE GED ESL FWL	<ul style="list-style-type: none"> • Participant's name • Dates covered (no less frequently than monthly) • Number of hours attended <u>each</u> day • Responsible individual's signature (not ESP) • Name and phone number of responsible individual must be on file or on activity log <p>***See note below about study time allowed for all school related activities</p>	Responsible individual's signature is not needed if faxed or emailed by the school
High School Completion	<ul style="list-style-type: none"> • Participant's name • Dates covered (no less frequently than monthly) • Number of hours attended <u>each</u> day • Responsible individual's signature (not ESP) • Name and phone number of responsible individual must be on file or on activity log <p>***See note below about study time allowed for all school related activities</p>	Responsible individual's signature is not needed if faxed or emailed by the school
On-Line and Distance Learning Documentation	<ul style="list-style-type: none"> • The Course/Program Log-in/Log-Out electronic record; or • Conducted in a Supervised setting (Name, Phone Number and Signature of a Responsible Individual is Required) 	

*****Study Time Documentation** (Training/Education, HS, Job Skills, ABE, GED, ESL and FWL) - With a statement from the school about recommended study time, one hour of unsupervised study time per class hour can be allowed. More than 1 hour per class hour needs to be supervised and requires a signature from a responsible individual acknowledging study was supervised (cannot exceed the amount of study time advised by the school).