

# Minnesota Family Investment Program

## MFIP

- MFIP helps families with children meet their basic needs, while helping parents move to financial stability through work. Parents are expected to work, and are supported in working with both cash and food assistance. Most families have a lifetime limit of 60 months on MFIP.
- While on MFIP you will work with your Eligibility Worker and Career Counselor.

# What is the Minnesota Family Investment Program?

- It is expected that you take the most direct path to work.
- MFIP is a temporary assistance program, NOT a lifetime entitlement.
- MFIP has a 60 month, 5 year lifetime limit that began 07-01-1997.
- Extensions past 60 months may be available if you are working in compliance with your employment plan.
- Extensions may also be available if a doctor states you may not work.
- MFIP is targeted at reducing welfare through work and helping families become self sufficient.

# MFIP bill of rights

- Right to apply.
- Right to ask for training and education.
- Right to fair and safe working conditions.
- Right to help getting a job at a living wage.
- Right to have reasonable accommodations for any disability.
- Right to protect yourself from domestic violence.
- Right to child care.
- Right to medical care.
- Right to privacy.
- Right to appeal.

# Confidentiality

- Under MFIP your Eligibility Worker and Career Counselor may speak with each other regarding your eligibility. Eligibility Workers and Career Counselors are **mandatory reporters**.
- We can disclose information to others when:
  - There may be abuse to a child or a vulnerable adult.
  - We believe you may hurt yourself or others.
  - We are court ordered.
  - You have signed a “release of information” form giving permission to speak with another agency or person.

Please refer to your “Privacy Practices Notice”

# MFIP Work incentives

- Two level system for grant amounts
  - Transitional Standard for families with no earned income
  - Family Wage Level is higher for families with earned income
- 50% of gross earnings is a work expense deduction

# Employment Services

## MFIP Hourly Requirements

### Minimum work requirements

- One parent family with a child under the age of 6 years, 87 hours per month.
- One parent family with a child over 6 years, 130 hours per month.
- Two parent family a total of 55 hours per week.
  - One parent must work at least 35 hours each week.
  - The second parent must work at least 20 hours each week.

You will continue to work closely with your Career Counselor even after you are working. If you are working at this time, you will still need to meet with a Career Counselor to develop your plan. You will continue to work together until your MFIP grant is closed with the county.

**REMEMBER MFIP IS A WORK FIRST PROGRAM**

# How MFIP Supports work

- Employment Services Support Services
  - Unsubsidized employment
  - Subsidized private or public sector employment
  - Work experience, including Community Work Experience Program (CWEP)
  - On-the-job training
  - Job search and job club
  - Job readiness assistance
  - Job placement and job development
  - Job-related counseling and job coaching
  - Job retention services
  - Job-specific training or education
  - Job skills training directly related to employment

- Self-Employment Investment Development (SEID)
- Pre-employment activities, based on availability and resources, such as volunteer work, literacy program, citizenship and English as a second language classes, chemical dependency treatment, mental health services, displaced homemaker programs, parenting education, or other programs designed to help families reach their employment goals and enhance their ability to care for their children.
- Community service programs.
- Vocational educational training or educational programs that can reasonably be expected to lead to employment.
- Apprenticeships and internships.
- Satisfactory attendance in GED classes or adult diploma programs.
- Satisfactory attendance in secondary school or adult basic education classes.
- Bilingual employment and training services.
- Activities included in a safety plan.



# Employment

- When you start employment you will have 10 days to report this to your Eligibility Worker. You will need to provide verification from the employer of the employment details listed here:
  - Employer name
  - Start date
  - Date of first check
  - Rate of pay
  - Expected hours
  - How often paid

# Sanctions

- The term for non-compliance and reduction of your grant is “**SANCTION**”.
- A sanction must stay in effect for at least one month. It will be removed at the beginning of a month only after a person becomes compliant with employment services and/or child support.
- For the first act of non-compliance the monthly grant will be reduced by an amount equal to 10% of your family’s “transitional standard”.
- For any additional acts of non-compliance your grant will be reduced by 30% of the “transitional standard”.
  - At the start of a 30% sanction and for 6 months following your rent and utilities will be vendor paid.
- A child support sanction will cause a 30% reduction in your grant. Adults in the household will lose their Health Care Assistance and Child Care Assistance will not be available for the month of sanction. This sanction will be lifted the month after compliance.

# Sanctions and your MFIP grant

- Your MFIP grant will close if you are sanctioned six times. On the seventh month of sanction your grant will close due to non-compliance.
- This includes sanction for non-compliance with child support or an employment services sanction.
- The six months of sanction can be any month of sanction during your 60 month lifetime limit after July 1, 2003.
- If your grant closes due to sanction, you will need to meet with your Career Counselor to develop a new plan. You will be required to reapply for MFIP if you still need financial assistance. After 30 consecutive days of meeting full compliance with all activities in your plan, your MFIP grant may be reopened.

# Good Cause for Non-Compliance

- The job does not meet the definition of suitable employment.
- You are ill or injured.
- A family member in your care is ill or injured.
- You are unable to secure needed transportation.
- An emergency situation prevents you from complying with your Employment Plan.
- Activities in your Employment Plan conflict with judicial proceedings.
- A mandatory MFIP meeting is scheduled during a time that conflicts with a judicial proceeding or a meeting related to a juvenile court matter, or your work schedule.
- You are already participating in acceptable work activities.
- You are under the age of 20 and educational programs listed in your Employment Plan are not available.
- Activities identified in your Employment Plan are not available.
- You are willing to accept suitable employment but employment is not available.
- Appropriate child care is not available.

# Family Stabilization Services

All MFIP participants must have an employment plan. There are special considerations for individuals that have a hard time finding or keeping a job. In these cases a modified employment plan may be developed.

You may be eligible for a modified plan if you have any of the following:

- Your doctor states in writing that you can not work and your condition is expected to last more than 30 days.
- Your doctor states in writing that you are needed in the home to care for another family member and the family member's condition is expected to last more than 30 days.
- You are waiting to hear about your eligibility for disability benefits.
- Someone has hurt you or your children.
- You are a legal non-citizen who has been in the United States for less than 13 months.
- You have difficulty reading or writing.

If you meet any of the above talk to your Eligibility Worker or Career Counselor about your eligibility for Family Stabilization Services.

# Family Violence Waiver

- There are separate requirements for individuals who are Victims of Family Violence or Domestic Violence.
- When participating under the Family Violence Waiver your months will not count toward the 60 month MFIP limit.
- Please let one of your workers know of any safety concerns you have, to see if you may be eligible.

# What is DOMESTIC VIOLENCE?

Domestic violence is what someone says or does to make you feel afraid or to control you. These are some examples of domestic violence:

- Swearing or screaming at you.
- Threatening to hurt you or other you care about.
- Calling you names.
- Not letting you leave the house.
- Blaming you for everything that goes wrong.
- Forcing you to have sex.
- Choking, grabbing, punching or kicking you.
- Smashing or breaking things.

# Child under 12 month exemption

- The only exemption from employment Services is the child under the age of 12 months. This can only be used ONCE in your lifetime. During your 12 month exemption you will not be required to work with employment services and child care assistance will not be available to you.
- This exemption status does not stop the clock on your MFIP 60-month lifetime eligibility limit.



# MFIP budgeting

How will my earnings affect my monthly grant?

- If you are receiving earnings from employment you must complete a household report form (HRF).
- Answer all questions and complete the earned income details.
- Attach verification of all income for the report month.
- Both adults must sign the HRF each month.
- Sign and date the HRF **on or after the last day of the report month.**
- Household report forms are due to your Eligibility worker by the 8<sup>th</sup> of the month following the report month.
  - Example: March HRF and income verification is due by April 8<sup>th</sup>. The income will affect the grant in the month after reporting.

### Household Report Form

Case number: \_\_\_\_\_

(agency name, address, city/state/zip)

(client name, address, city/state/zip)



DHS 2700-0402

#### How to fill out this form:

1. Your REPORT MONTH(S) is: **March 2016**
2. Fill out and return this form or your benefits may be late or stop.
3. Answer Yes or No to each question.
4. If there is not enough room on the form to answer a question, attach your own pages.
5. Sign and date the form on or after **03/31/16**
6. Return this form no later than **04/08/2016**
7. If you need help with the form, call \_\_\_\_\_

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.

#### Important - Read this

- **Your right to file a complaint:** If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age, or disability, including physical access to government buildings, you may file a complaint with the county, state or federal agencies.
- **How we use this information:** Our public assistance staff and other agencies allowed by law use the information on this form. We also use it to refer you to other benefit programs. If you move to another state or county, we will send certain information to them.
- **Your right to a fair hearing:** You have the right to a fair hearing if you do not agree with an action taken by the county agency. Request a fair hearing by calling or writing your county human services agency or the Minnesota Department of Human Services, State Appeals Office, B.O. Box 64941, St. Paul, MN 55164-0941.
- **Denial and notice actions:** We may deny or change your cash or health care and/or food benefits because of information you give on this form. We can make changes without giving you 10 days advance notice. We will send you written notice of any change no later than the date the change takes effect or the date you would receive benefits, whichever is earlier.
- **False information:** If you give false information, we may try you for fraud and you could lose your benefits.



DHS 2700-0402 12-12

1. **Address change:** Did you move during the report month(s)?  Yes  No

If yes, date of last move: \_\_\_\_\_

NEW STREET ADDRESS	CITY	STATE	ZIP CODE	NEW PHONE NUMBER
_____	_____	_____	_____	_____

2. **Household members:** Did anyone **move out** of your home in the report month(s)?  Yes  No

Did anyone **move in** with you in the report month(s) (include newborns)?  Yes  No

Have you either moved on to a reservation or left a reservation in the last month?  Yes  No

If yes for any question in #2, fill in the boxes below for each person who moved in or out:

Name	Relation to you or your children	Date of change	Was change for 30 days or less?	Does person buy or fix food with you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. **Assets:** Did you or anyone living with you have any assets during the report month(s)? List all assets. Check Yes or No for each item. If yes, list the cash value and the owner. Send proof of changes.

	Value	Owner's name
• Cash <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Savings accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Checking accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Life insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Stocks/bonds or other securities <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Motor vehicles (list make and year below) <input type="checkbox"/> Yes <input type="checkbox"/> No	1. \$ _____	_____
	2. \$ _____	_____
• Burial funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Other such as IRAs, savings certificates, bonds, campers, trailers, sponsor's assets. (Type) <input type="checkbox"/> Yes <input type="checkbox"/> No	1. \$ _____	_____
	2. \$ _____	_____
	3. \$ _____	_____

4. **Unearned income:** Did you or anyone living with you receive any unearned income during the report month(s)? Check Yes or No for each item. If yes, list who got the money, how much they got each month, and date they got it.

Send proofs of any changes in unearned income.

	Amount	Who got it	Date received
• School loans, grants, scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• RSDI (Social Security) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• SSI (Supplemental Security Income) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• VA (Veteran's Benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• Unemployment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• Retirement benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• Child or spousal support <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
• Other such as tax refunds, gifts or loans, contract for deed income, rental income, lottery winnings, lawsuit settlements, inheritance. (Type) <input type="checkbox"/> Yes <input type="checkbox"/> No	1. \$ _____	_____	_____
	2. \$ _____	_____	_____
	3. \$ _____	_____	_____
	4. \$ _____	_____	_____

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5. **Earned income:** Did you or anyone living with you get income from a job or self-employment during the report month(s)?  Yes  No

If yes, complete the sections below for that person(s) for the report month(s).

HOUSEHOLD MEMBER	OCCUPATION
EMPLOYER _____	_____
STREET ADDRESS _____	CITY _____

- How many hours did you work in the report month? \_\_\_\_\_
- Send pay stubs or other proof of gross earnings and deductions (such as taxes and FICA). If you don't have proof, have your employer sign where indicated.
- How often paid:  Every week  Every 2 weeks  Once a month  Twice a month  Other \_\_\_\_\_

Date pay received	1st check	2nd check	3rd check	4th check	5th check
Gross earnings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tax deductions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tips/bonuses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
No. of hours worked	_____	_____	_____	_____	_____
No. of days worked	_____	_____	_____	_____	_____
No. days with meal break	_____	_____	_____	_____	_____

EMPLOYER SIGNATURE (NEEDED IF YOU DON'T HAVE PAY STUBS) \_\_\_\_\_ DATE \_\_\_\_\_

If self-employed, list business income and expenses on a Self-employment Report Form (DHS-3336).

• **Send proof of all self-employment income and business expenses.**

• **In-home day care:** If you get cash assistance or family medical and wish to claim the 60% flat rate instead of itemizing expenses, check here.  (Ask your financial worker to explain both methods.)

How does the working household member get to work?  
 Drive (miles one way) \_\_\_\_\_  Special transportation arrangements (list \_\_\_\_\_)  
 Bus (cost each way) \$ \_\_\_\_\_  Other (list \_\_\_\_\_)

Other work expenses (include any special equipment or special needs): \_\_\_\_\_

Does your household have more than one job to report?  Yes  No

If yes, attach a separate sheet with the above information about each additional job.

6. **Child or adult care:** Did you or anyone living with you have costs for care of a child or an ill or disabled adult during the report month(s) because you or they were working, looking for work or going to school?  Yes  No

If yes, complete the section below for each person getting care.  
If there is a change in the person giving care, send proof of the new cost.

Name of person getting care	1.	2.	3.	4.
Name of person paying care	_____	_____	_____	_____
Amount you paid in report month(s)	\$ _____	\$ _____	\$ _____	\$ _____
Amount paid by someone else in report month(s)	\$ _____	\$ _____	\$ _____	\$ _____
Name of person giving care	_____	_____	_____	_____

Go to next page #F

7. **Court-ordered expenses:** Did anyone living in your household pay court-ordered expenses in the report month(s) (child/spousal support, medical, child care)?  Yes  No

If yes, send proof.

PAID TO WHOM	AMOUNT PAID	TYPE OF PAYMENT
_____	_____	_____

8. **Health insurance:** Are you or anyone living with you covered by Medicare, health or dental insurance or a Health Maintenance Organization (other than Medical Assistance paid coverage or MinnesotaCare)?  Yes  No

If yes, name of company \_\_\_\_\_

Could you or anyone living with you get health or dental insurance or Health Maintenance Organization coverage through a spouse, parent or employer?  Yes  No

9. **Other changes:** Do you or anyone living with you have any other changes to report? (Examples: Starting or stopping school, starting or stopping work, marriage, selling or giving away assets, court-ordered community service.) Send proof of changes in work or assets.  Yes  No

If yes, who? \_\_\_\_\_ Explain and give the date of the change in the comments section below:

In the next two months, do you or anyone living with you expect any changes in what you reported on this form? (Examples: Starting or stopping a job, number of hours worked per month, starting or stopping school, marriage, moving, getting income.)  Yes  No

If yes, who? \_\_\_\_\_ Explain and give the date of the change in the comments section below:

Comments: \_\_\_\_\_

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# Sample household report form

# Example of MFIP budgeting

## Report Month

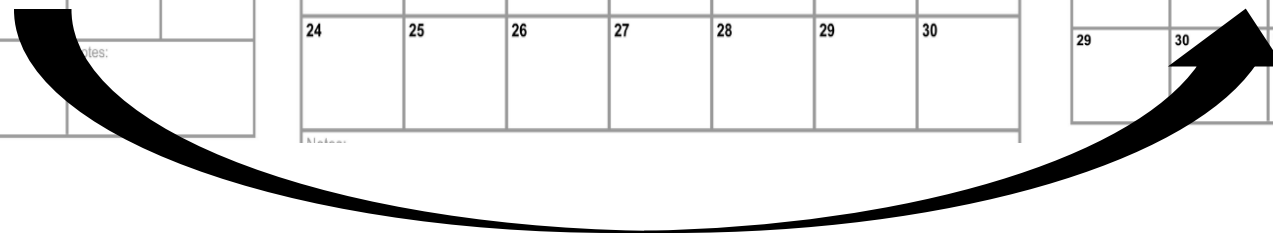
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>March 2016</b>						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	Notes:	

## Budget Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
Notes:						

## Payment Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>May 2016</b>						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Notes:			



Report Month	Budget Month	Payment Month
January	February 8th	March
February	March 8th	April
March	April 8th	May
April	May 8th	June
May	June 8th	July
June	July 8th	August
July	August 8th	September
August	September 8th	October
September	October 8th	November
October	November 8th	December
November	December 8th	January
December	January 8th	February

# Reporting Changes

- MFIP law requires you report changes in your income, assets and household within **10 days**.
- If you do not report timely your grant could be cut, closed, or be sited with an overpayment that you will have to repay.
- In some cases you might be criminally charged with welfare fraud.
- Provide verification of your changes when reporting them.

# Significant Change

- Significant change is when your income changes due to no fault of your own.
- The change in income must be by 50% or more.
- Your Eligibility Worker may be able to adjust your MFIP grant by not counting your income if it has ended or been reduced. This could be earned income or unearned income such as child support.
- You must request significant change in writing.
- You can only adjust your grant **two** times in a twelve month period.

# MFIP Grant Information

HH Size	Family Wage Level	Full Transitional Standard	Cash Portion	Food Portion
1	\$464	\$422	\$250	\$172
2	\$829	\$754	\$437	\$317
3	\$1,090	\$991	\$532	\$459
4	\$1,328	\$1,207	\$621	\$586
5	\$1,535	\$1,395	\$697	\$698
6	\$1,761	\$1,601	\$773	\$828
7	\$1,918	\$1,744	\$850	\$894
8	\$2,121	\$1,928	\$916	\$1,012
9	\$2,320	\$2,109	\$980	\$1,129
10	\$2,512	\$2,284	\$1,035	\$1,249
Each add 'l person	\$191	\$174	\$53	\$121

# Direct Deposit

- Available if you have a checking or savings account.
- You will need a voided personal check or savings account number along with your bank routing number.
- You will need to complete a DHS 3360 form to authorize the direct deposit of your cash benefits.



# MFIP Housing Grant

You are **not** eligible for the \$110 Housing Assistance Grant if:

- **1. You receive subsidized housing or a Section 8 rental voucher unless you meet one of the following exemptions:**
  - You are aged 60 or older.
  - You are caring for a disabled family member.
  - You meet Minnesota's Special Medical Criteria.
  - You are disabled and do not anticipate being able to
    - work for 20+ hours for 30 days or longer.
  - You receive Social Security Income (SSI).
  - You receive Mille Lacs Band Tribal TANF

## **2. You are an adult in a child-only case where only the children in the family unit are eligible for MFIP.**

Your eligibility for the Housing Assistance Grant may be affected when Changes occur for your household. You must report changes to your worker within 10 days of the change.

Your eligibility for this grant will stop when any of the following situations occur:

- If you opt out of the cash portion of MFIP.
- If you gain a housing subsidy, or lose a housing subsidy exemption, as defined above in item #1.
- If your case becomes a child-only MFIP grant.
- If your MFIP case is closed

# Grant Deductions

- Unearned Income
  - When you receive unemployment, worker's Compensation, lump sums, RSDI, lawsuit settlements, lottery winnings, inheritance or cash of any kind you must report it.
- All forms of unearned income count dollar for dollar against your MFIP grant.

# Grant Deductions

- Child Support Income
  - Child support exclusion.
    - Households receiving child support will be allowed an exclusion of \$100 of it if there is one child in the home or \$200 if there is more than one child in the home. After the exclusion child support is counted dollar for dollar against your MFIP grant.
  - Example: Household of 1 parent and 1 child receives child support of \$200 in June. There is no other household income. The grant for August would be \$337 cash and \$317 food.

# Close at client request

- You have the right to close your MFIP at any time.
- You may still be eligible for Supplemental Nutrition Assistance Program(SNAP) and Health Care Assistance on the program guidelines.
- You may be eligible for transitional daycare, if you have received MFIP for 3 of the past 6 months.
- To request your case be closed:
  - Write a statement to your Eligibility Worker.
  - Let your Eligibility Worker know by the 20<sup>th</sup> of the month to close for the next month.

# Important EBT Card Information

- Electronic Benefit Transfer Card(EBT)
- EBT CASH benefit cardholders are prohibited from using their EBT debit card to purchase tobacco products or alcoholic beverages. Purchasing or attempting to purchase tobacco products or alcoholic beverages by an EBT debit cardholder with their EBT debit card is considered an unlawful act. Program participants who use their cards in this way will be disqualified.
- Accessing CASH benefits on the EBT card is restricted to vendors and ATM's in Minnesota, Iowa, North Dakota, South Dakota and Wisconsin. This restriction **does not** apply to food benefits.

# MFIP Child Care Assistance

- Complete the DHS 5223D-Combined Application – Child Care Addendum
- To Qualify for Child Care Assistance, your family must:
  - Be income eligible
  - Meet employment and training requirements:
  - Comply with the activities in your approved Minnesota Family Investment Program (MFIP) employment plan, or participate in job search, attend school or training classes, or work at least an average of 20 hours per week (10 hours per week if a full-time student) at minimum wage.
- Cooperate with child support enforcement for all children in the family who have an absent parent.
- Use a legal child care provider. (Legal providers include licensed and unlicensed providers, 18 years of age or older, who are registered with a county to provide care.)
- A parent co-payment may be required based on your household size and gross income.
- We have a list of providers in your area. You can also go to Families First of Minnesota at [www.c2r2.org](http://www.c2r2.org) or call 1-800-462-1660 to search for a provider.

# Legal Child Care Providers

- Child care can be paid to anyone who is-
  - Licensed & registered with MNPrarie
  - Child Care Center
  - Legal unlicensed provider- there may be a fee for the background check to be completed before care can be paid.
    - Legal unlicensed providers must be over the age of 18 and free of any felonies. Documentation stating they are authorized to work in the Untied State is required.
    - Legal unlicensed providers must provide verification of First Aid certification and CPR training.
    - Legal unlicensed providers can only receive payment for child care for one unrelated family during the same hours. Relationship to the child includes: Grandparents, Aunts, Uncles & Siblings.



- Once you have a child care provider and you choose to leave for any reason you must give a **TWO WEEK NOTICE** to both the provider and your Eligibility Worker. Failure to give the required two week notice will force you to pay for those two weeks even if care has not been provided.
- There is a maximum number of absent days allowed per calendar year.
- Be sure to inform your child care provider of any special considerations for your child such as; allergies, medications, special toys or any special interests.

# Child Care after MFIP closes

- If you have been on MFIP for three months of the last six, and your grant closes you may be eligible for **Transition Year Child Care(TYCC)**
- If you close due to fraud or with a child support sanction, you will not be eligible for **TYCC**.
- After TYCC you may be eligible for **Basic Sliding Fee Child Care(BSFCC)**.

# Health Care



- If your family does not have healthcare coverage apply through MNSure.
  - On-line at [www.mnsure.org](http://www.mnsure.org)
  - Request a paper application from our agency

If assistance is needed with MNSure there are MNSure assisters available.

# Child & Teen checkups

## **The purpose of the C&TC Program is:**

- To identify potential health problems or handicapping conditions.
- To provide diagnosis and treatment of those health problems or conditions.
- To encourage the development of good health habits.
- Includes: complete physical exam, shots, hearing and vision check & lab tests.
- Available from your doctor or clinic or some public health departments.
- Eligible for individuals birth to 21 years.

# Tax Credits

- Filing your taxes may be a great way to receive extra money that does not count against your MFIP grant.
- If you worked the year before you may be eligible for the Federal Earned Income Credit and the Minnesota Working Family Credit.
- There is also tax credit programs for: child tax credit, education credits, property tax refund and child and dependent care credit.

# MNPrairie has 3 locations to serve you.

Hours at all sites are Monday through Friday 8:00am-4:30pm with the offices being open until 7pm on Tuesdays.

<b>Dodge Location</b> 22 East 6 <sup>th</sup> St Dept 401 Mantorville, MN 55955 Main phone: 507-923-2900 Family Team Phone: 507-923-2930	<b>Steele Location</b> 630 Florence Ave Owatonna, MN 55060 Main Phone: 507-431-5600 Family Team Phone: 507-431-5650	<b>Waseca Location</b> 299 Johnson Ave SW Ste 160 Waseca, MN 56093 Main Phone: 507-837-6600 Family Team Phone: 507-837-6630
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E-mail address: [familycash@mnprairie.org](mailto:familycash@mnprairie.org)

We respond via secure e-mail.