

SIX MONTH CERTIFICATION OF XFC PARTICIPATION FOR ELIGIBILITY

NMD name: _____ Case Number: _____ DOB: _____

I. NMD's TILP was updated on _____. NMD'S 6 month plan to meet participation is:

- Primary participation in # _____ with backup plan in # _____
- Combination of activities in # _____ and # _____
- Incapable of doing activities in # 1 to 4 due to medical condition

Participation Activities

1. *Complete secondary education/equivalent credential*
2. *Enroll in post secondary/vocational education institution*
3. *Participating in activity designed to promote or remove barriers to employment*
4. *Employed at least 80 hours per month*
5. *Incapable of doing any activities per (1) to (4) due to medical condition*

II.

- I certify the NMD is eligible for XFC based on the updated TILP for the next six month period. Regular updates on participation will be verified and documented in the Contact Notebooks and court reports.
- I certify the NMD was eligible for XFC based on completed participation as described in the TILP and the court report for the prior 6 month period

SW/PO Name: _____

SW/PO Signature: _____ Date: _____

EW Name: _____

EW Signature: _____ Date: _____