# STATUS CHANGE FORM

1 Service / Program: _____ 2 Provider: _____

## Client Information

3 _____ Last Name _____ First Name

4 _____ Social Security Number OR _____ TEAMS ID

## New Activity Information

5 _____ Activity Name

6 _____ Planned Hours 7 ___/___/___ Actual Start Date

8 ___/___/___ Due Date 9 WIA ITA ☐ 10 $ _____ . ___ Fee

11 _____ Job / Training Course

12 _____ ONET Code 13 $ _____ . ___ Hourly Wage 14 _____ CIP Code

15 _____ School Name

## Closed Activity Information

16 _____ Activity Name

17 Completed ☐ Unsatisfactorily Completed ☐

18 _____ Actual Hours

19 ___/___/___ Actual End Date

20 $ _____ . ___ Fee

_____ Activity Name

_____ Planned Hours ___/___/___ Actual Start Date

___/___/___ Due Date WIA ITA ☐ $ _____ . ___ Fee

_____ Job / Training Course

_____ ONET Code $ _____ . ___ Hourly Wage _____ CIP Code

_____ School Name

_____ Activity Name

Completed ☐ Unsatisfactorily Completed ☐

_____ Actual Hours

___/___/___ Actual End Date

$ _____ . ___ Fee

_____ Activity Name

_____ Planned Hours ___/___/___ Actual Start Date

___/___/___ Due Date WIA ITA ☐ $ _____ . ___ Fee

_____ Job / Training Course

_____ ONET Code $ _____ . ___ Hourly Wage _____ CIP Code

_____ School Name

_____ Activity Name

Completed ☐ Unsatisfactorily Completed ☐

_____ Actual Hours

___/___/___ Actual End Date

$ _____ . ___ Fee

## MFIP Specific

**Client Notebook - Characteristics Tab - MFIP Specific Category**

21 Child Care Provided ☐ 22 Transportation Provided ☐

## Support Services

**Services Management Notebook - Program Participation Tab**

23 ___/___/___ Date Issued 24 $ _____ . ___ Cost 25 _____ Type 26 _____ Identifier Code

___/___/___ Date Issued $ _____ . ___ Cost _____ Type _____ Identifier Code

27 Counselor: _____

**Data Entry Information - ( File Use Only - Not Entered )**

28 Reviewed / Entered By: _____ 29 Date: _____