



2018-2019 County MFIP Biennial Service Agreement

January 1, 2018 - December 31, 2019

DHS-3863-ENG 9-17

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Enter the county's unique ID number

Contact Information

COUNTY/CONSORTIUM NAME

PLAN YEAR

CONTACT PERSON

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS (where correspondence related to this form will be sent)

CONFIRM EMAIL ADDRESS

Note: Please review the 2018-2019 MFIP Biennial Service Agreement Bulletin for more details before you complete this document.

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A. Needs Statement

1. Besides funding, what is the single biggest challenge you are facing in financial assistance services?

The department of Human Services divisions are not always connected with one another and make it difficult for counties to navigate on cross-functional issues. Systematic problems and their potential solutions appear to be very disjointed as each division has their own specialty. When counties are trying to administer and deliver services that go across multiple programs it makes it difficult to present a more holistic pragmatic view. Furthermore, counties continue to struggle with obtaining data. Counties collect data and provide to DHS, however it typically takes several months to get reports back.

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2. Besides funding, what is the single biggest challenge you are facing in employment services?

The employment trend is getting better; however, the jobs are typically part-time and low paying. Funding for training and education is critical. We have found that the likelihood of someone gaining more sustainable employment, receiving a higher wage, and remaining self-sufficient longer was attributed to gaining skills through training and employment.

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A. Needs Statement (continued)

3. What strengths and resources do you have available to address the needs of your participants?

Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (county resources with developed connections to MFIP), and/or an external community resource or both. If you lack sufficient resources in your area, check the Resource Gaps column, even if there are some resource sources. Add any "other" resources that you consider necessary.

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABE/GED
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adult/elder services
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Career planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Childcare funds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical health services
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer lab access
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit counseling/financial literacy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	English Language Learner (ELL)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food shelf
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing assistance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job club
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job development
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job placement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job retention
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job search workshops
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental health services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-the-job training program
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Post-secondary education planning
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Short-term training
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supported work
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paid work experience
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation assistance (gas cards, bus cards)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vehicle repair funds
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Volunteer opportunities
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Youth program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

Other

4. County Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

MFIP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

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A. Needs Statement (continued)

Employment Services Provider(s) Information

Statute [256J.50, subdivision 8](#): Each county, or group of counties working cooperatively, shall make available to participants the choice of at least two employment and training service providers as defined under Minnesota Statutes, section [256J.49, subdivision 4](#), except in counties contracting with workforce centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a Workforce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section G of this form addresses provider choice.

NAME	ADDRESS	CONTACT PERSON	PHONE NUMBER
Intercultural Mutual Assistance Ass	2500 Valleyhigh Drive NW; Rochester, MN 55901	Ron Buzard	507-289-5960
Population Served	<input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG		
NAME	ADDRESS	CONTACT PERSON	PHONE NUMBER
Workforce Development Inc.	2070 College View Road East; Rochester, MN 55904	Wanda Jensen	507-292-5166
Population Served	<input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG		



B. Service Models

Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)

1. Do you have culturally specific employment services for different racial/ethnic groups?

No Yes *Check all that apply.*

African American African immigrant Asian American Asian immigrant

American Indian Hispanic/Latino Other SPECIFY:

2. What strategies do you use for hard-to-engage participants? *Check all that apply.*

Home visits Sanction outreach services Incentives SPECIFY:

Off-site meeting opportunities Other SPECIFY:

3. What types of job development do you do? *Check all that apply.*

Sector job development Individual job development Other

4. Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

No Yes *Check all activities employers provide.*

Interview opportunities Job skills training Job placement Job shadowing On-site job training

Work experience Helps plan training programs Other SPECIFY:

5. Do you provide job retention services to employed participants while they are receiving MFIP?

No Yes *Check all that apply.*

Available to assist with issues that develop on the job Financial planning Soft skills training

Mentoring Transportation Personal contact with the employee HOW OFTEN?

Other

How long do you provide job retention services?

Less than 3 months 3-6 months 7-12 months More than one year

6. Do you provide job advancement services to employed participants?

No Yes *Check all that apply.*

Career laddering Networking Coaching/mentoring Ongoing job search

Education/training Other

7. Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

No Yes *Check all that apply.*

Pathways to Prosperity (P2P) Work Keys National Career Readiness Certificate (NCRC)

Other

B. Service Models (continued)

Family Stabilization Services (FSS)

1. Do you have professionals available to assist with FSS cases?

No Yes *Check all that apply*

- Adult Mental Health professional
- Psychologist
- Adult Rehabilitation Mental Health Services (ARMHS) worker
- Public Health Nurse
- Chemical Health professional
- Social Worker
- Children's Mental Health professional
- Vocational Rehabilitation worker
- Other

2. Do you make referrals for children of FSS participants?

No Yes *Check all that apply*

- Children's Mental Health Services
- Public Health Nurse home visiting services
- Child Wellness Check-ups
- Women, Infants and Children Program (WIC)
- Other

3. Are any of these services for children offered to non-FSS families?

No Yes

Services for families no longer on MFIP/DWP but under 200% of Federal Poverty Guideline

1. Do you provide services to families who are not receiving DWP or MFIP assistance but are under 200% of the Federal Poverty Guideline (FPG)?

No Yes *Check all the services that apply*

- ABE/ELL Classes
- Job retention services
- Child care
- Referral to other programs
- Computer Lab Access
- Support Services
- GED
- Training/Job Skills Classes
- Job postings
- Other

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B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. Are there specialized workers who work primarily with teens (for example, child care worker provides child care resources to teens only)?

No Yes *Check all that apply for each age group*

- | Minors
(under age 18) | Age
18/19 | |
|-------------------------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Financial worker |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Employment service worker |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Social worker (Social Services) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Public health nurse |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Child care worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Other job role |

2. Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

No Yes

- | Minors (under age 18) | Age 18/19 |
|---|---|
| <input checked="" type="radio"/> Financial worker | <input checked="" type="radio"/> Financial worker |
| <input type="radio"/> Employment service worker | <input type="radio"/> Employment service worker |
| <input type="radio"/> Social worker (Social Services) | <input type="radio"/> Social worker (Social Services) |
| <input type="radio"/> Public health nurse | <input type="radio"/> Public health nurse |
| <input type="radio"/> Child care worker | <input type="radio"/> Child care worker |
| <input type="radio"/> Other job role | <input type="radio"/> Other job role |

3. Does your county have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

Minors (under age 18)	Age 18/19
Yes, mandatory	Yes, mandatory
Yes, voluntary	Yes, voluntary
No	No

C. Measures

Performance Measures

1. Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on Statute 256J.626, subdivision 7.

Starting for calendar year 2016, each service area funding allocation starts at 100 percent. Each year starting with the 2016 allocation, a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The **three-year Self-Support Index (S-SI)**: This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the MFIP Annualized S-SI and WPR report for 2017 on the MFIP Reports page on the DHS website. A service area with an annualized S-SI "above" its customized Range of Expected Performance for 2017 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2018.
[MFIP Annualized S-SI and WPR report \(PDF\)](#)

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

Olmsted County was below the expected range. We have completed the MFIP Performance Improvement Plan (PIP).

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In the future, if your service area has an annualized S-SI below its range for two consecutive years, you will have to **negotiate a multi-year improvement plan** with the commissioner. If no improvement is shown by the end of the second year of the multi-year plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance. For example, a service area scoring "below" for 2016 and 2017 would need to put in place a multi-year improvement plan. If continuing "below" for 2018 and 2019, there would be a 2.5 percent decrease for the 2020 Consolidated Fund allocation which would continue until an annualized S-SI above or within its Range. Then the service area would receive 100 percent of the allocation.

Supplemental information about the Performance Management System and Performance Improvement Plans can be found on CountyLink: www.dhs.state.mn.us/HSPM. If you would like additional information, contact the DHS Performance Management team at DHS.HSPM@state.mn.us or 651-431-5780.

C. Measures (continued)

Racial/Ethnic Disparities

2. A **racial/ethnic disparity** for a service area is defined as a **one-year Self-Support Index** that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in that area. Access the report "Two-Year Performance Trends of Racial/Ethnic and Immigrant Group". This report lists (1) service areas that have any racial/ethnic disparities requiring action and (2) the table of differences for all service areas.

[Performance Measures by Racial/Ethnic or Immigrant Group \(PDF\)](#)

If your service area is in the disparity list, please answer the following question:

DHS will work with you to reduce these disparities.

What strategies and action steps for each of the groups with disparities do you plan for the coming biennium?

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D. Program Monitoring/Compliance

1. What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- Budget control procedures for approving expenditures
- Cash management procedures for ensuring program income is used for permitted activities
- Internal policies around use of funds, i.e. participant support services
- Other

2. What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- Case consultation
- Sample case review by workers
- Sample case review by supervisors
- Other

If your service area has not made changes to your random drug testing policy since the last BSA, go to Section E.

3. What procedures/policies do you have in place for administering random drug tests of convicted drug felons on MFIP as required by Minnesota Statutes, section 256J.26, subdivision 1?

- Written policy within the MFIP unit
- Coordination with Corrections
- Currently establishing new policy/procedure(s)
- Other SPECIFY:

If your random drug testing policy has changed since the last BSA, please submit a copy to Tria Chang at Tria.Chang@state.mn.us

E. Collaboration and Communication with Others

1. How many employment services front-line staff are employed in your county or consortium?

12

How many employment services front-line staff in your county or consortium have MAXIS access?

10

How many managers/supervisors have MAXIS access?

2

2. Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

County Eligibility workers meet with our employment services providers each month to review cases and spend time comparing systems for accuracy. They also connect throughout the month to maintain compliance. Workers at both IMAA and WDI have had training and subsequent access into our MAXIS system. This allows them to check both systems if addressing discrepancies.

Olmsted County also runs a monthly MAXIS script report for our contracted providers. These reports provide information on hours worked by client per week as well as documentation deadlines for program renewal dates.

Contracted providers are to review these reports monthly and cross reference with information in WorkForce One (WF1) to determine necessary action that will be supportive to client in maintaining required work requirements, timely reporting, proof of documentation and overall compliance with program requirements.

7093 characters remaining

F. Emergency Services

1. Does your county provide emergency or crisis services from your Consolidated Fund?

No Yes

If yes, enter your most up-to-date emergency/crisis services plan

Olmsted County Community Services Department
Policy Statement

Code: 4.103

TITLE: Emergency Assistance (EA) and Emergency General Assistance (EGA) Policy
PURPOSE: The purpose of this policy is to specify how Olmsted County Community Services Department, Family Support & Assistance Division will use money available through the MFIP Consolidated Fund and the Emergency General Assistance Allocation to help people in emergency situations with housing and utilities.
REFERENCE: MFIP Consolidated Fund. MN Statutes 256J.626, Subd.3
EGA, MN Statutes 256D.06, Subd.2; Minnesota Rules 95001.1261

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G. Other

Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work or community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs.

If your county is interested in applying for the waiver for the coming biennium, please complete the following four questions. Email Tria.Change@state.mn.us if you need assistance with the waiver.

- 1. Describe the activity(s) you will provide.

4000 characters remaining

2. Explain the reasons for the increased administrative cost.

characters remaining

3. Describe the target population and number of people expected to be served.

characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

characters remaining

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G. Other (continued)

Addendum for Unpaid Work Experience Activities

If your county is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please [fill out the IPP form](#). Email the completed form to Tria.Chang@state.mn.us.

Provider Choice

Does your county:

- Have at least two employment and training services providers. Go to Section H.
- Have a workforce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section H.
- Intend to submit a financial hardship request.

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G. Other (continued)

Financial Hardship Request

FINANCIAL HARDSHIP - Exception to Choice of Employment Service Providers Requirement

MFIP provisions require counties to make a choice of at least two employment service providers available to participants unless a workforce center is being utilized (Minnesota Statutes, section 256J.50, subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (Minnesota Statutes, section 256J.50, subdivision 9).

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the county had a choice of providers in calendar year 2015, describe:
 - factors that have changed which indicate a financial hardship
 - why the hardship is expected to persist in the near future and
 - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the county.

characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
 - major factors which prevent the county from utilizing these options and include a cost analysis of each option considered; and
 - the process used to determine the cost of other options (RFP or other county process).

characters remaining

3. If the county proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant county funds. The description should include information about what steps will be taken to ensure that county staff have the experience and skills to deliver employment services.

characters remaining

The Department of Human Services (DHS) and the Department of Employment and Economic (DEED) will also review the amount budgeted by the county for employment and training during calendar year 2015 and use this amount as a guide to determine whether the amount budgeted by the county for calendar year 2016 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor county programs to ensure outcomes are achieved and services are being delivered consistent with state law.

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H. Budget

Click on the link below to review your service area's 2018 MFIP allocations:

[MFIP Consolidated Fund \(PDF\)](#)

In the budget table, indicate the amount and percentage for each item listed for the budget line items for calendar years 2018-2019. Also note:

- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless the county is applying for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions in Section G under Administrative Cap Waiver.
- If "other" is used, briefly describe the line item.

2018 Budget

Budgeted Amount	Percent	Line Items
		Employment Services (DWP)
		Employment Services (MFIP)
		Emergency Services/Crisis Fund
		Administration (cap at 7.5%)
		Income Maintenance Administration
		Other 1
		Other 2
		Total

2019 Budget

Budgeted Amount	Percent	Line Items
		Employment Services (DWP)
		Employment Services (MFIP)
		Emergency Services/Crisis Fund
		Administration (cap at 7.5%)
		Income Maintenance Administration
		Other 1
		Other 2
		Total

Email Brandon.Riley@state.mn.us if you need assistance with this section.

County MFIP Biennial Service Agreement

Certifications and Assurances

Public Input

Prior to submission, did the county solicit public input for at least 30 days on the contents of the agreement?

No Yes

Was public input received?

No Yes

If received but not used, please explain.

4000 characters remaining

Assurances

It is understood and agreed by the county board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of

compliance will be available for audit; that the county shall make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the county agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Federal Funding Sources

The catalog of Federal Domestic Assistance (CDFA) Number is 93.558 - Temporary Assistance for Needy Families (TANF)
The Award number for the period of January 1, 2018 - December 31, 2019 is 2014G996115.

Service Agreement Certification

Checking this box certifies that this 2018-2019 MFIP Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

DATE OF CERTIFICATION	NAME (CHAIR OR DESIGNEE)	COUNTY
MAILING ADDRESS	CITY	STATE ZIP CODE

Save or Submit

To save your work, select the 'Save Form for Later' choice, then click the SUBMIT button. Your information will be saved, and you can come back to the form later.

To submit your information to DHS, select the 'Submit Final Form' choice, then click the SUBMIT button.

<p>Save Form for Later</p> <p>Submit Final Form</p>
