



Minnesota State University Moorhead

### Completion of Child Welfare Employment Requirement

Please verify that this information is correct. Then, sign, date and return this form to MSUM and to:  
CASCW, School of Social Work, University of Minnesota, 205 Peters Hall, 1404 Gortner Avenue, St. Paul,  
MN 55108

**Contact Information on record:**

Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Change of contact information:**

Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

As a Child Welfare Scholar, I agreed to commit to employment in the area of child welfare in a public agency in Minnesota for a period of time equal to the length of IV-E support. Per contract with the grantor, a semester is defined as 4 and 1/2 months.

**Semesters supported by IV-E Grant (please list semesters and # of months):**

Semester: \_\_\_\_\_ # months: \_\_\_\_\_  
Semester: \_\_\_\_\_ # months: \_\_\_\_\_  
Semester: \_\_\_\_\_ # months: \_\_\_\_\_  
**Total # of Semesters supported by grant: \_\_\_\_\_ Total # Months: \_\_\_\_\_**

Summary of POST-BSW\* employment to meet requirements:

Agency & Position	Dates of Employment (mo/yr to mo/yr)	Number of months worked

\_\_\_\_\_ **TOTAL NUMBER OF MONTHS OF REQUIRED EMPLOYMENT COMPLETED**  
(must match or exceed total number of months as funding recipient)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature of Child Welfare Graduate)

\_\_\_\_\_  
(Date)