

# Monthly Contact Sheet

Name: \_\_\_\_\_

For month of \_\_\_\_\_, 20\_\_\_\_ (year).

Social Security: \_\_\_\_\_

**THIS FORM IS DUE WITH YOUR MONTHLY STATUS**

Manager/Technician: \_\_\_\_\_

**REPORT (MSR)**

<p style="text-align: center;"><b>Mail to:</b>                  El Paso County DHS                  1675 W. Garden of the Gods Road                  Colorado Springs, CO 80907</p>	<p style="text-align: center;"><b>Fax to:</b>                  TANF 444-5320                  GW 444-5054</p>	<p style="text-align: center;"><b>Email to:</b>                  _____@elpasoco.com</p>
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## County-Defined Work Activities

Date:	# of Hours:	Activity:	Location:	Description/Comments/Notes
<i>EXAMPLE: 6/7/2011</i>	2	<i>Doctor's Appointment</i>	<i>Memorial Hospital</i>	<i>X-Ray for broken leg (note turned in on 6/8/2011)</i>

1. Briefly describe your progress in your assigned activity. Progress has been:  Outstanding    Satisfactory    Unsatisfactory
2. Do you need any assistance?  Yes  No      If yes, please describe assistance needed: \_\_\_\_\_

*I hereby certify, to the best of my knowledge, that the hours recorded above are true and correctly reported:*

<b>PARTICIPANT'S SIGNATURE:</b> _____	<b>DATE:</b> _____
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Additional forms may be picked up at 1675 W. Garden of the Gods Road in the Colorado Works lobby, by calling/emailing your Technician or Case Manager, or online at <http://dhs.elpasoco.com>.