

Monthly Attendance Report Form

Report for the Month of _____ 20__

Participant Address

GAIN/REP Office Address	
Participant Name:	
Case Number:	Date:

In order to make sure that we provide you with transportation and other services, we need you to record your monthly attendance in each of your Welfare-to-Work Activities. In the boxes below, tell us about your Welfare-to-Work Activities listed below for the month of _____ Year _____. Please give this form to your service provider listed so they can verify your hours. Return this form to your GAIN Services Worker/REP Case Manager (GSW/RCM).on or before _____. Failure to provide this form by the due date may affect your eligibility to receive transportation and other services. If you have any questions, please contact your GSW/RCM.

GSW/RCM Name:	File Number:	GSW/RCM Phone:	Fax:
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Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity:										Scheduled Hours:						
Provider #1:																
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours																
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours																

* Colleges verify enrollment only Provider #1 Stamp:

Contact Name: _____ Title: _____

Phone: _____ Signature _____ Date: _____

- I still need transportation child care and/or other services
 I am requesting to begin receiving transportation child care and/or other services

One Stamp per Provider

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source

Activity:										Scheduled Hours:						
Provider #2:																
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours																
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours																

* Colleges verify enrollment only Provider #2 Stamp:

Contact Name: _____ Title: _____

Phone: _____ Signature _____ Date: _____

- I still need transportation child care and/or other services
 I am requesting to begin receiving transportation child care and/or other services

One Stamp per Provider

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source

I hereby certify the information listed above is true and correct. In addition, I authorize the release of information to DPSS/State/Federal agencies for purposes of auditing, monitoring and verifying information.

Participant Signature: _____ Date: _____

THIS FORM IS REQUIRED EACH MONTH TO VERIFY YOUR PARTICIPATION
Example and Instructions

Activity: Vocational Training (Clerical Program)												Scheduled Hours: 30					
Provider: Valley College																	
A	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Hours	H	6			6	6		6	6			6	6	6	6	8
	Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
	Hours			H	6	6	6	8			8	6	6	6	6		122
* Colleges verify enrollment only												Provider Stamp:					
B	Contact Name: <u>Jane Doe</u>						Title: <u>CalWORKs Coordinator</u>						<div style="border: 1px dashed black; padding: 10px; transform: rotate(-15deg); display: inline-block;"> One Stamp per Provider </div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-left: 10px; float: right;">E</div>				
	Phone: <u>(888) 891-8923</u>			Signature: <u>Jane Doe</u>			Date: <u>1/31/09</u>										
C	<input type="checkbox"/> I still need <input type="checkbox"/> transportation <input type="checkbox"/> child care and/or <input type="checkbox"/> other services <input type="checkbox"/> I am requesting to begin receiving <input type="checkbox"/> transportation <input type="checkbox"/> child care and/or <input type="checkbox"/> other services																
	Absence Reporting																
D	Date(s)		Hour(s) absent				Reason(s) you did not Attend										
	1/7/09		6				Child was sick										
	1/1/09 & 1/19/09		12				School Holiday										

INSTRUCTIONS - PARTICIPANT

Section A	Reporting Hours	Write the actual hours you attended your education/training activity each day in an hour and minute format . For example: Write 1:30 to indicate 1 hour and 30 minutes. <i>Do not write 1.5</i> to indicate 1 hour and 30 minutes.
	Study Time	<ul style="list-style-type: none"> Separate your study time from your class time. If the study time is supervised, then attach verification of the supervised study time. Makes copies of this form if you need additional space.
Section C	Transportation/ Child Care	Request any services you need.
Section D	Reporting Absence(s)	<ul style="list-style-type: none"> Write down the date(s) and reason(s) you did not attend on a schedule date. Attach written <u>verification of absences</u>. <p>Note: Verification can include a doctor statement, a provider statement or a personal note signed by you explaining the reason for the absence.</p> <p><u>Types of excused absences:</u> absences approved by your activity provider; Holidays observed by the school administrators/provider; Medical appointments for you or your children; Appointment with Eligibility or GAIN Services Workers; No child care or transportation problems; School appointments; Job interviews; Illness for you or your children; Family issues such as death in family, domestic violence, etc.</p>
Verification of Information		Once you have completely filled in your hours of participation: 1. Sign and date the form. 2. Submit form to the CalWORKs Office in your school or training provider for signature.
What's next?		Once the provider completes Section B and E, if they did not fax the form to your GAIN Services Worker (GSW), return the completed form to your GSW by the due date indicated on the front of the form.

INSTRUCTIONS - PROVIDER

Section B and E	Please review form with participant and complete sections B and E. Once completed, the form may be faxed or returned to the participant. Only one stamp per provider is needed.
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