



Owens Valley Career Development Center Tribal TANF Program

WEEKLY WORK PARTICIPATION REPORT

Participants Name: _____

Reporting Month of: 201

Case Counselor: _____

Instructions: Please fill in the upper smaller box with the date. In lower portion of the box place activities code along with the amount of time spent on each. Example: (B-3, M- 8). Include travel time to/from childcare, work, school etc., as well as time spent for lunch break.

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs.
Grand total:							

Activity Codes to choose from:

- A. Paid employment
- B. Job search/readiness
- C. Mental health/Family counseling
- D. Drug/alcohol counseling
- E. Vocational training
- F. Work experience
- G. On the job training
- H. Cultural activity
- I. Family wellness/Dr./ WIC etc.
- J. Workshops
- K. Prevention activity
- L. School
- M. Family Literacy
- N. Travel/ lunch
- P. Other /explain below:

I certify that the above is true and a correct report of work participation hours completed for the reporting month.

Signature: _____

Date: _____

OVCDC USE ONLY

Did the participant meet required work hours for each week?	Yes No
Verification documentation provided?	Yes No
If not was there verification provided by the participant stating reason for not completing hours?	Yes No
Including verification, does the participant now meet the weekly work hours needed?	Yes No
Comments: _____	

Date entered into TAS: _____

Case counselors initials: _____

