

**COUNTY OF LOS ANGELES**

**Monthly Attendance Report Form**

Date:  
 Case Name:  
 Case Number:  
 Worker Name:  
 Worker ID:  
 Worker Phone Number:

**Report for the Month of \_\_\_\_\_ 20\_\_**

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 **20\_\_**. 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 **/10/20\_\_**. 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:	Worker ID:	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: Provider #1: Long Beach City College										Scheduled Hours:						
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

Contact Name: _____	Title: _____	Provider #1 Stamp:
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: Provider #2:										Scheduled Hours:						
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

Contact Name: _____	Title: _____	Provider #2 Stamp:
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: Remedial Education (ESL) Provider: LACC Mission College													Scheduled Hours: 30				
<b>A</b>	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>B</b>	Contact Name: Jane Doe      Title: CalWORKs Coordinator											One Stamp per Provider				<b>E</b>	
	Phone: (888) 891-8923      Signature: Jane Doe      Date: 1/31/09																
<b>C</b>	<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																
<b>D</b>	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

<b>Section A</b>	<b>Reporting Hours</b>	Write the actual hours you attended your education/training activity each day in an <b>hour and minute format</b> . For example: Write <b>1:30</b> to indicate 1 hour and 30 minutes. <i>Do not write 1.5</i> to indicate 1 hour and 30 minutes.
	<b>Study Time</b>	<ul style="list-style-type: none"> <li>Separate your study time from your class time.</li> <li>If the study time is supervised, then attach verification of the supervised study time.</li> <li>Makes copies of this form if you need additional space.</li> </ul>
<b>Section C</b>	<b>Transportation/ Child Care</b>	Request any services you need.
<b>Section D</b>	<b>Reporting Absence(s)</b>	<ul style="list-style-type: none"> <li>Write down the date(s) and reason(s) you did not attend on a schedule date.</li> <li>Attach written <u>verification of absences</u>.</li> </ul> <p><b>Note: Verification can include a doctor statement, a provider statement or a personal note signed by you explaining the reason for the absence.</b></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>
<b>Verification of Information</b>		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.
<b>What's next?</b>		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

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