



*** STUDENT COMPLETES HIGHLIGHTED AREAS***

COUNTY OF ORANGE
WELFARE-TO-WORK ATTENDANCE/PROGRESS REPORT

Education Provider Name: Cypress College
Contact Person: Christina Barrios
Office: 714-484-7237 Fax: 714-484-6060
Email: cbarrios@cypresscollege.edu
Name of Participant:
CalWIN Case #:

Submit by Mail or Fax to the Welfare-To-Work Case Manager. Report is Due by the 10th of each month.

Welfare-To-Work Office
Case Manager:
Caseload #:
CM Email:
CM Phone:
FAX:

RELEASE OF INFORMATION AUTHORIZATION

I authorize the above Education Provider and the County of Orange Social Services Agency to exchange information about my Welfare-To-Work Participation records for Administrative Purposes.

Participant Signature

Date

REPORT FOR MONTH /YEAR: ____

The participant listed on this form is enrolled in ____ Units.

Attendance is Satisfactory: [] Yes [] No
Progress is Satisfactory: [] Yes [] No
Enrollment has been Terminated: [] Yes (if yes list date and reason below, if known) [] No
Problems exist that require WTW Case Manager Assistance [] Yes (provide details below) [] No

Additional Information:

A. ACTUAL HOURS ATTENDED:

Table with 3 columns: Activity, Monthly Total, COMMENTS. Rows include Total Class Time, Total Unsupervised Homework Time, Total Supervised Homework Time, Other Time, and TOTAL HOURS FOR ALL ACTIVITIES FOR THE MONTH.

B. ABSENCES (COMPLETED BY PROVIDER OR PARTICIPANT)

Table with 3 columns: Dates of Absences, Hours Absent, Reason for Absence. Includes a row for TOTAL HOURS ABSENT FOR THE MONTH.

Activity Provider Statement:

I certify to the best of my knowledge the above information to be an accurate account of activities, hours and absences.

714-484-7237

Activity Provider Signature

Phone

Date

Participant's Statement:

(Attach a copy of the semester GRADE REPORT CARD or CERTIFICATE OF COMPLETION when received.)

By my signature below I certify the above information is correct. I understand that if my scheduled hours or approved activity changes for any reason, I must report it immediately to my Welfare-To-Work Case Manager.

Participant Signature

Phone

Date



Welfare-to-Work Attendance/Progress Report Completion Instructions

Field	Completed By	Required Information
Education Provider Name	WTW Case Manager	Education Provider (School) Name
Name of Participant/CalWIN Case #	WTW Case Manager	Participant's Name & Case Number
Welfare-to-Work Office	WTW Case Manager	Office Address of CM
Case Manager/Caseload #/ Phone	WTW Case Manager	WTW CM's contact information
Release of Information Authorization	Participant	Sign/date by Participant authorizes the Education Provider and the OC SSA to exchange information regarding his/her work participation related to educational activity
Report for Month/Year	WTW Case Manager/ Education Provider	The report month/year
Attendance is Satisfactory	Education Provider	Check box Yes/No
Progress is Satisfactory	Education Provider	Check box Yes/No
Enrollment has been Terminated	Education Provider	Check box Yes/No If Yes, list date(s) and reason(s) in Additional Information box
Problems exist that require WTW Case Manager Assistance	Education Provider	Check box Yes/No If Yes, list date(s) and reason(s) in Additional Information box
Additional Information	Education Provider	Information regarding participant's attendance/progress, (i.e. change in enrollment status, issue with attendance/satisfactory progress, etc.
A. Actual Hours Attended	Education Provider/Participant	Actual attended hours of: <ul style="list-style-type: none"> • Class time • Supervised homework time • Other time (explain in Comments section), i.e. internship, Job Search Workshop,... <u>Note:</u> <ul style="list-style-type: none"> • Off-campus Internship hours must be accompanied with the verification from site provider. • Work Study hours must be accompanied with paystubs or time card signed by supervisor or other employer produced verification
B. Absences	Education Provider/Participant	Date(s), total hours and reason(s) for absences. <u>Note:</u> If no hours provided, hours will be credited based on class schedule
Activity Provider Statement	Education Provider	Sign/date by CW Counselor/Designee
Participant's Statement	Participant	Sign/date by Participant to certify the provided information is correct