

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/REP worker 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 GAIN Services Worker/REP Worker.

GSW/RCM Name:				File Number:				GSW/RCM Phone:				Fax:				
Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.																
Activity: _____ Scheduled Hours																
Provider: _____																
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 Stamp:																
Contact Name: _____ Title: _____																
Phone: _____ Signature: _____ Date: _____																
<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																
Date(s)	Hours absent		Reason(s) you did not Attend				County use only: Number of hours GSW validates and lists source									
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Provider: _____																
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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Contact Name: _____ Title: _____																
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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: _____