THIS FORM IS REQUIRED EACH MONTH TO VERIFY YOUR PARTICIPATION

Example and Instructions

Activity: Remedial Education (ESL) **Scheduled Hours: 30**

A **Provider: LACC Mission College**

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:** Jane Doe **Title:** CalWORKs Coordinator

Phone: (888) 891-8923 **Signature:** Jane Doe **Date:** 1/31/09

One Stamp per Provider E

C ☐ **I still need** ☐ **transportation** ☐ **child care and/or** ☐ **other services**

☐ **I am requesting to begin receiving** ☐ **transportation** ☐ **child care and/or** ☐ **other services**

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. *Do not write* 1.5 to indicate 1 hour and 30 minutes.
	Study Time	• 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)**	• Write down the date(s) and reason(s) you did not attend on a schedule date. • Attach written verification of absences. **Note: Verification can include a doctor statement, a provider statement or a personal note signed by you explaining the reason for the absence.** Types of excused absences: 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.
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.