

Monthly Attendance Report Form

Report for the Month of August 2021

Participant Address

Marisela Corona
3041 W. Avenue K
Lancaster, CA 93556

GAIN/REP Office Address
The Palmdale GAIN Office
1050 E. Palmdale Blvd - Suite #204 Palmdale, CA 93550
Participant Name: Marisela Corona
Case Number: B123456 Date: 09/01/2021

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 August Year 2021. 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 09/10/2021. 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: Angela Redmon File Number: 2C02 GSW/RCM Phone: Fax:

Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity: Class Time Scheduled Hours: Provider #1: Antelope Valley College
Grid showing attendance hours for Class Time from Day 1 to 16, with a total of 1:20 hours.

* Colleges verify enrollment only
Contact Name: Title:
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
Provider #1 Stamp: One Stamp per Provider

Absence Reporting table with columns: Date(s), Hours absent, Reason(s) you did not Attend, County use only: Number of hours GSW validates and lists source

Activity: Study Time Scheduled Hours: Provider #2: Antelope Valley College
***STUDY TIME CALCULATION: for every 1 hour of Class Time, you get 3 hours of Study Time

Grid showing attendance hours for Study Time from Day 1 to 16, with a total of 4:00 hours.

* Colleges verify enrollment only
Contact Name: Title:
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
Provider #2 Stamp: One Stamp per Provider

Absence Reporting table with columns: 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: Marisela Corona Date: 09/01/2021