Monthly Attendance Report Form

Report for the Month of September 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	O - Tantidale, CA 95550						
iviariseia Corona							
Case Number: B123456	Date: 10/01/2021						

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 September 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 10/10/2021. 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.

transport	atton	and ou	ner ser	vices.	n you i	lave all	y ques	tions, p	nease c	omac	it your	US W/	KCWI.						
GSW/RCM Name:							Number:	GSW/RCM Ph											
Angela Redmon 2C02 Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.																			
Activity				lev Co	مموالد			Scheduled Hours: **PLEASE NOTE: Hours vary based on your course schedule.											
Provider #1: Antelope Valley Colle						6	7	8	9	10	11	12	13	14	15	16			
Hours	2:05	-				H	3:05	2:05	2:10				1:20	3:05	2:05	2:10			
			19	20	21	22	23	2.03	25	26	27	28	29	30	31	Total			
Day	17	18	19	20				24	23	20					31				
Hours				1:20	3:05	2:05	2:10				1:20	3:05	2:05	2:10		37:35			
* Colleg	ges veri	fy enrol	lment or	nly							Pro	vider#1	Stamp:						
Contact	Name:				T	itle:										a pren			
Phone:			Si	gnature					Dat	te:				one Stamp per					
/ / /	tillnee	d tran				and/or								Divis		KI			
□ Ia	m requ	estingto	o begin 1	eceivin	g 🗌 trai	nsportat	ion 🗌 c	hild car	eand/or	oth oth	erservic	es		ISLE.					
														L					
Absenc	e Repor				D	/-X	Edina A	tton d	Comme		Les Mares	han of las	ama CSW	validata	n and lie	In nouman	_		
Date(s)		Hot	urs absei	nt		(s) you (titena	County use only: Number of hours GSW validates and lists source										
09/06/2	021		1:20		Sc	chool H	oliday	/									_		
Activity: Study Time Scheduled Hours: ***STUDY TIME CALCULATIO											CULATIO	N:							
Activity: Study Time Provider #2: Antelope Valley College Scheduled Hours: ***STUDY TIME CALCULATION for every 1 hour of Class Time you get 3 hours of Study Time												ne,							
					onege 5	6	7	8	9	10	11	12	13	14	15	16			
Day Hours	1	2	3	4	5	Н				10	-11	12	4:00	9:15	6:15	6:30			
	6:15				2.1		9:15	6:15	6:30	26	27	28	29	30	31	Total			
Day	17	18	19	20	21	22	23	24	25	26					31	112:45			
Hours				4:00	9:15	6:15	6:30				4:00	9:15	6:15	6:30		112.45			
	* Colleges verify enrollment only										Provider #2 Stamp:								
Contact Name:Title:													o po						
Phone: Signature Date:												Qne Stamp per Qne stamp per							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	tillnee	d 🔽 tran	ısportat	ion√ cl	nild care	and/or	other	service	s					Qne Broyldel					
☑ I still need ☑ transportation ☑ child care and/or □ other services □ I am requesting to begin receiving □ transportation □ child care and/or □ other services																			

Absence Reporting Date(s) Hours absent Reason(s) you did not Attend County use only: Number of hours GSW validates and lists sour											rce	\neg							
Date(s) 09/06/2			4:00 School Holiday						County not only. Transcer of nours don remember with his course										
08/00/2	.021	4.0	JU		501100	or rione	ia y												
<u> </u>														se of in	c				

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: 10/01/2021

GN6365(07/14)Revised