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								
iviariseia 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.

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GSW/RCM Name: Angela Redmon							e Number: GSW/RCM PI							one: Fax:			
Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.																	
Activity: Class Time Provider #1: Antelope Valley College									Scheduled Hours: **PLEASE NOTE: Hours vary based on your course schedule.								
Day 1 2 3 4 5						6	7	8	9	10	11	12	13	14	15	16	
Hours																1:20	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours	3:05	2:05	2:10				1:20	3:05	2:05	2:10				1:20	3:05	21:45	
* Colle		D 11 #1 C															
					Т	itle:							-	l		_ gel	
	Contact Name:Title:													one Stamp per			
	Phone: Signature Date: _ Istill need transportation child care and/or other services												pri				
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Absenc	e Repor	ting															
Date(s)		Hours absent Reason(s) you did not Att							County use only: Number of hours GSW validates and lists source								
Activity: Study Time Scheduled Hours: ***STUDY TIME CALCULA for every 1 hour of Class												CLII ATION					
											541100		for	r every 1	hour of	Class Time	
			pe Va					Γ ο		10	11	12	_	u get 3 r	15	Study Time	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Hours																4:00	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours	9:15	6:15	6:30				4:00	9:15	6:15	6:30				4:00	9:15	65:15	
			ment on								Pro	vider #2	Stamp:		*******		
Contact	t Name:				T	itle:										u ber	
Phone			Si	gnature					Da	te:							
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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 sour											rce						
Date(s)		nours a	Tours absent Reason(s) you did not receive County use only. Harmon of nome 33 Institute of the transfer of the county as a county was only.														
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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

GN6365(07/14)Revised