## Monthly Attendance Report Form

## Report for the Month of October 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 #	
1050 E. Palmdale Blvd - Suite #	‡204 Palmdale, CA 93550
Participant Name: Marisela	
Marisela	Corona
Case Number: B123456	Date: 11/01/2021

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 October 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 11/10/2021. 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	ation a	ına oti	ner ser	vices.	n you i	lave all	y ques	tions,	ilease (	comac	t your	00 117	ICOM.				
GSW/RCM Name: Angela Redmon Please record hours of attendance and ex							Number:			one: Fax:							
Plea	se recoi	d hou	rs of atte	endance	and exc	cused ab	sences.	If abse	nt please	e write	reason	for abse	nce and	attach v	erificat	tion.	
Activity: Class Time Provider #1: Antelope Valley College									Scheduled Hours: **PLEASE NOTE: Hours vary based on your course schedule.								
Day	r#[:/\\\	2.	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours	1		3								1:20	3:05	2:05	2:10			
				1:20	3:05	2:05	2:10	0.4	0.5	0.6					31	T-4-1	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours		1:20	3:05	2:05	2:10				1:20	3:05	2:05	2:10				34:40	
* Colles	* Colleges verify enrollment only Provider #1 Stamp:																
Contact	Name:	_			T	itle:											
Contact Name:Title:												one Stamp per					
Phone: Signature Date:  ✓ I still need ✓ transportation ✓ child care and/or □ other services																	
V IS	m reans	esting to	o begin i	eceivin	g 🗌 trar	isportat	ion $\square$ c	hild car	e and/or	othe	erservic	es		P			
														l			
Absence	e Repor	ting															
Date(s)		Hours absent Reason(s) you did not At							County use only: Number of hours GSW validates and lists source								
	2 -										School	uled Ho	urc: ***C7	TUDY TIM	AE CAL	CULATIC	
Activity				llov C	olloge	,					School	uicu 110	for	every 1	hour of	Class Tin Study Tin	
		2	pe va	4	ollege 5	6	7	8	9	10	11	12	13	14	15	16	
Day Hours	1		3					0	7	10	4:00	9:15	6:15	6:30	10	10	
				4:00	9:15	6:15	6:30	- 0.4	0.5	0.6	27	28	29	30	31	Total	
Day	17	18	19	20	21	22	23	24	25	26			29	30	31		
Hours		4:00	9:15	6:15	6:30				4:00	9:15	6:15	6:30				104	
			ment on								Pro	vider #2	Stamp:		******	*********	
Contact	Name:			_	T	itle:											
Phone:			Si	gnature					Da	te:							
					hild care									Olic			
□ Ia	m reau	stingto	o begin 1	eceivin	g 🔲 trar	nsportat	ion 🗌 c	hildca	e and/or	oth	erservic	es					
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Date(s)	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: 11/01/2021

GN6365(07/14)Revised