

**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 #204 Palmdale, CA 93550	
Participant Name: <b>Marisela Corona</b>	
Case Number: <b>B123456</b>	Date: <b>11/01/2021</b>

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.

GSW/RCM Name: <b>Angela Redmon</b>	File Number: <b>2C02</b>	GSW/RCM Phone:	Fax:
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**Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.**

Activity: **Class Time** Scheduled Hours: **\*\*PLEASE NOTE: Hours vary based on your course schedule.**

Provider #1: **Antelope Valley College**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours				1:20	3:05	2:05	2:10				1:20	3:05	2:05	2:10		
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

\* 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



**Absence Reporting**

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: **\*\*\*STUDY TIME CALCULATION: for every 1 hour of Class Time, you get 3 hours of Study Time**

Provider #2: **Antelope Valley College**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours				4:00	9:15	6:15	6:30				4:00	9:15	6:15	6:30		
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours		4:00	9:15	6:15	6:30				4:00	9:15	6:15	6:30				104

\* 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



**Absence Reporting**

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: **11/01/2021**