

CalWORKs Monthly Attendance Sheet

Month/Year: _____

Please complete the following information. **Attach proof** of attendance and activity participation, such as grades, time sheets, pay stubs, etc., by the 5th of the month. When proof is not attached, your benefits may go down or stop.

Participant's Name _____ Case #: _____

Worker Name/#: _____ Period for this Approved Activity: _____

Date	Day of Week	Approved Activity	Time In	Time Out	Total Hours	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Occupation: _____ Total Hours Participated: _____

I certify under the penalty of perjury the above information is a true and accurate record. I understand that incorrect information will result in an overpayment of ancillary and/or supportive services, and I am responsible for repayment.

Participant Signature and Date

Worker Name/Number

Provider/Authorized Representative Signature and Date

Provider/Representative Phone Number

Transportation Claim Form

Month/Year: _____

Name: _____ SSN: _____
 Address: _____ Employed Attending School
 _____ Other Approved Welfare to Work Activity
 Telephone: _____ Alternate Telephone: _____

Please complete the following information. **Attach proof** of attendance and activity participation, such as pay stubs, time sheets, grades, etc., by the 5th of the month. When proof is not attached, your benefits may go down or stop.

Date	Day of Week	Total Miles	Public Trans.	Mileage Cost	Trip Purpose	Amount Auth.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Totals						

If you use public transportation please describe: (bus, Bart link, etc.) _____

I request transportation payment or reimbursement and certify that if I am claiming a mileage reimbursement I have a valid driver's license and auto insurance as required by State law. I certify under penalty of perjury that the above is a true and correct statement, and that incorrect information results in an overpayment that I will have to repay.*

Signature: _____ Date: _____

Employment Resource Specialist: _____ Date: _____

***See your Employment Resource Specialist about help with the initial payment on minimum liability insurance**