



COUNTY OF ORANGE  
41-06 Welfare-to-Work Attendance Report - Orange County

<b>Education Provider Name:</b>		<b>Name of Participant:</b>	
Contact Person:		Case #:	
<b>Submit by Mail or Fax to the Welfare-To-Work Case Manager. Report is <u>Due by the 10th</u> of each month.</b>			
Welfare-To-Work Office	Case Manager:	CM Email:	
FAX:	Worker ID:	CM Phone:	
<b>RELEASE OF INFORMATION AUTHORIZATION</b> I authorize the above Education Provider and the County of Orange Social Services Agency to exchange information about my Welfare-To-Work Participation records for Administrative Purposes.			
_____		_____	
Participant Signature		Date	
<b>REPORT FOR MONTH /YEAR: _____</b>			
The participant listed on this form is enrolled in _____ Units.			
<b>Enrollment has been Terminated:</b> <input type="checkbox"/> Yes (if yes list date and reason below, if known) <input type="checkbox"/> No			
<b>Problems exist that require WTW Case Manager Assistance</b> <input type="checkbox"/> Yes ( provide details below) <input type="checkbox"/> No			
Additional Information:			
<b>A. ACTUAL HOURS ATTENDED:</b>			
<b>Activity</b>	<b>Monthly Total</b>	<b>COMMENTS</b>	
Total Class Time			
Total Homework Time			
Other Time – Explain in Comments (Completed by Provider/Participant)			
<b>TOTAL HOURS FOR ALL ACTIVITIES FOR THE MONTH</b>			
<b>B. ABSENCES (COMPLETED BY PROVIDER OR PARTICIPANT)</b>			
<b>Dates of Absences</b>	<b>Hours Absent</b>	<b>Reason for Absence</b>	
<b>TOTAL HOURS ABSENT FOR THE MONTH</b>			
<b><u>Activity Provider Statement:</u></b>			
I certify to the best of my knowledge the above information to be an accurate account of activities, hours and absences.			
_____		_____	_____
Activity Provider Signature		Phone	Date
<b><u>Participant's Statement:</u></b>			
<i>(Attach a copy of the semester GRADE REPORT CARD or CERTIFICATE OF COMPLETION when received.)</i>			
By my signature below I certify the above information is correct. I understand that if my scheduled hours or approved activity changes for any reason, I must report it immediately to my Welfare-To-Work Case Manager.			
_____		_____	_____
Participant Signature		Phone	Date



## Welfare-to-Work Attendance/Progress Report Completion Instructions

Field	Completed By	Required Information
<b>Education Provider Name</b>	WTW Case Manager	Education Provider (School) Name
<b>Name of Participant/ Case #</b>	WTW Case Manager	Participant's Name & Case Number
<b>Welfare-to-Work Office</b>	WTW Case Manager	Office Address of CM
<b>Case Manager/Worker ID/ Phone</b>	WTW Case Manager	WTW CM's contact information
<b>Release of Information Authorization</b>	Participant	Sign/date by Participant authorizes the Education Provider and the OC SSA to exchange information regarding his/her work participation related to educational activity
<b>Report for Month/Year</b>	WTW Case Manager/ Education Provider	The report month/year
<b>Enrollment has been Terminated</b>	Education Provider	Check box Yes/No If Yes, list date(s) and reason(s) in Additional Information box
<b>Problems exist that require WTW Case Manager Assistance</b>	Education Provider	Check box Yes/No If Yes, list date(s) and reason(s) in Additional Information box
<b>Additional Information</b>	Education Provider	Information regarding participant's attendance/progress, (i.e. change in enrollment status, issue with attendance/satisfactory progress, etc.
<b>Actual Hours Attended</b>	Education Provider/Participant	Actual attended hours of: <ul style="list-style-type: none"> <li>• Class time</li> <li>• Homework time</li> <li>• Other time (explain in Comments section), i.e. internship, Job Search Workshop,...</li> </ul> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>• Off-campus Internship hours must be accompanied with the verification from site provider.</li> </ul> <p>Work Study hours must be accompanied with paystubs or time card signed by supervisor or other employer produced verification</p>
<b>A. Absences</b>	Education Provider/Participant	Date(s), total hours and reason(s) for absences. <ul style="list-style-type: none"> <li>• <u>Note:</u> If no hours provided, hours will be credited based on class schedule</li> </ul>