CalWORKs

COUNTY OF ORANGE
WELFARE-TO-WORK ATTENDANCE/PROGRESS REPORT

Education Provider Name: Fullerton College & North Orange Continuing Education Contact Person: Amy Moreno (714) 732-5536/amoreno@fullcoll.edu	**Name of Participant:** **CalWIN Case #:**

Submit by Mail or Fax to the Welfare-To-Work Case Manager. Report is <u>Due by the 10th</u> of each month.

Welfare-To-Work Office FAX:	**Case Manager**: **Caseload #:**	**CM Email:** **CM Phone:**

RELEASE OF INFORMATION AUTHORIZATION
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**

1. **REPORT FOR MONTH /YEAR:** _____

The participant listed on this form is enrolled in _____ Units.

Attendance is Satisfactory:	☐ Yes	☐ No	**Progress is Satisfactory:**	☐ Yes ☐ No
Enrollment has been Terminated:		☐ Yes (if yes list date and reason below, if known)		☐ No
Problems exist that require WTW Case Manager Assistance		☐ Yes (provide details below)		☐ No

Additional Information:

A. ACTUAL HOURS ATTENDED:

Activity	Monthly Total	COMMENTS
Total Class Time **(Completed by Provider)**		
Total Unsupervised Homework Time **(Completed by Provider/Participant)**		
Total Supervised Homework Time **(Completed by Provider)**		
Other Time – Explain in Comments **(Completed by Provider/Participant)**		
TOTAL HOURS FOR ALL ACTIVITIES FOR THE MONTH		

B. ABSENCES (COMPLETED BY PROVIDER OR PARTICIPANT)

Dates of Absences	Hours Absent	Reason for Absence
TOTAL HOURS ABSENT FOR THE MONTH		

Activity Provider Statement:
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**

Participant's Statement:
(*Attach a copy of the semester GRADE REPORT CARD or CERTIFICATE OF COMPLETION when received.*)

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**