



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

Education Provider Name:
Name of Participant:
Contact Person:
CalWIN Case #:

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

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

REPORT FOR MONTH /YEAR:

The participant listed on this form is enrolled in \_\_\_ Units.
Attendance is Satisfactory:
Enrollment has been Terminated:
Problems exist that require WTW Case Manager Assistance
Additional Information:

Table with 3 columns: Activity, Monthly Total, COMMENTS. Rows include Total Class Time, Total Unsupervised Homework Time, Total Supervised Homework Time, Other Time - Explain in Comments, and TOTAL HOURS FOR ALL ACTIVITIES FOR THE MONTH.

Table with 3 columns: Dates of Absences, Hours Absent, Reason for Absence. Includes row for 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