



# PARTICIPATION IN COMMUNITY WORK PROGRAM

**Instructions to Local Government Unit (LGU) staff:** Complete this form when a person is assigned to a position in the LGU work program. Please check the appropriate box below.

The person listed below met the work requirement in \_\_\_\_\_  
Month

The following person is assigned to a position in the Local Government Unit (LGU) work program and it is anticipated that the person will comply with the program requirements by the end of \_\_\_\_\_  
Month

The status of this person has changed. They met the work requirement last month, but did not meet it this month \_\_\_\_\_.

Name of Person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Comments

Local Government Unit: \_\_\_\_\_

County: \_\_\_\_\_

Signature: \_\_\_\_\_

Local Government Unit Representative

Date: \_\_\_\_\_

**The client is responsible for returning this form to the local office.**