



MONTHLY ACTIVITY REPORT

6A(1 Year)

Report for Month of: _____
 Client Name: _____
 Case Name, if Different: _____
 Case Number: _____

Activity: _____
 DHS Office: _____

To Client:

This form is to show what you have done this month for the Work and Training Activity Responsibility and Services Plan. Complete Section 1 if you work or go to school. Have your boss complete Section 2 if you did unpaid or volunteer work. Any paid work must be reported to your caseworker and wages may be subtracted from your cash benefits. Complete Section 3 if your plan says you will look for a job. Submit the completed form to the office above by the fifth day of the next month. If your form is not submitted on time, your cash benefits may go down.

Section 1 - Attendance

Enter the date, time of day you start and finish, and check whether it is work or school. Explain below if you were absent any days. Fill in the name of your school and/or the place you work. Sign your name and the date.

| Date | Time In | Time Out | Work | School | Date | Time In | Time Out | Work | School |
|------|---------|----------|--------------------------|--------------------------|------|---------|----------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Absences (List Date and Reason for each): _____

Name of School: _____ Place of Work: _____

Client Signature: _____ Date: _____

Section 2 - Employer/Sponsor for Unpaid or Volunteer Work

Authorized Personnel: Please complete and sign this section if the above information is correct to the best of your knowledge.

Comments:

Business/Organization: _____

Authorized Signature/Stamp: _____ Date: _____

Section 3 - Employer Contact

Client: You must complete _____ contacts this month with places you might get a job. When you have made your contacts and written them on the back, sign your name and date below.

Client Signature: _____ Date: _____



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Employer: _____ Person Contacted: _____ Date: _____

Address: _____ Telephone: _____

Type of Job: _____ Application Resume' Interview Other Specify: _____

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Address: _____ Telephone: _____

Type of Job: _____ Application Resume' Interview Other Specify: _____

Employer: _____ Person Contacted: _____ Date: _____

Address: _____ Telephone: _____

Type of Job: _____ Application Resume' Interview Other Specify: _____

Employer: _____ Person Contacted: _____ Date: _____

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Employer: _____ Person Contacted: _____ Date: _____

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Type of Job: _____ Application Resume' Interview Other Specify: _____

Employer: _____ Person Contacted: _____ Date: _____

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Type of Job: _____ Application Resume' Interview Other Specify: _____

Employer: _____ Person Contacted: _____ Date: _____

Address: _____ Telephone: _____

Type of Job: _____ Application Resume' Interview Other Specify: _____

Employer: _____ Person Contacted: _____ Date: _____

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