



Owens Valley Career Development Center

Tribal TANF Program

WEEKLY WORK PARTICIPATION REPORT

Participants Name: _____

Reporting Month of: _____ Year: _____

Family Advocate: _____

Instructions: Please fill in the upper smaller box with the date. In lower portion of the box place activities code along with the amount of time spent on each. **Example:** (B-3, M- 8). Include actual travel time to/from childcare, work, school, etc. (max travel time is limited to 2 hour per day) ***No more than 15% of all hours can be counted towards activities not directly related to building employment skills; 1-parent is: 4 hours a week or 16 hours a month; 2-parent is: 5 hours a week or 19 hours a month.** These activity codes are M, O, P, and R and are highlighted in red.

Sat	Sun	Mon	Tues	Wed	Thur	Fri	Employment or Educational Activities only	M, O, P, R Activities	Travel	Totals
Grand total:										

- Write each letter code from below for each day you participate in that activity:
- A. Subsidized employment
 - B. Unsubsidized employment
 - C. Participation in a "NEW" (Native Employment Works) activity
 - D. Work experience
 - E. On the job training
 - F. Job search/job readiness assistance and basic skill development as per 45 CFR 286.105(b) and (c).
 - G. Participation in approved volunteer community services activities
 - H. Post-secondary/vocational educational training
 - I. Job skills training directly related to employment
 - J. Education directly related to employment
 - K. Satisfactory attendance in secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate
 - L. The provision of childcare services for the child of a TANF participant
 - *M. Domestic violence, substance abuse and behavioral health counseling, education and rehabilitation to decrease barriers; hours to be determined in conjunction with the direct service provider, those unable to join the workforce will be referred to appropriate external resources
 - N. Microenterprise and/or small business training
 - *O. Life skills training/education, executive function class/trainings
 - *P. Culturally relevant work activities, reasonably calculated to lead to self- sufficiency
 - Q. Participation in a Career Pathways program or apprenticeship/internship/externship.
 - *R. Health, wellness, activities that respond to family needs assessments for family stabilization. Activities include: medical appointments, wellness activities, and parenting programs for self and family.
 - S. Travel Time
- I certify that the above is true and a correct report of work participation hours completed for the reporting month.*

Signature: _____
Date: _____

Hours from last month _____
(reference the last week of last month's report)

Hours to carry over _____
(from last week of this report if Friday is next month)

Date entered into TAS: _____

OVCDC USE ONLY

- Did the participant meet required work hours for each week? Yes No
- Did FA change any hours, if so, initial and case note reason below. Yes No
- Verification documentation provided? Yes No
- If not, was justification provided by the participant not completing hours? Yes No
- Is the participant "Exempt" or "Disregarded" from the work participation requirement? If yes, state the reason **and final WP code** (1,5,6,7,8,9,11) in the comments section below: Yes No

Family Advocate initials: _____

