**Location:** \_ **Start Date:**   
**Time:** \_\_\_\_\_\_\_ \_ **Supervisor:** \_ \_\_\_\_\_ \_ **Phone:**    
**Total hours needed to complete before next GA visit:** \_\_\_\_\_\_\_\_ On**:**

**WORKFARE PARTICIPATION PARTICIPATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week # | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total Hours |
| 1 | **Date:**  **Hrs:** |  |  |  |  |  |  |  |
| 2 | **Date:**  **Hrs:** |  |  |  |  |  |  |  |
| 3 | **Date:**  **Hrs:** |  |  |  |  |  |  |  |
| 4 | **Date:**  **Hrs:** |  |  |  |  |  |  |  |
| 5 | **Date:**  **Hrs:** |  |  |  |  |  |  |  |

***You are expected to treat your workfare as a job.******Set up a weekly schedule with the workfare site and report as scheduled.*** *Track your hours each day after you complete them and return your completed timesheet at your next General Assistance appointment. \*\*Remember to call the worksite & GA to notify the supervisor if you are going to be late or unable to show for your workfare assignment as expected\*\** **Failure to complete workfare may result in a denial of future benefits.**

# Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

# Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

# Communication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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