

**DISTRICT NAME AND ADDRESS:**

**DATE:**  
**CASE NAME:**  
**CASE NUMBER:**  
**WORKER NAME:**  
**WORKER PHONE:**  
**WORKER ID:**

## WORKFARE ASSIGNMENT AND ATTENDANCE VERIFICATION FORM

### Workfare Activity Responsibilities

The Workfare Activity will provide you with hands-on work experience to help prepare you for employment. The Workfare Worksite Supervisor will assign duties to help you build marketable skills, help you gain experience, and support a path to employment. Your assigned duties will depend on the worksite needs such as, but not limited to: clerical, customer service, warehouse, stockroom, and facility operations. As a participant in the Workfare Activity, you must:

- ✓ Arrive on time at your worksite on the days assigned by your Worksite Supervisor.
- ✓ Work the required number of hours needed to fulfill your work requirements.
- ✓ Follow instructions and rules provided by your Worksite Supervisor.
- ✓ Contact your Worksite Supervisor immediately if you will be absent or cannot report on time to your worksite that day.
- ✓ Contact DPSS immediately if you become ill or injured and cannot attend the Workfare Activity.
- ✓ Submit the required verification by the due date to DPSS when you complete your Workfare Activity by uploading it online to your BenefitsCal account at [www.BenefitsCal.com](http://www.BenefitsCal.com), by mail, or in person at your local county office.

### Maintaining Your Benefits

If you select a direct referral to a DPSS partner, your Worksite Supervisor will create a schedule for you when you report to the worksite so you can complete the number of hours listed below.

If you select Self-Initiated Workfare, you will look for a nonprofit organization of your choice so you can complete the number of hours listed below. The organization must provide similar unpaid work experience and be able to verify the hours you complete each month.

You must submit verification of your completed Workfare hours during your application and recertification process. If you do not submit verification of your hours, you will not meet the work requirement which may lead to your benefits being discontinued. If you cannot complete the Workfare Activity or need to be reassigned to another location, contact DPSS immediately by phone or in person.

**PLEASE REPORT TO THE WORKSITE BELOW AND BRING THIS FORM WITH YOU.**

### Customer Information

**THIS SECTION MUST BE COMPLETED BY THE DPSS WORKER.**

<b>Participant Name:</b>	<b>Number of Workfare Hours Assigned To The Household:</b>
<b>Certification Period: (select one)</b> Application      Recertification      Reported Change	<b>Names of Workfare-Eligible Household Members:</b>
<b>Participant's Weekly Hours Employed (If Applicable):</b>	<b>Completed Workfare Hours Verification Due Date:</b>
<b>Workfare Type: (select one)</b> Direct Referral to DPSS Partner Self-Initiated by Participant	<b>Worksite Report Date:</b>

**Worksite Information**

**THIS SECTION MUST BE COMPLETED BY THE DPSS WORKER FOR DIRECT REFERRALS TO DPSS PARTNERS, OR BY THE NONPROFIT ORGANIZATION YOU CHOSE FOR SELF-INITIATED WORKFARE.**

<b>Name of Worksite:</b>		<b>Worksite Address:</b>	
<b>Worksite Supervisor Name:</b>		<b>Worksite Supervisor Phone Number:</b>	
<b>The Workfare assignment is: (select one) ongoing / one-time</b>		<b>Total Number of Hours Completed This Month:</b>	<b>Month and Year in Which These Hours Were Completed:</b>
<b>Reassignment Request (Direct Referral Only):</b> The participant is being referred back to the district office before completing the required number of hours.	<b>Reason:</b>		

**By signing this form, I confirm that the Workfare hours were completed at this organization.**

**Worksite Supervisor Signature:**

**Date:**

**IRS 501(c)(3) Number (Nonprofits Only):**

**COMPLAINT PROCESS**

If you think you have been denied equal access to programs and services offered through DPSS based on a protected category, you may file a Discrimination Complaint through the Civil Rights Section by completing the Complaint of Discriminatory Treatment Form (PA 607) or by calling (866) 741-6241.