

Self-Initiated Program

QUICK REFERENCE GUIDE

GN 6365 MONTHLY ATTENDANCE REPORT FORM

GN 6365 FOR SIPs

Participant's Role

1: The participants are responsible for completing this section with their daily actual hours of participation on each day of the month. Actual hours of participation include a combination of classroom time and course related activities such as a lab, internship, work study hours, and supervised study time. **Note: Study hours should be separated from class time.**

3: The participants are responsible for completing this section to report any absences as instructed on the backside of the form.

Acceptable Alternates

A. Print-out from a verified electronic attendance record:

It must contain the participant's name, the name of the school, the number of hours, and the name and phone number of the person verifying the hours.

B. Current report card:

If a current report card is not available, the participant can complete an affidavit or temporary self-certification until the report card can be produced or its equivalent (i.e. transcripts).

C. Verbal third party verification:

Requires a release of information to be on file in the participant's GAIN case. GSW must document: The date; the name; the title; and the phone number of the person verifying the hours.

Supportive Services should not be delayed or stopped if the GN 6365 has not been turned in.

Completed by Student to indicate hr. of participation

Class Time

Completed by School to verify enrollment

Completed by Student to report absence(s)

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES
Monthly Attendance Report Form Report for the Month of 20

Participant Address: _____
 GAIN/REP Office Address: _____
 Participant Name: _____
 Case Number: _____ Date: _____

In order to make sure that we provide you with transportation and other services we need you to record your monthly attendance in each of your Welfare-to-Work Activities. In the boxes below, tell us about your Welfare-to-Work Activities listed below for the month of _____ Year _____. Please give this form to your service provider listed so they can verify your hours. Return this form to your GAIN/REP worker on or before _____. Failure to provide this form by the due date may affect your eligibility to receive transportation and other services. If you have any questions, please contact your GAIN Services Worker/REP Worker.

1 GSW/RCM Name: _____ File Number: _____ GSW/RCM Phone: _____ Fax: _____
 Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity:		Scheduled Hours															
Day	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Day	Hours	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

* Colleges verify enrollment only
 Contact Name: _____ Title: _____ Provider Stamp: _____
 Phone: _____ Signature: _____ Date: _____
 I still need transportation child care and/or other services
 I am requesting to begin receiving transportation child care and/or other services

3 Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source

Activity: _____ Scheduled Hours

Day	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Day	Hours	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

* Colleges verify enrollment only
 Contact Name: _____ Title: _____ Provider Stamp: _____
 Phone: _____ Signature: _____ Date: _____
 I still need transportation child care and/or other services
 I am requesting to begin receiving transportation child care and/or other services

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source

I hereby certify the information listed above is true and correct. In addition, I authorize the release of information to DPSS/State/Federal agencies for purposes of auditing, monitoring and verifying information.
 Participant Signature: _____ Date: _____
 GN 6365 (08/10) Revised

School's Role

2: Schools complete this section to verify enrollment status of a participant during the report month.

The school is responsible for annotating the name, title, phone number and signature of the contact person along with the school's stamp (embossment or seal).

Supervised Study Time: Schools are asked to provide participants with verification of supervised study time to attach to the GN 6365.

SIP STUDY TIME

SIP study time is counted, if the participant receives:

- ◆ **Credit** and/or units for the study time; or
- ◆ **Non-credit** study time that is supervised and documented by the school.

Participants must obtain verification of supervised study time from their school to attach to the GN 6365 to submit to the Regional office.

Unsupervised study time does NOT count as hours of participation on the GN 6365 for SIP.