

VERIFICATION OF KENTUCKY WORKS PROGRAM PARTICIPATION

To the Participant: Take this form to your activity provider the first day you go to your [] activity for []. Be sure to complete the back of this form to request transportation you will need for [] to participate in your activity. If this form is not correctly completed and returned by [], we cannot give you credit for your participation, pay for transportation for [], or help with other items you may need.

Return completed form to:

Fax: _____

Participant Name: _____
 Individual ID: _____

Case Number: _____
 County: _____

To the Provider: Enter the **number of hours each day** in [] the participant attends your activity, is excused from scheduled attendance, or did not attend due to a holiday. Enter the number of hours in the appropriate box for each day: ATT (attended), EX (excused), and/or HOL (holiday). If you already have a daily attendance record showing this information, you may attach a copy of your record instead of completing the chart below. Enter comments for any excused absences. Sign and date this form. Give this form back to the participant on the last day of attendance shown on this calendar.

	Sun			Mon			Tues			Wed			Thurs			Fri			Sat		
WK	ATT	EX	HOL	ATT	EX	HOL	ATT	EX	HOL	ATT	EX	HOL	ATT	EX	HOL	ATT	EX	HOL	ATT	EX	HOL
1																					
2																					
3																					
4																					
5																					

* Approved holidays are New Year's Eve, New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, and Christmas Day.

Comments: _____

I certify the participant completed the hours entered above.

Provider Signature: _____ Date: _____

Print Name of Provider: _____ Phone: _____

Important Reminder to the Participant: Make sure you complete the back of this form and return it by the [] if you will need help with transportation costs in [].

Request for Transportation Payment:

I will have transportation costs to go to work or attend a Kentucky Works Program activity:

I need help with transportation costs for 1 to 5 [3] days.

I need help with transportation costs for 6 [4] or more days.

I certify that the information I have provided is correct and true. I know if I provide false information or withhold information, I may be subject to prosecution for fraud.

Participant Signature: _____ Date: _____