

PARTICIPATION AND ATTENDANCE VERIFICATION

Luzerne County Assistance Office • 205 South Washington Street, Wilkes-Barre PA 18711

Participant	County Code	Case Number	Social Security Number

PHONE NUMBER of Participant:

Activity Site:	Month of:
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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
()	()	()	()	()	()	()
()	()	()	()	()	()	()
()	()	()	()	()	()	()
()	()	()	()	()	()	()
()	()	()	()	()	()	()

*Note: Each date you attend must be verified by having a counselor, advisor, director or instructor initial the appropriate dates.
Failure to comply will **ADVERSELY AFFECT** your current benefits.*

THE REQUESTED VERIFICATION IS DUE NO LATER THAN THE 5TH OF EVERY MONTH.

TOTAL DAYS

Attended: _____

Absent: _____

Customer Signature

Instructor/Counselor/Advisor/Director Signature