



MONTH/YEAR _____

Due date by the 10th of the following month.

DV/SA Participant _____ DCF ID#: _____

Career Navigator _____ Months of TANF: _____

DV/SA Center Advocate _____ Telephone#: _____

In this reporting month, the following activities have taken place:

- DV/SA Participant receiving services from DV/SA Center? YES NO
- DV/SA Participant had regular contact with DV/SA Center advocate: YES NO
- Date of last meaningful contact with DV/SA Participant: _____
- Contact how often: Monthly Bi-Monthly Weekly Other (please explain): _____

The DV/SA Participant has participated in these additional activities (mark all that apply):

Activity	Other Info	Hours Verified
Employment		
Job Search		
Volunteer Work at DCF approved site		
Work Experience (w/o pay)		
GED		
Skills Training		
Life Skills Training		
Post-Secondary Education		
Job Corps		
Counseling /other DV/SA services		

Please include documentation for all verified hours!

I, _____ give _____
NAME DV/SA CENTER

permission to release the above information to the Economic and Employment Services office of DCF for the month of _____, 20____. This release is good until the 15th of _____, 20____.

I understand a signed copy of this report will be given to my Career Navigator.

DV/SA PARTICIPANT SIGNATURE DATE

DV/SA CENTER STAFF SIGNATURE DATE