



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
LAWRENCE COUNTY ASSISTANCE OFFICE
108 Cascade Galleria
New Castle, PA 16101-3900

TELEPHONE NUMBER
AREA CODE 724-656-3000
TOLL FREE 1-800-847-4522

ACTIVITY ATTENDANCE VERIFICATION CALENDAR

Date: _____ School/Program: _____ Case Number: _____
Client's Name: _____ Caseload: _____ SSN: _____
IMCW: _____ Phone: (724) 656- _____

Please complete the following calendar for the month of _____ by indicating the number of hours that the above named client was present at your facility. NOTE: Enter "NS" for "No School" and "A" for "Absent" next to the appropriate day.

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

Comments: _____

Signature from School/Training Program Date

To be completed by client:
Please check which mode of transportation that you used to attend training.
 Bus Personal Auto
 - Specify the number of miles per round trip _____ miles/day
 Other – specify below _____