

TANF CLIENT WORK ACTIVITIES CALENDAR:

SAMPLE

For the month of:

Name/Address:

Please indicate the number of hours per day that you participated/ worked in each of the acceptable activities.

Always total each weeks hours

When completed return to your Case Manager on the 1st and 16th of the month.

Failure to do so will result in an automatic 40% Penalty.

By signing this timesheet I am aware that all information is accurate and correct. I understand that submitting false information can jeopardize my eligibility for TANF.

Client Signature

Date:

Volunteer Activity approval of hours from supervisor:

On Site Supervisor

Date:

BBNA TANF Accepted

Date:

REMEMBER TO ATTACH ALL PROOF OF INCOME WITH YOUR CALENDAR.

Please use this to record hours prior to completing your Family Self-Sufficiency Plan with your Case Manager. Bring in all recorded hours to your FSSP Appointment so that you do not fall behind in recording your Work Activity hours.

THANK YOU

Week Ending: Sat. _____

	S	M	T	W	Th	F	S	Total:
Job Search (internet, radio, bulletins...)								
Volunteering (Food Bank, SAFE Ulla's, BBNA)								
Family Time (reading, homework, etc)								
Job Skills (resume, interviewing, etc)								
Cultural Activities (beading, carving, hunting, etc)								
GED/DIPLOMA other Education								

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Volunteering (Food Bank, SAFE Ulla's, BBNA)								
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