

## PROGRESS REPORT - EDUCATION/TRAINING/POST-EMPLOYMENT SERVICES/ WORK EXPERIENCE AND COMMUNITY SERVICES PROGRAM

Participant Name/Address    	GAIN Regional Office Address:    	
	Fax Number: GSW Name: _____ Phone Number: _____	
(Service Type & Activity Number Program Description)	GSW ID: _____	
Agency/School Name:	Case Number: _____	Date: _____
Report Period From: _____	To: _____	Report Due: _____

This progress report is a required document that needs to be completed and turned in timely. Failure to provide this form by the due date may affect your cash aid. If you have any questions, please contact your GAIN Services Worker.

Please forward this form to your agency or school's CalWORKs office for completion. Email, mail, fax or walk-in this completed form to your GAIN Services Worker by the due date indicated above.

SECTION A: TO BE COMPLETED BY YOUR AGENCY or SCHOOL		
Making Satisfactory Progress in Overall Program: <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, explain: _____ _____ _____ _____ _____	Print Name of Agency/School Official Completing Form: _____  Title of Agency/School Official Completing Form: _____  Telephone Number: _____  Email: _____  Fax Number: _____	Official Agency/School Stamp:      
Meeting Attendance Standard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Agency/School Official Completing Form: _____	Date: _____

SECTION B: TO BE COMPLETED BY THE PARTICIPANT		
<ul style="list-style-type: none"> <li>If your school does not have a CalWORKs Office available, <u>attach your recent transcript or report card</u> to this progress report and submit to your GAIN Services Worker by the due date indicated above.</li> <li>If your service provider is unable to complete this form and you do not have your recent transcripts or report card, call your GAIN Services Worker to make an appointment to complete an affidavit of temporary declaration.</li> </ul>		
I understand that any deliberate misrepresentation of the above information may result in a penalty which can reduce the amount of my aid or cause me to become ineligible for cash aid. I also authorize the release of the above information to the County of Los Angeles, Department of Public Social Services by the service provider.		
Participant Signature: _____	Telephone Number: _____	Date: _____

File: GPRF: Permanent