

Community Service | Volunteer Verification Form

MAIL OR FAX THIS FORM TO:

CAO or Work Ready Name
Address Line 1
Address Line 2
City, State, ZIP
FAX: (555) 555-5555

CAO / CONTRACTOR USE ONLY

CO / REC:

MONTHLY HOURS:

INSTRUCTIONS: Please mail or FAX the completed form within 10 days of receipt to the office listed above.

See reverse for detailed directions. Questions? Call the Statewide Customer Service Center at 1-877-395-8930.

SECTION I. Volunteer | Agency Information

Name of volunteer: _____ Birthdate: _____ Last 4 digits of SSN: _____
 Address of volunteer: _____ City: _____ State: _____ ZIP code: _____
 Name of agency: _____ Agency Phone Number: _____
 Address of agency: _____ City: _____ State: _____ ZIP code: _____

SECTION II. Community Service Activity Information

Start Date of Service	
Expected End Date of Service*	
Transportation Provided by Agency at No Cost?	YES NO

(Circle one)

Monthly Schedule of Service	
	Estimated Weekly Hours
Week 1	
Week 2	
Week 3	
Week 4	
Total Monthly Estimated Hours	

Description of Tasks Performed:
1.)
2.)
3.)

SECTION III. Agency Certification

COMMUNITY SERVICE AGENCY CERTIFICATION:

I hereby certify that our organization is a nonprofit with 501(C)(3) or 501(C)(4) status, a federal, state, or local government agency, or a church/place of worship that meets all applicable federal, state, and local laws and the above-named volunteer is registered with our agency to complete community service for the hours and period indicated above. I understand that this form is used to verify up to six months of community service participation. I also understand that our agency must report failure by a participant to meet the required monthly hours to the Pennsylvania Department of Human Services within 10 days from the date the change occurred.

X

Signature of Site Manager

Name of Site Manager (please print)

Date

SECTION IV. Reporting Changes (Complete this section if updating an existing form.) Mail or fax within 10 days from date change occurred.

Actual End Date	Other Changes (Please explain below)	Signature of Site Manager	Name of Site Manager	Date
	X			

* No more than six months from start date. If community service is expected to continue beyond six months, enter six months from start date. A new form is required every six months.

Community Service | Volunteer Verification Form Instructions

An individual who is participating in the required number of hours determined by the County Assistance Office (CAO) may be considered meeting the Able Bodied Adult Without Dependents (ABAWD) work requirement and therefore not subject to time-limited Supplemental Nutrition Assistance Program (SNAP, food stamps) benefits.

This form is used to document community service participation for up to six months of participation at a time.

If the individual stops participating or participation falls below the required monthly hours of participation indicated by the CAO or Employment and Training (E&T) contractor, the agency must report this change to the Department of Human Services within 10 days from the date the change occurred.

Who may complete the form:

The form may be completed only by an organization or agency that is providing a community service opportunity to the applicant or recipient. **Note:** The *Required Monthly Hours* section is completed by the CAO or E&T contractor based on the hours computed by the CAO and listed on the Employment Development Plan.

Who signs the form:

Only the site manager (or supervisor) who can attest to the community service agreement may sign the form.

General form completion requirements:

The information on the form must be complete and legible.
A signature by the site manager (or supervisor) is required.

Reporting changes:

Complete Section IV and fax or mail to:

CAO or Work Ready Name
Address Line 1
Address Line 2
City, State, ZIP
FAX: (555) 555-5555