

Basic Food Workfare Activity Report

CLIENT'S NAME	CLIENT NUMBER
WORKER'S NAME	COMMUNITY SERVICES OFFICE (CSO)

Workfare is a way for Able-bodied Adults without Dependents (ABAWD) to stay eligible for Basic Food benefits, by providing unpaid work for a public or non-profit private agency (community organizations, schools, etc.).

CLIENT INSTRUCTIONS:

- Take this form to the community Workfare agency each month, to verify the number of hours that you worked in Workfare for that month.
- You have to turn in the monthly form no later than 10 days after you complete your minimum Workfare hours.
- You must complete at least 16 hours of volunteer work each month to stay eligible for your Basic Food benefits. If your Basic Food benefits are less than \$152 per month, then your minimum Workfare hours may be less than 16 per month.
- This form must be **completed and signed** by a Workfare agency only. Agencies must also complete the Workfare agreement (DSHS form 09-866) at least once per year.
- **Turn this completed form in to DSHS by:**
 - **Faxing to 1-888-338-7410; or**
 - **Taking it to your local Community Services Office (CSO); or**
 - **Mailing to: DSHS CSD Customer Service Center**
PO Box 11699
Tacoma, WA 98411-6699

CERTIFYING COMMUNITY SERVICE WORKFARE AGENCY:

The person named above must meet ABAWD work requirements to receive Basic Food benefits. One way to meet this requirement is through Workfare.

Please complete and sign the statement below to verify the number of hours the above named individual provided volunteer work. Thank you for your assistance.

I certify that _____ did _____ hours of unpaid work during
CLIENT NAME NUMBER OF HOURS
 the month of _____.
MONTH, YEAR

Please note that where the Workfare Host Agency has completed, signed and submitted a Basic Food Volunteer Workfare Agreement, DSHS 09-866, the Department of Social and Health Services (DSHS) will pay the cost of industrial insurance coverage for the Workfare Participant. The Department of Labor and Industries cannot provide assurances that worker's compensation coverage provides full immunity from tort claim liability. In any case, DSHS does not assume liability for any injury to or death of a Workfare Participant while on the job.

SIGNATURE	DATE
NAME (PLEASE PRINT)	TELEPHONE NUMBER
TITLE	EMAIL ADDRESS
AGENCY'S NAME	

COPIES TO: Provider; Financial Services Specialist; Client

