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 volunteer work each month to stay eligible for your Basic Food benefits. The number of volunteer work hours is calculated by dividing your household’s Basic Food benefit amount by the local minimum wage.
  Example: $192 Basic Food benefits ÷ $11.50 local minimum wage = 16 weekly volunteer hours.
• This form must be completed and signed by a contracted Workfare agency only.
• Turn this completed form in to DSHS by:
  o Faxing to 1-888-338-7410; or
  o Taking it to your local Community Services Office (CSO); or
  o 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

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DSHS 01-205 (REV. 11/2018)