Washington State Department of Social & Health Services
Transforming lives

Able Bodied Adults Without Dependents
（无受抚养人的健全成年人，ABAWD）活动报告

客户的姓名	客户编号

请填写此表格，以便我们审核您的 ABAWD 状态。
参加工作和培训活动可帮助您保持获得食品福利的资格，同时获得经验或有教益的经历，或帮助您寻找就业机会。

说明：

1. 将此表格提供给与您合作的机构，让他们填写。
2. 此表格必须由您和与您合作的机构签署。
3. 在每个月 10 日之前提交此表格。
4. 请通过以下方式，将填写完整的表格返回给 DSHS：
   - 传真至： 1-888-338-7410，或
   - 将其交到当地的 Community Services Office（社区服务办公室，CSO），或
   - 邮寄至： DSHS CSD 客户服务中心
     PO Box 11699
     Tacoma WA 98411-6699

需要了解的重要事项：

- 您必须每月完成 80 小时经批准的工作或培训活动，或
- 如果参加工作福利活动，您的推荐信中会注明您必须完成的小时数。
- 每周从星期日开始，到下一个星期六结束。 每月总小时数的统计从该月的第一天到该月的最后一天。请参阅最后一页的示例。

如果您无法完成要求的总小时数（工作以及与工作相关的活动），请说明原因。

☐ 本人无法完成本月的总小时数，因为（请说明原因）：

请参阅下一页的月度报告。

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月份	
客户的姓名	客户编号

填写每周与批准的服务提供者一起完成的小时数。	每月					总小时数
	第一周	第二周	第三周	第四周	第五周	
求职指导						
求职培训						
教育活动包括： • 普通教育学位基础教育 English Language Acquisition（英语语言习得，ELA）						
职业培训包括： 难民工作计划						
生活技能指导培训						
工作保留						
无偿工作						
工作福利						
总小时数						

第一服务提供者：	其他服务提供者：
本人证明上述客户确实完成了上述期间指定的小时数。	本人证明上述客户确实完成了上述期间指定的小时数。
活动地点名称	活动地点名称
活动	活动
签名	签名

☐ **本人目前有工作；这份工作已报告给 DSHS，本人的工作小时数没有变化。**

（如果您之前没有向 DSHS 报告过您的工作，请提供证明，其中包括：您雇主的姓名和电话号码；工资率；开始日期；每周工作时间；发薪日结束时间；发薪日期；以及如果您收取小费或佣金，请提供预期数额。）

☐ **本人目前正在参加 WIOA 批准的计划，并且本人的工作小时数没有变化。**

客户签名	签名日期

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ABAWD 活动报告描述和示例

以下描述有助于确定对您的参与有利的活动。只有在经批准的计划指导的情况下，活动才算数。了解这些计划的更多相关信息，请访问： https://www.dshs.wa.gov/esa/community-services-offices/state-approved-programs

求职指导——帮助您就业。 活动包括：

- 联系潜在雇主
- 搜索职位列表
- 获得身份证件、专业执照或认证

求职培训——帮助您寻找并获得就业机会。服务包括：

- 简历写作、面试技巧、准备硕士申请
- 与求职相关的指导和支持
- 工作场所研讨会和职业规划

基础教育——帮助您提高就业能力。 活动包括：

- 基本的计算机技能、阅读或数学帮助
- 高中同等学历（以前的 GED）
- Basic Education for Adults（成人基础教育，BEA）
- English Language Acquisition（英语语言习得，ELA）

生活技能——

提高您满足工作和日常生活的要求和挑战的能力。一些工作资源地点和基本食品就业及培训服务提供者提供这些服务。

职业教育——提供需要专门培训的课程，例如焊接或计算机编程。 参加这些计划可获得相关证书。 本活动必须是：

- 获得认证的
- 获得独立第三方认可的
- 被当地行业雇主认可的

工作保留服务——通过基本食品就业和培训计划协助和支持就业成年人，以帮助他们实现更好的工作绩效并增加收入。活动可能包括：

- 咨询或指导
- 案例管理
- 协助支付为保住工作产生的相关费用

工作福利——是 ABAWD 的一项志愿者活动，旨在通过培养基本工作技能和信心来提高整体就业能力。参与者必须每月在工作福利场所志愿服务一定小时数。DSHS 将把 ABAWD 转介至工作福利场地。

无偿工作——ABAWD 有机会通过在州、地方、宗教或社区非营利组织做志愿者来满足参与要求。也可以在社区内参加其他形式的无偿工作。

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ឧទាហរណ៍នៃរបៀបបំពេញទម្រង់ DSHS 01-205

ឧទាហរណ៍ទីមួយ: សកម្មភាពមួយជាមួយអ្នកផ្តល់សេវាមួយ។

បើថ្ងៃទី 1 ខែមិថុនាចំថ្ងៃសៅរ៍ សប្តាហ៍ទី 1 នឹងមានមួយថ្ងៃ។ បួន (4) សប្តាហ៍បន្ទាប់នឹងមានប្រាំពីរ (7) ថ្ងៃ។ ថ្ងៃចុងក្រោយគឺថ្ងៃទី 30 ខែមិថុនានឹងចំថ្ងៃអាទិត្យ។ សប្តាហ៍ចុងក្រោយនឹងមានមួយថ្ងៃ។

输入每周与批准的服务提供者一起完成的小时数。	每月					总小时数
	第一周	第二周	第三周	第四周	第五周	
Job Search（求职，JS）指导						
Job Search Training（求职培训，JT）						
教育活动包括： • General Education Degree（普通教育学位，GED） • 基础教育 • English as a Second Language（英语作为第二语言，ESL）	2	13	33	20	15	85

示例二： 参与两个服务提供者的多项活动。

输入每周与批准的服务提供者一起完成的小时数。	每月					总小时数
	第一周	第二周	第三周	第四周	第五周	
Job Search（求职，JS）指导			5	5		10
Job Search Training（求职培训，JT）	5	5				10
教育活动包括： • General Education Degree（普通教育学位，GED） • 基础教育 • English as a Second Language（英语作为第二语言，ESL）	15	15	15	15		60
总小时数	20	20	20	20		80

第一服务提供者：	其他服务提供者：
本人证明上述客户确实完成了上述期间指定的小时数。	本人证明上述客户确实完成了上述期间指定的小时数。
活动地点名称 **奥本工作资源**	活动地点名称 **Green River Community College（绿河社区学院）**
活动 **JS / JT**	活动 **基础教育**
签名 *John Doe，BFET 服务提供者*	签名 *Jane Doe，BFET 服务提供者*

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Washington State Department of Social & Health Services
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Able Bodied Adults Without Dependents (ABAWD) Activity Report

CLIENT'S NAME	CLIENT NUMBER

Please complete this form to help us review your ABAWD status. Work and training activities help you stay eligible for food benefits while gaining experience or education, or seeking employment.

Instructions:

1. Provide this form to the agencies you're working with for them to complete.
2. This form must be signed by you and the agencies you're working with.
3. Provide this form monthly by the 10th of the following month.
4. Return the completed form 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

Important Things to Know:

- You must complete 80 hours per month of approved work or training activities, or
- If participating in Workfare, your referral letter has the number of hours you must complete.
- Weeks start on Sunday and end the following Saturday. Total monthly hours start from the first of the month to the last day of the month. See last page for examples.

If you couldn't finish all the required hours (working plus other work related activities), please share the reason(s) why.

☐ I wasn't able to complete all of the hours for this month because (please explain):

Please see the next page for the month report.

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MONTH	
CLIENT'S NAME	CLIENT NUMBER

Enter number of hours completed with approved providers for each week.	Weeks in a month					Total hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
Supervised Job Search						
Job Search Training						
Education Activities to include: • General Education Degree Basic Education • English Language Acquisition (ELA)						
Vocational Training to include: Refugee Work Program						
Supervised Life Skills Training						
Job Retention						
Unpaid Work						
Workfare						
Total hours						

First Provider:	Additional Provider:
I certify the above-named client did complete the hours indicated for the period described above.	I certify the above-named client did complete the hours indicated for the period described above.
ACTIVITY SITE NAME	ACTIVITY SITE NAME
ACTIVITIES	ACTIVITIES
SIGNATURE	SIGNATURE

☐ **I'm currently working; this job has been reported to DSHS and there are no changes in my hours.**

(If you have a job that wasn't previously reported to DSHS, provide proof to include: name and telephone number of your employer; rate of pay; start date; hours worked weekly; when pay periods end; pay dates; and if tips or commissions are paid, the amounts expected.)

☐ **I'm currently in a WIOA approved program and there are no changes in my hours.**

I declare that the information I'm providing on all pages of this form is true and complete.

CLIENT'S SIGNATURE	DATE OF SIGNATURE

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ABAWD Activity Report Descriptions and Examples

The descriptions below help identify activities that count toward your participation. Activities only count if an approved program supervises them. Find out more about these programs by visiting: https://www.dshs.wa.gov/esa/community-services-offices/state-approved-programs

Supervised Job Search - assists you with finding employment. Activities include:

- Contacting potential employers
- Searching job listings
- Obtaining IDs, professional licenses or certifications

Job Search Training –helps you seek and obtain employment. Services include:

- Resume writing, interview skills, preparing a master application
- Instruction and support related to seeking employment
- Workplace workshops and career planning

Basic Education –helps you to increase your employability. Activities include:

- Basic computer skills, reading or math assistance
- High School Equivalency (formerly GED)
- Basic Education for Adults (BEA)
- English Language Acquisition (ELA)

Life Skills – increases your ability to meet the demands and challenges of working and everyday life. Some WorkSource locations and Basic Food Employment and Training providers offer these services.

Vocational Education – provides programs requiring specialized training such as welding or computer programming. These programs result in recognized credentials. The activity must be:

- Credentialed
- Recognized by an independent third party
- Accepted by local industry employers

Job Retention Services –assists and supports employed adults through the Basic Food Employment and Training program to achieve better job performance and increase earnings. Activities may include:

- Counseling or coaching
- Case management
- Assistance with expenses related to keeping a job

Workfare - is a volunteer activity for ABAWDs to increase overall employability by developing basic job skills and confidence. Participants must volunteer a certain number of hours monthly at Workfare sites. DSHS will refer ABAWDs to Workfare sites.

Unpaid Work – is an opportunity for an ABAWD to meet participation requirements by volunteering with a State, local, religious, or community non-profit organization. Unpaid work can also occur in other formats within the community.

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Examples of how to complete form DSHS 01-205

Example One: One activity with one provider.

If June 1 is on Saturday, week 1 will have one day. The next four (4) weeks will all have seven (7) days. The final day, June 30, will be on a Sunday. The final week will have one day.

Enter number of hours completed with approved providers for each week.	Weeks in the month					Total hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
Supervised Job Search (JS)						
Job Search Training (JT)						
Education Activities to include: • General Education Degree (GED) • Basic Education • English as a Second Language (ESL)	2	13	33	20	15	85

Example Two: Multiple activities with two providers.

Enter number of hours completed with approved providers for each week.	Weeks in the month					Total hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
Supervised Job Search (JS)			5	5		10
Job Search Training (JT)	5	5				10
Education Activities to include: • General Education Degree (GED) • Basic Education • English as a Second Language (ESL)	15	15	15	15		60
Total hours	20	20	20	20		80

First Provider:	Additional Provider:
I certify the above-named client did complete the hours indicated for the period described above.	I certify the above-named client did complete the hours indicated for the period described above.
ACTIVITY SITE NAME **WorkSource Auburn**	ACTIVITY SITE NAME **Green River Community College**
ACTIVITIES **JS / JT**	ACTIVITIES **Basic Education**
SIGNATURE *John Doe, BFET provider*	SIGNATURE *Jane Doe, BFET Provider*

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