

FAX this form to:
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 LCCC KEYS Facilitator
 610-799-1744

**Required Number of Hours
 (CAO or E&T Contractor Completes)**
 Minimum Monthly Hours:
 Maximum Monthly Hours:

Community Service | Volunteer Verification Form

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 1-877-395-8930

SECTION I. Volunteer | Agency Information

Name of Volunteer _____ Birthdate _____ Last 4 SSN _____
 Address of Volunteer _____ City _____ State _____ Zip Code _____
 Name of Agency _____ Agency Phone Number _____
 Address of Agency _____

SECTION II. Community Service Activity Information

Start Date of Service	MM-DD-YYYY	Expected End Date of Service*	MM-DD-YYYY	Transportation Provided by Agency at No Cost?	YES	NO
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Monthly Schedule of Service								
	S	M	T	W	TH	F	S	Estimated Weekly Hours
Week 1								
Week 2								
Week 3								
Week 4								
Total Monthly Estimated Hours								

Monthly Schedule Instructions

(Circle one)

1. Mark an 'X' on the expected days of service.
2. Enter the total weekly hours in the Estimated Weekly Hours column.
3. Total the monthly estimated hours.

Description of Tasks Performed:

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 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 as indicated above. I understand that this community service verification form is used to verify up to six months of community service participation. I also understand that our agency must report any changes in participation 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
MM-DD-YYYY		X		

* No more than 6 months from start date. If community service is expected to continue beyond 6 months, enter 6 months from start date. A new form is required every 6 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 ABAWD work requirement and therefore not subject to time-limited SNAP (food stamps) benefits.

This form is used to document community service participation for up to 6 months of participation at a time.

If there are any changes in participation, e.g., the individual stops participating or participation falls below the minimum monthly hours of participation, 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 Number of 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 to (555) 555-555 or mail to:

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