State of California – Health and Human Services Agency

California Department of Social Services

WORK EXPERIENCE AND/OR COMMUNITY SERVICES HOURS OF PARTICIPATION NOTICE

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

You are required to participate in Work Experience and/or Community Services. The weekly hours you must participate in Work Experience and/or Community Services may change month by month depending on the number of hours you work or participate in other Welfare-to-Work activities

Effective Month: _____

Weekly hours you must participate: _____

Weekly number of hours you must participate in
Unpaid Work Experience (WEX) and/or Community Service: _____

Weekly hours you must participate in Other Activities: _____

☐ Please return the verification requested on the attached CW 2200 to the county by: _____

Easy Ways to Turn in Your Proof:

Online : _____

By Mail: _____

In Person: _____

By Phone: _____

Name and Location of WEX or Community Services Worksite:

Contact Person: _____

Contact Person Phone Number: _____

Start Date: _____ Expected End Date: _____

Participant Signature: _____ Date: _____