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LARIMER COUNTY WORKFORCE CENTER - PATH TO SUCCESS MONTHLY CONTACT SHEET (MCS)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Report for the month of: _____ Year: _____

Name of your Career Coach: _____

Is this a new address? (Mark one response) YES _____ NO _____

INSTRUCTIONS: You MUST complete this sheet and turn it in to your Colorado Works Career Coach by the 5th of each month. The form asks that you report the number of hours that you spent on activities listed on your Roadmap Contract in the previous month. List each activity on a different row and then, in the boxes, enter the number of hours that you spent on that activity each day. USE BLACK INK ONLY. (The first row shows an example: if you spent 3 hours looking for and applying to jobs on the 16th of the month and 2 hours on the 21st, you would enter 3 in the box under the number 16 and 2 in the box under the number 21.) ***** IMPORTANT *** If you do not turn in this form on time or you do not report fully on your work activities, YOUR TANF CASH BENEFITS AND CHILD CARE ASSISTANCE COULD BE REDUCED OR STOPPED.** If you have any questions about the form, contact your Career Coach for assistance.

WORK ACTIVITIES: List each of the activities included in your Roadmap Contract on a separate row.	MONTHLY CALENDAR																															Total hours this month	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
EXAMPLE: Job Search / Job Readiness (JS)																3					2												5
Your activities:																																	
1.																																	
2.																																	
3.																																	
4.																																	
5.																																	
6.																																	
7.																																	
8.																																	

Total hours for all activities this month:

Other information for your Career Coach:

1. Did you miss any scheduled Roadmap activities (for example, workshops or coaching meetings) that you had agreed to participate in this month? Select one: YES _____ NO _____
 If YES, which activities did you miss?

Why did you miss these activities?

2. Do you need help with any issues that are making it difficult for you to participate in your work activities or make progress toward your goals/employment - for example, transportation, child care, housing or other issues?
 Select one: YES _____ NO _____ If YES, explain:

3. Did you do any work for pay in the reported month? (Please count any work that you expect to be paid for even if you have not been paid yet.) Select one: YES _____ NO _____
 If YES, who was your employer and how much did you earn?

Employer's Name: _____
 Employer's Address: _____
 Employer's Phone: _____

Supervisor's Name: _____
 Total hours worked this month: _____
 Amount earned this month: \$ _____

I certify that the time entered represents a true and accurate record of my time: X _____ DATE: _____ / _____ / _____

Remember to complete and submit your form by the 5th of each month

FOR CAREER COACH USE ONLY: I have reviewed this form and certify, to the best of my knowledge, that the information that my client provided complies with Colorado Works requirements.

Coach Signature: _____ Date: _____ / _____ / _____

Entered into MCS Database Inquiry/Issuance Activities Attendance Supportive Services Case Comments

--When you complete this form, Save it! --

Then either send your electronically signed copy to Lrworks@larimer.org or print a copy, sign in the space provided and get it to your Coach by the 5th!