



VERIFICATION OF ACTIVITY (VOA) FORM

Purpose: Document for your case manager when you start an employment, educational or occupational training Activity.

Customer Information (To be completed by customer)

First Name:	Last Name:	Last 4 Digits SSN:
Address:	State:	ZIP:
Email:	Phone:	Date:

Activity (To be completed by Case Manager)

Choose one: For more than one activity, complete another form	Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/Seasonal	Hours per Week: _____ Hourly rate: _____ Date of First Paycheck: _____ Frequency of Paycheck: _____	Education/Training Hours per Week: _____ Homework hrs. per Wk.: _____
	State Tax Withholding <input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> VA	Start Date:	End Date (if applicable):
Scheduled Work Days: (check all that apply) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Activity Title:	Brief Description of Activity: _____		

Organization (To be completed by employer/institution)

Organization's Name:		
Address:	State:	ZIP:
Supervisor's Name:	Signature:	Date:
Contact's Phone Number:	Business Email:	Fax:

For Case Manager Only

By signing below, you have verified that the information provided above by the customer is accurate.

Name:	Signature:	Title:	
Provider:	Phone:	Email:	Date:

Instructions:

1. Complete the Detailed Individual Responsibility Plan (DIRP) and this form with your case manager.
2. Your case manager will call the contact person provided to verify your activity so you can receive credit.

