



MONTHLY ACTIVITY REPORT

Name:	Case Manager:
Address:	Reporting Period From the 16 th of _____ to the 15 th of _____, 20__.
Phone Number:	

As a participant of Ontario Works, you are required to advise your Case Manager of your efforts to comply with your Ontario Works Participation Agreement. Please complete this form and return it between the **16th and 22nd of the month**, with your Monthly Statement of Income.

FAILURE TO RETURN THIS REPORT MAY RESULT IN NON-COMPLIANCE WITH ONTARIO WORKS.

Did you:	Yes	No	Date(s):	Name of Organization & details:
Find Employment (Paid Employment)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Register with an employment agency?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attend School?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attend training?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attend an Employment Resource Center?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Are you considering Self-Employment?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NEW VOLUNTEER WORK

Did you volunteer at a non-profit or public agency last month? (Assisting in your child's school/class, committee member, coaching/assisting sports organizations, Fire Department/First Response, Community Carnival/Fair, Tournaments, etc.)

Yes **No**

If **yes**, complete the following table:

Dates:	Total Hours:	Organization:	Job Title:	Description of Duties:

REVERSE SIDE MUST BE COMPLETED



