



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** Birthdate Last 4 SSN Name of Volunteer City _____ State ____ Zip Code ____ Address of Volunteer Agency Phone Number Name of Agency 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 (Circle one) Monthly Schedule **Monthly Schedule of Service Instructions Description of Tasks** Estimated 1. Mark an 'X' on the Performed: S М Т W TH F S Weekly expected days of service. Hours **2.** Enter the total weekly Week 1 hours in the Estimated Week 2 Weekly Hours column. Week 3 **3**. Total the monthly Week 4 estimated hours. **Total Monthly Estimated Hours 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 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. 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 X MM-DD-YYYY

^{*} 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 at least 6 hours a week of community service (24 hours a month average) 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 six months of participation at a time.

If there are any changes in participation, e.g., the individual stops participating or participation falls below six hours a week, 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.

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 The information on the form must be complete and legible.

requirements: A signature by the site manager (or supervisor) is required.

Reporting changes: Complete Section IV and fax or mail to your local County Assistance Office.