



Verification of Activity (VOA) Form

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

Instructions

1. Complete the Detailed Individual Responsibility Plan (DIRP) with your case manager.
2. Complete this form with your case manager when you start an employment, educational or occupational training Activity.
3. Your case manager will call the contact you list below to verify your activity so you can receive credit.

Personal Information

First Name:	Last Name:	Last 4 Digits SSN:
Email:	Phone:	Date:

Activity

Choose one: <i>For more than one activity, complete another form</i>	<input type="checkbox"/> Employment Hourly rate: \$ _____	Frequency of Paycheck: _____	<input type="checkbox"/> Education/Training No. of hrs. per Wk: _____
	<input type="checkbox"/> Temp/Seasonal <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date of First Paycheck: _____	Homework hrs. per Wk: _____
Start Date:		End Date <i>(if applicable)</i> :	
Activity Title:		Brief Description:	

Organization

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

For Case Manager Only

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

Name:	Signature:	Date:
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