



Shingle Springs Tribal TANF Program

Homework Log

Month/Year: _____

FA Name: _____

Participant Name: _____

CIF#: _____

Name of Class	Assignment	Date Assignment Given	Length of Assignment (# of hours)	Date Assignment was Submitted to Instructor	Client Signature	(√) if class is listed on school registration

This document is signed under penalty of perjury.

Participant Signature _____

FA Signature _____

Date _____

Date _____