

**COLORADO EMPLOYMENT FIRST
WORKFARE INITIAL SITE CONTRACT**

Participant Name	Social Security # (last 4 digits)	CBMS Case #
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Participant Contract

I understand that I have been selected to participate in workfare. I agree to begin my participation by working one (1) hour at _____. I understand that I may be placed at another work site in the future. Failure to cooperate without good cause may result in the loss of my food assistance.

Confidentiality Agreement

Because I may be working with confidential records at _____, I agree not to discuss any client information I may observe. This includes, but is not limited to, names, addresses, phone numbers, social security numbers or other personal information.

I have read and agree to all parts of the above statement.

Participant's Signature

Date

For Staff Use Only

Time Sheet

For month of _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Performance: Excellent ___ Good ___ Fair ___ Poor ___

Comment: _____

Staff Signature

Date