WorkSource Activities Tracker - ABAWD

1. Check in and let staff know you're here to complete SNAP work requirements.
2. List the activities you complete and the date you complete them.
3. Connect with staff before leaving to have your activities signed off. WorkSource staff can only sign off on activities documented in our system.

Name: _____
(Please Print)

DSHS Client #: _____

Month/Year: _____

WorkSource Office: _____

To be completed by customer		**WorkSource Staff:** 1) Verify WA Works registration, 2) enroll in program 3) enter service(s) as appropriate and a case note explaining how you assisted the customer			
Date	**Job Search Training and Supervised Job Search Activities**	**Time** (length of activity)	**Staff Name (printed)** (Assisting with or confirming activity)	**Staff Signature**	**Program of Service**
9/15/26	Resume development	1 hr	Jane Doe	*Jane Doe*	Wagner Peyser
9/16/26	Interviewing techniques	1.5 hrs	Josh Doe	*Josh Doe*	Wagner Peyser
TOTAL Job Search Training & Supervised Job Search Hours					

SAMPLE

This form is recommended for customers participating in WorkSource activities to fulfill SNAP work requirements.
If a customer is enrolled in a program that uses an alternate process for documenting activities, please follow program guidance.

To be completed by customer		To be completed by WorkSource Staff: 1) Verify WA Works registration, 2) enroll in program and enter service(s) as appropriate, 3) Sign off on listed activities that you provided or can verify in WA Works.			
Date	**Life Skills Classes** (Strategies for Success, Financial Capabilities, etc.)	**Time** (length of activity)	**Staff Name (printed)** (assisting with or confirming activity)	**Staff Signature**	**Program of Service**
9/21/26	SFS – Workplace Readiness, Day 1	3 hrs	Joe Instructor		Wagner Peyser
9/22/26	SFS – Workplace Readiness, Day 2	3 hrs	Joe Instructor		Wagner Peyser
9/23/26	SFS – Workplace Readiness, Day 3	3 hrs	Joe Instructor		Wagner Peyser
9/24/26	SFS – Workplace Readiness, Day 4	3 hrs	Joe Instructor		Wagner Peyser

SAMPLE

Total Life Skills Classes Hours	
Total Job Search Activity Hours from Page 1	
Total Hours	

Submit activity hours to DSHS by the 10th of the following month.

- **Upload** to https://docupload.dshs.wa.gov/welcome
- **Fax** to 1-888-338-7410
- Take to your local DSHS Community Services Office

I declare that the information I'm providing on all pages of this form is true and complete. **Customer Signature:**_____

WorkSource is an equal opportunity employer program. Auxiliary aids and services are available upon request to individuals with disabilities.
Washington Relay Service 711.