



**DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD  
COMMUNITY PLACEMENT SELF DECLARED PARTICIPATION REPORT**

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Have you attended the number of hours as per your agreement?     Yes     No

Please explain any variance: \_\_\_\_\_

**MONTHLY LOG OF HOURS**

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

Participant's Comments:

**I continue to be on placement with the above listed organization:    Yes     No**

I certify that the above information is accurate and true to the best of my knowledge and belief.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Monthly reports must be completed at the end of each month & submitted by the 7th of the following month to the Ontario Works Manager's attention at one of the offices below:**

PO Box 6006  
290 Armstrong Street  
New Liskeard ON  
P0J 1P0

Phone: (705) 647-7447  
(800) 627-2944  
Fax: (705) 647-5267

PO Box 310  
29 Duncan Avenue N  
Kirkland Lake ON  
P2N 3H7

Phone: (705) 567-9366  
(888) 544-5555  
Fax: (705) 567-9492