

**BEACON NOTICE**  
**ENGLISH SAMPLE**

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DTA DPC – PO Box 4406  
Taunton, MA 02780-0420

**Massachusetts Department of Transitional Assistance**

Dennis Truman  
1 Pleasant St.  
Framingham, MA 01701

Agency ID: 9999999

02/01/2015

**ESP Participation and Attendance Record**

Dear Dennis Truman:

You must fill out the enclosed form and return it by 02/11/2015. This form will track your hours of participation from 01/01/2015 to 01/31/2015.

If you do not return this form **by 02/11/2015** or tell us about any good cause reason you have for not meeting your requirement, we will send you a notice. The notice will tell you if your benefits are going to be lowered or stopped. That notice will also give you a right to appeal.

If you do not meet your hourly requirement, your benefits may be lowered or your family's benefits stopped.

If you feel you have good cause for not meeting your requirement, circle the good cause reason(s) below and mail this notice to: DTA Document Processing Center, PO Box 4406  
Taunton, MA 02780-0420 or Fax it: 617-887-8765 by 02/11/2015. Good cause includes (circle one or more):

- lack of child care;
- lack of transportation;
- disability or illness (your own or someone you take care of);
- a family emergency; and
- other reasons we may approve.

You **MUST** provide verification of good cause when you return this notice to us.

**Questions?** Please call your case manager John Smith at 617-999-9999 if you have any questions about your requirement, you need help in how to meet your requirement or in claiming good cause.

DTA DPC – PO Box 4406  
Taunton, MA 02780-0420

## ESP Participation and Attendance Record

Dennis Truman  
1 Pleasant St.  
Framingham, MA 01701

Agency ID: 9999999

02/01/2015

Dear Dennis Truman:

This form is used to track your participation at **LARE's Electronic Assembly for Assembly Course**.

Write the number of hours you attended/participated for each day listed on this form. If you have not met your required hours and believe you had good cause reason not to participate, you must send proof with this form. If you have questions about good cause reasons and verifications, please call your case manager John Smith at 617-999-9999.

Give this form to the appropriate agency/school staff person. This person must sign the form stating that the information is correct. If appropriate, this person should also complete the Status Report section of this form. You must return this signed form to:

**DTA Document Processing Center**  
**PO Box 4406**  
**Taunton, MA 02780-0420**  
**or**  
**Fax: 617-887-8765**

by **02/11/2015**. If you have any questions please call the DTA Assistance Line right away.

**PLEASE COMPLETE YOUR TIME AND ATTENDANCE ON THE NEXT PAGE OF THIS FORM.**

### **Need help because of disability?**

If you have trouble doing something we asked you to do because of a physical or mental health problem:

- Call a **Client Assistance Coordinator** for help. Call **1-877-382-2363** and ask to speak to a Client Assistance Coordinator.
- We may be able to give you extra help, or adjust a rule. This is called an **accommodation**. Talk to a Client Assistance Coordinator.

**ESP Participation and Attendance Record**

Date	Day	Scheduled Hours	Actual Hours	Date	Day	Scheduled Hours	Actual Hours
	Sunday				Sunday		
01/30/2015	Monday	6			Monday		
	Tuesday				Tuesday		
	Wednesday				Wednesday		
	Thursday				Thursday		
	Friday				Friday		
	Saturday				Saturday		
	Sunday				Sunday		
	Monday				Monday		
	Tuesday				Tuesday		
	Wednesday				Wednesday		
	Thursday				Thursday		
	Friday				Friday		
	Saturday				Saturday		

For the dates on this form, I need/continue to need:

- Child care
- Transportation

I certify under penalties of perjury that my participation record as shown on this page is correct and complete.

\_\_\_\_\_  /  /   
Client Signature Date

This participation record as shown on this page is correct and complete to the best of my knowledge.

\_\_\_\_\_  /  /   
Agency/School Staff Person Signature Date

\_\_\_\_\_  
Printed Name of Agency/School Staff Person

\_\_\_\_\_  
Phone Number of Agency/School Staff Person

**BEACON NOTICE**  
**LANGUAGE WITH VARIABLE TEXT – Reverse page - (ENGLISH)**

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Dennis Truman  
1 Pleasant St.  
Framingham, MA 01701

Agency ID: 9999999  
02/01/2015

**THIS SECTION IS TO BE COMPLETED BY THE AGENCY/SCHOOL STAFF PERSON**

Status Report

Status		Date	Component/Activity	Comments
<u>X</u>	Started	06/01/2014	Skills Training	
___	Completed	__/__/__		
___	Left Activity	__/__/__		
___	Other	__/__/__		

Information, if any, regarding participant's absences should be noted here: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ESP PROVIDER IF CLIENT BEGAN  
EMPLOYMENT**

Name of Employer \_\_\_\_\_  
Employer Telephone Number \_\_\_\_\_  
FEIN # \_\_\_\_\_  
Address of Employer \_\_\_\_\_

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Start Date \_\_/\_\_/\_\_

Job Title \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Permanent Job: Circle YES NO

Health Insurance: Circle YES NO