

South Carolina Department of Social Services
Family Independence
CERTIFICATION OF HOMEWORK HOURS

Name of Student: _____

Case Number: _____

Name of School: _____

Address of School: _____

Quarter/Semester: _____

Begin Date of Class: _____

End Date of Class: _____

| Class Name | Number of Scheduled Class Hours | Is Homework Recommended/ Required? | Number of Recommended/ Required Homework Hours |
|------------|---------------------------------|------------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I certify that these hours are actual and true.

Instructor or School Designee's Signature

Return completed form to: Case Manager: _____

Address: _____

Telephone No.: _____

Fax No.: _____

INSTRUCTIONS FOR DSS FORM 1301

This form has been developed by the South Carolina Department of Social Services to be used to certify homework hours for students. The instructor or school designee should complete and sign the form and the client is responsible for returning it to his/her case manager.

TANF allows us to count 1 hour of homework per class hour.

Student Name: The complete name of the student.

Case Number: The student's case number.

Name of School: The complete name of the school student attends.

Address of School: The complete address of the school student attends.

Quarter/Semester: Indicate the quarter/semester for which the student is enrolled.

Begin Date of Class: Indicate start date of the student's class.

End Date of Class: Indicate the end date of the student's class.

Class Name: Indicate the name of the class for which the student is currently enrolled.

Number of Scheduled Class Hours: Number of scheduled hours of the class for which the student is enrolled.

Homework Recommended/Required: Indicate if homework is recommended or required in the class for which the student is enrolled.

Number of Recommended/Required Homework Hours: Indicate number of recommended/required homework hours in the class for which student is enrolled.

Instructor's Signature or School Designee/Date: Signature of instructor or school designee and the date that the form is completed.

Case Manager's Name: The complete name of case manager making request.

Case Manager's Address: The complete address of the case manager making request for homework hours.

Case Manager's Telephone Number/Fax Number: Self-Explanatory