

Date: _____

Community Advocate Name: _____

Community Name: _____

DHC Community Advocate Weekly Time Sheet

Weekday	Date:	Time	Community Organization Name (If Applicable)	Description of Activity/ Event/ Duty Related- (Must have flyer & Sign-In Sheet attached)	Total Hours	# of Residents Participating (MUST have Sign In Sheet included)
EXAMPLE	1/2/2023	9:00am- 2:00pm	Focus Hope	Delivered 20 Focus Hope Food Boxes to 20 Forest Park Residents.	5	20
Monday:						
Tuesday:						
Wednesday						
Thursday						
Friday						
Total						

*****DHC RSD STAFF USE ONLY*****

[] Approved [] Denied

Name: _____ Signature: _____ Date: _____

Please read the following and check boxes to verify completion of your Community Advocate Time Sheet Submission:

- I have reviewed and completed my timesheet before submission having the correct information to verify that I have fulfilled my duties.
- I have included flyers or sign-In sheets to complete my monthly report.
- If an incident occurred, I have notified DHC Resident Services Department in addition to DHC Property Management.
- I understand that I must fulfill the minimum 20 hours per month in addition to providing supporting documentation i.e. Sign In Sheets, Flyers, Pictures; in order to receive a stipend. If no supporting documents submitted, therefore no payment will be rendered.
- I understand that if my timesheet is incomplete and submitted that I will receive my stipend late based on the late submission. The submission will be processed under normal processes.
- I understand that my time sheet is due on the **second Monday** of the month and **if my timesheets and supporting documents of the month are complete, I will receive my stipend at the end of the month.** No later than the **5th of every month.**
- I understand that I will only contact DHC regarding my stipend after the **5th has passed** and I have not received any notifications regarding my timesheet submission being incomplete.
- I certify that all the information submitted from my timesheet to Detroit Housing Commission Resident Services Department is accurate. I understand that false statements and information on my timesheets **are punishable under Federal law** and termination of being a Community Advocate and loss of any future stipends.
- I have read and checked all of the above before submitting my timesheet.

Please Sign below to authorize your time confirming the hours volunteered and the Community Advocate Documents are completed and ready to be submitted.

Community Advocate Signature: _____ **Date:** _____

****If a Community Advocate is not fulfilling the minimum requirement of (20) volunteering hours a month they will not receive a stipend. The Community Advocate will receive a notice from DHC Resident Services Department regarding their hours.

****If a Community Advocate is exceeding the minimum requirement of volunteering hours, they will not receive a higher stipend amount.

D.H.C. Community Advocacy Report

*** For the following situations, we are required to utilize the provided form on a per-person basis: Resident Incidents, Emergencies, Resources, and Advocacy services provided. It is required that residents receiving these services sign off on the form to confirm the services they have received. This process ensures transparency and accountability in our service delivery.

Resident Name	
Address	
Phone #	
E-mail Address	
Date	
Detail Report	

I, _____ (Resident Name) confirm that I received advocacy services from a DHC Community Advocate _____ (Community Advocate Name) on the following date: _____.

Signature: _____ **Date:** _____