	FAMIL VERIF	TINVESTIVI	ACTIVI	TY	PART	ICIP	ATION				
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	verify participation in and Participant and Superv	isor and ca	n be u					-	_		
Pa	articipant's Signature:	:				Date:					
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		City, St	ate. Zip	:							
	Supervisor's name:	- ,,									
	Supervisor's phone number:										
	To be completed by the Supervisor: What are the individual's participation hours per week? (example: 8:00 a.m. to 1:00 p.m./3 days per weel										
				days per week:							
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