



**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
ABAWD Combined Activity Reporting Form**

Section 1: Participant Information

Name: _____

Address: _____

Phone Number: _____ RIBridges Case # (if known): _____ Email (optional): _____

Section 2: Work / School / Training / Volunteer Activity Log

This form, which must be provided to the agencies you are working with and signed by you and the agency supervisor as verification of your participation, must be returned by you at your application, interim or recertification. Activity hours that you report and verify will count towards your required 80 monthly hours. Changes to those hours must be reported to the Department of Human Services within 10 days.

Under penalty of perjury, I attest that all the information contained in this form is true. I understand that I am breaking the law if I give false information and can be punished under federal law, state law, or both.

Activity Type	Location	Total Hours/Month	Supervisor Signature

(You may attach another sheet for additional entries)

Section 3: Certification

Under penalty of perjury, I attest that all the information contained in this form is true. I understand that I am breaking the law if I give false information and can be punished under federal law, state law, or both.

Participant Signature: _____ Date: _____

Section 4: Submission Instructions

Submit the completed and signed form through the following pathways:

- ◆ Mail to RI Department of Human Services, P.O. Box 8709, Cranston, RI 02920-8787;
- ◆ Drop off in person or at a Drop Box Office location listed at <https://dhs.ri.gov/about-us/dhs-offices>;
- ◆ Log in and upload to your Customer Portal account at <http://www.healthyrhode.ri.gov>; or
- ◆ Access through the HealthyRhode Mobile App in the APP store or Google Play

For questions, call: 1-855-MY-RIDHS (1-855-697-4347)

Note: If you are applying or recertifying at this time, you may submit this completed and signed form with your DHS application or renewal documents.