

Community Service Statement of Completion

Client-Worker: Jane Doe**Start Date:** 08/11/2025**Date Issued:** August 11th, 2025**Verification Code:** 6264515**Current Address:** Cherry Lane**Probation Officer:** Jane Doe**Court ID:** 2244321**Local Charity:** The Foundation of Change

Hours Completed: 10

This letter serves to verify the above named person successfully completed 10 hours of volunteer community service work, sponsored by our non profit organization. The services performed were educational in nature, with a labor component, and provide ongoing value to the community and the client through self improvement. All training materials were prepared or approved by a licensed and experienced Master's Level Social Worker. Examples of topics addressed include Anger Management, Civics, Drug and Alcohol Awareness, Parenting and American Government. Structured feedback from the client is used to improve our other programs.

To verify the authenticity of this document, please go to <https://www.thefoundationofchange.org>. Near the bottom center of the page, click the Client Authentication tab. You will be instructed to enter the Verification Code from this letter. The information from our database should match the enrollment information given above. If any other information is needed, feel free to contact me at: info@thefoundationofchange.org. The Foundation of Change is a 501(c)(3) registered non-profit organization.

Respectfully submitted,



Jennifer Schroeder, M.S. ,CADC
Executive Director, The Foundation of Change

