

REQUEST FOR TRANSPORTATION ASSISTANCE

Customer Name _____

Employer _____

Address _____

Address _____

City & Zip Code _____

City & Zip Code _____

Phone # _____

Phone # _____

Social Security# _____

Today's Date _____

Client Signature _____

REQUIRED INFORMATION

Please list all person's living in the home below.

<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>	<u>Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You must provide your pay stubs for the last 30 days and complete the following vehicle information in order to be considered for assistance. This information may be verified through the Department of Motor Vehicles.

<i>Check if applying for bus pass If so, skip to the section</i>	<i>Bus Rider</i>	<i>Yes</i>	<i>No</i>
<i>License Plate Number</i>	_____		
<i>Vehicle Make/Model</i>	_____		
<i>Vehicle Identification #</i>	_____		
<i>Owner (name on registration)</i>	_____		
<i>Insurance Carrier</i>	_____		
<i>Policy Number</i>	_____		
<i>Please check if applying for assistance w/the following:</i>	<i>Mileage Reimbursement</i>	<i>Yes</i>	<i>No</i>

THIS SECTION MUST BE FILLED OUT BY REFERRING WORKER/CASE MANAGER

<i>Case Manager /Referring Worker Dist. #</i>	N. Mathis
<i>Case ID</i>	_____
<i>Amount of monthly gross household's income</i>	_____
<i>Number of hour's customer works per week.</i>	_____
<i>Is Household 200% below poverty level?</i>	_____

To Be Filled Out By Supplemental Fund Staff

Poverty Guidelines

Family Size	1	2	3	4	5	6	7	8
200%	\$1,805.00	\$2,428.33	\$3,051.67	\$3,675.00	\$4,298.33	\$4,921.67	\$5,545.00	\$6,168.33

<i>Approved</i>	<i>Denied- (reason why)</i>	
<i>Transportation Staff Approval/Denial by</i>		
<i>Social Service Manager Approval/Denial by</i>		
Transitional Transportation		Supplemental Transportation

This is a grant funded program and services are subject to change or terminate without prior notice based on available funds.

This form valid until – June 30, 2010