

**Mecklenburg
County
Department
Of Social Services**



**Eligibility
Requirements**

Minimum Eligibility Requirements

Must submit all income for the past 30 days

Must provided a copy of your valid ID

Must provide a copy of your valid vehicle registration card (for mileage, repair, or insurance)

Must provided a copy of your valid vehicle insurance (for mileage, repair, or insurance assistance)

Must meet 200% of the poverty guideline

Must be employed or in employment related activities

Transportation Assistance

DSS Community Resource Division is offering an **Employment Transportation Program**. This program consists of assisting eligible applicants with **bus passes, car insurance payment, car repairs, and mileage reimbursement**. The minimum eligibility requirement for this program is that you must meet the **200% poverty guideline** and be involved in employment related activities. If you would like more information on this program, please call The Department of Social Services at **704-336-3000**.

WE CAN HELP WITH:
Bus Passes
Mileage Reimbursement
Car Repair
Car Insurance



**Form Valid Until
June 30, 2011**



REQUEST FOR TRANSPORTATION ASSISTANCE

Customer Name _____	Employer/Job Training _____
Address _____	Address _____
City & Zip Code _____	City & Zip Code _____
Phone # _____	Phone # _____
Social Security# _____	Today's Date _____
Client Signature _____	

REQUIRED INFORMATION

Please list all persons living in the home below.

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

You must provide documentation of all income 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>Please check:</i>	<i>Bus Rider</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Mileage Reimbursement</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Car Repair</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Car Insurance</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<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>All Household Income:</i> <i>Please check all that apply:</i>	<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____

THIS SECTION MUST BE COMPLETED BY REFERRING WORKER/CASE MANAGER

<i>Case Manager /Referring Worker Dist. #</i>	_____
<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>	_____

Mail Applications to: Community Resource Division – Partnership Services, 301 Billingsley Rd. Charlotte, NC 28211
Contact Number: 704/336-4809 **Fax Number:** 704/336-8046