

Way to Go Referral Application

[Application to be completed by a representative of a community agency or organization.]

Date: _____ Applicant Name: _____

Applicant Email: _____ SSN: _____

Mailing Address: _____ Zip: _____

Locality: _____ Harrisonburg _____ Rockingham County Date of Birth: _____

Phones: Home/Cell: _____ Work: _____

Employer: _____ Number of hours employed per week: _____

Ethnicity: _____ Hispanic _____ Non-Hispanic

Race (select one below):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black (African American) | <input type="checkbox"/> Native Hawaiian / other Pacific Islander |
| <input type="checkbox"/> Black (African American) and White | <input type="checkbox"/> Amer. Indian / Alaskan Native and White |
| <input type="checkbox"/> Amer. Indian / Alaskan Native and Black (African Amer.) | <input type="checkbox"/> Other multiracial |
| <input type="checkbox"/> Amer. Indian or Alaskan Native | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Amer. Indian or Alaskan Native | |

Number of adults in household: _____ Number of children in household: _____

Household gross monthly income (including wages, and any benefits if applicable): _____

Has the client received TANF within past two (2) years? Yes _____ No _____ Unsure _____

TANF # (if eligible): _____

TANF status: VIEW, Current TANF _____ Former TANF _____ Diversionary _____ VTP _____

TANF verified with: _____ Date of last TANF: _____

Referring Agent Name: _____ Agency/Organization: _____

Referring Agent Phone: _____ Referring Agent E-mail: _____

Services requested (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Vehicle Repairs / Inspection | <input type="checkbox"/> Gas | <input type="checkbox"/> Car Payment |
| <input type="checkbox"/> Driving Lessons | <input type="checkbox"/> Needs to Obtain Vehicle | <input type="checkbox"/> Driver's License Reinstatement |
| <input type="checkbox"/> Taxis / Bus Ticket | <input type="checkbox"/> Vehicle Insurance | <input type="checkbox"/> Other: _____ |

Describe the client's transportation needs and why the client is a good candidate for Way to Go services:

