



Client Eligibility Screening Tool

Representatives, hereinafter referred to as “referring agents”, from local agencies and community organizations (e.g., case manager, social worker, or similar) who have identified their client as someone in need of transportation support services from Way to Go must complete and return this packet of application materials on behalf of their client. Clients are not permitted to directly refer themselves to Way to Go for our services. It is at the referring agent’s discretion as to whether they believe their client is meeting Way to Go’s basic eligibility requirements. The Screening Tool below is designed to assist the referring agent in determining whether their client is an eligible and strong candidate for Way to Go services.

By submitting this Agency Referral Application packet to Way to Go, the referring agent is indicating that their client is a strong candidate for our services based largely on the client’s: previous work record and current employment status; decision-making and self-initiative to improve their situation; and is in good standing with your organization’s program requirements.

1. Does the client reside in either the City of Harrisonburg or Rockingham County (VA)?

- Yes [move to Question #2]
- No [stop here; this client is ineligible for Way to Go services]

2. Is the client’s household income below 300% of the Federal Poverty Level?

Refer to the [2021 Federal Poverty Level Chart](#) to determine this based on the client’s household size & income.

- Yes [move to Question #3]
- No [stop here; this client is ineligible for Way to Go services]

3. Current Employment Status (check one)

- The client I am referring is currently Employed and working a minimum of 20 hours per week [move to Question #4]

Note: Clients seeking to obtain a vehicle through one of W2G’s Vehicle Acquisition Programs are required to be working 30/+ hours per week for the past 3 months before applying.

- The client I am referring has recently obtained a job offer letter for a minimum of 20 hours per week and is expected to begin work within the next two (2) weeks [move to Question #4]

- The client I am referring is currently Unemployed, but is actively enrolled in at least one of the following:

- Intensive job search with a job coach or career support specialist

Name of job coach/career support specialist: _____

Phone number of job coach/career support specialist: _____

- Job readiness training program that will result in immediate job placement once the credential or certification is obtained.

Name of training program: _____

Name of training program representative: _____

Phone number of training program representative: _____
[move to Question #4 below]

- The client I am referring is not currently employed for a minimum of 20 hours per week, is not in an intensive job search, and is not enrolled in a job training program
[stop here; this client is ineligible for Way to Go services]

If your client has successfully passed all of the above screening questions, your client is eligible for Way to Go services! Please complete the remaining supplemental questions below and the Agency Referral Application found on the next page. Answers of either “Yes” or “No” to the following questions will not impact the client’s ability to receive services from Way to Go. Instead, the information below will allow Way to Go to identify current funding sources and programs that can best serve the client.

- 4. Does the client have a diagnosed disability by a healthcare professional or self-identifies as having a disability?** Refer to the CDC’s definition of disability and listing of types of disabilities (e.g., impairments, activity limitations, and participation restrictions) here: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

- Yes
- No

- 5. Does the client have a dependent child(ren) under the age of 18 living in the home?**

- Yes [do not complete Question #6 below; move immediately to the Agency Referral Application on the following page]
- No, the client has zero dependents [do not complete Question #6 below; move immediately to the Agency Referral Application on the following page]
- No; however, the client is a non-custodial parent of a child(ren) under the age of 18 where the child lives with another caretaker [move to Question #6]

- 6. As a non-custodial parent of a child(ren) under the age of 18, does the client:**

a. Expect their child(ren) to be absent from the home for a period of less than 60 consecutive days (or 30 days if the absence is due to admission or commitment to a mental health hospital or correctional facility)

- Yes
- No

b. Pay child support and have overnight visits with child(ren) (e.g., weekends or weekday overnight visitations).

- Yes
- No

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:

