

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: _____

Hours worked a week: _____ Time at current employment: _____ Hourly Wage: _____

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

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

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	

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:

If possible, please enter the client's car year, make, and model: _____

*To obtain a vehicle, please submit a WorkCars or Donated Vehicle application with supporting documents.

