

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.



Release of Information



Way to Go receives a majority of our client services funding through an Employment Advancement grant from the Virginia Department of Social Services (VDSS). Therefore, it is highly likely that transportation expenses paid by Way to Go on your behalf will be covered by VDSS funding. As a recipient of VDSS funding and pursuant to our grant agreement with VDSS, Way to Go is requesting your consent to collect data about you so it can be shared with VDSS and used to evaluate contract performance and to conduct research on program effectiveness and outcomes for people who received services.

By signing below, I, _____, _____, _____, authorize Way to Go (address: 317 S. Main Street, Harrisonburg, VA 22801) to release the following information to the Virginia Department of Social Services (VDSS): Name, Date of Birth, Social Security Number, Gender, Race, Home Address, Email Address, Phone Number, Date of Service Provided, Type of Service Provided, Location of Services, and Case Number (if applicable).

The information to be released shall solely be used to monitor and evaluate program effectiveness and services received. I understand that my information will be not be shared with any other entities outside of the VDSS, and that my data will be secured and protected by VDSS and only used for the above stated purposes. My information will be de-identified to protect my personal identifiable information, and I have a right to access my data anytime and to make corrections to any inaccurate information. Further, I understand that my access to or eligibility for services with Way to Go will not be affected or denied if I decline consent to have my data shared with VDSS.

Please select whether you authorize or decline release of your information to VDSS, and provide your signature and today's date below.

I authorize / decline Way to Go to release my information to VDSS as stated above:

Signature

Date