

# Way to Go Referral Application

*\*Way to Go staff will ask clients to provide proof of income (2 paystubs), forms of identification, and proof of dependents if applicable.*

Date: \_\_\_\_\_ [Application to be completed by a representative of a community agency or organization.]

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Phone: Cell/Home: \_\_\_\_\_

Mailing Address (include city and zip): \_\_\_\_\_

Locality: \_\_\_ Harrisonburg \_\_\_ Rockingham County

Primary language spoken: \_\_\_\_\_

Ethnicity: \_\_\_ Hispanic \_\_\_ Non-Hispanic

Race: \_\_\_\_\_

Number of adults in household (including applicant): \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Time at current employment: \_\_\_\_\_ Hours worked a week: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

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

Has the client received TANF, SNAP, and/or Medicaid/Medicare within past two (2) years?

Yes: TANF \_\_\_ SNAP \_\_\_ Medicaid/Medicare \_\_\_ No: \_\_\_\_\_

Date of: Last TANF \_\_\_\_\_ Last SNAP \_\_\_\_\_

Referring Agent Name: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Referring Agent Phone: \_\_\_\_\_ Referring Agent E-mail: \_\_\_\_\_

Services requested (check all that apply):

\_\_\_ Vehicle Repairs / Inspection

\_\_\_ Gas

\_\_\_ Car Payment

\_\_\_ Driving Lessons

\_\_\_ Work Shuttle (Uber/Lyft)

\_\_\_ Driver's License Reinstatement

\_\_\_ Needs to Obtain a Vehicle\*

\_\_\_ Vehicle Insurance

\_\_\_ Other: \_\_\_\_\_

*\*To obtain a vehicle, please submit a Workcars or Donated Vehicle application*

Describe the client's transportation needs: \_\_\_\_\_

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

