

Employment Transportation Referral Form

Effective Start Date:

A. Identifying Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Int	Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Alternate Phone Number	Case Number	Recipient Number

B. Eligibility (check one):

- This individual receives or is a member of a family that receives Ohio Works First cash payments or other FCDJFS benefits. The individual must be a pregnant female or in a family that contains a minor child.
 - FCDJFS: Attach CRISE Verification (CNPE)
 - Vendor: Attach TANF Registration Form and the 113 Referral Form from FCDJFS
- This individual has had eligibility determined based upon household income.
 - Attach a copy of the TANF Registration Form and Income Verification

C. Transportation Barriers (check the applicable barrier):

- Customer does not live on a bus line
- Customer uses public transportation but it takes more than two (2) hours to go from home to child care to employment or on-the-job training
- The bus stop is over one (1) mile from the customer's home or place of employment
- Other:
- None of the above apply

D. Adult Transportation Information:

Employer Name:

Work Location Address:

Scheduled Work Days	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Monday	<input style="width: 100px; height: 20px;" type="text"/>	to <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Tuesday	<input style="width: 100px; height: 20px;" type="text"/> to <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> Wednesday	<input style="width: 100px; height: 20px;" type="text"/>	to <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Thursday	<input style="width: 100px; height: 20px;" type="text"/> to <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> Friday	<input style="width: 100px; height: 20px;" type="text"/>	to <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Saturday	<input style="width: 100px; height: 20px;" type="text"/> to <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> Sunday	<input style="width: 100px; height: 20px;" type="text"/>	to <input style="width: 100px; height: 20px;" type="text"/>		

E. Child Transportation Information:

Child care transportation will be provided in route to and from work only.

Name	Relationship	DOB	Car Seat		Child Care Address	M	Tu	W	Th	F	Sa	Su
			Y	N								
			Y	N								
			Y	N								
			Y	N								
			Y	N								

- If you do not have a car seat(s), you should go to the nearest Community Opportunity Center to see if FCDJFS can assist you in getting a car seat(s). *Your child(ren) will not be transported without an appropriate car seat.*

F. Applicant Signature:

I am the parent or legal guardian of a minor child or I am a pregnant female and the information provided on this form and the attached TANF registration is complete and correct to the best of my knowledge.

I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.

I understand I am responsible for providing the appropriate car seat(s) and that I must secure both the seat and the child in the transportation vehicle.

Signature of Applicant

Date

Signature of Referring Worker

Date

This referral and required attachments should be faxed to the Transportation Unit at 462-4116.

For FCDJFS Use Only - Do Not Write Below This Line

Employment Transportation Approved Date

Employment Transportation Approved - No Slot Name Added to Waiting List Date

Employment Transportation Denied Date

CLRC Annotated Date

Approved By (Name/Title)

Date