

Transportation Statement

If request is for transportation needs, please complete this form

Required paperwork when applying for transportation assistance:

An estimate for repairs (from any garage)

Copies of:

Driver's license
Title of Vehicle
Insurance for Vehicle
Registration of Vehicle

Have you been to DSS for help with this issue?

Yes

☐

No

☐

If Yes, Please explain why you were denied.

If No, please know that you will be asked to do so before we review your application.

What transportation options are available to you?

Please provide a brief statement of your need for our service, and how it will help you obtain and/or maintain employment.

Please tell us about your employment:

Current Employer	Dates Employed		Hourly Rate/Salary
	From	To	
Address			
Telephone Number ()	Number of hours/week		Work Schedule
Job Title			

Next most recent Employer	Dates Employed		
	From	To	
Address			
Telephone Number ()	Reason for Leaving		
Job Title			

I affirm to the best of my ability the information on this form is true and accurate.

Signature of Applicant or Responsible Case Worker

Date