

Vehicles for Change



REFERRING AGENCY

(To be completed by worker of DFS/DSS/DHS)

Name of Referring Agency: _____ Phone: _____

Name of agency representative: _____ Phone: _____

E-Mail of referring representative: _____ FAX: _____

Name of Client: _____

Address of client: _____

- Client is receiving TANF Assistance in the amount of \$_____ monthly
 1. Date of most recent TANF check _____
 2. For view participants, how much longer is client eligible for benefits? _____
 3. Date benefits started _____ If applicable, when will TANF Benefits End? _____
 4. Food Stamps \$_____ Other Assistance _____

- Client is receiving TANF Transitional Benefits that include (check all that apply):
 - Food stamps \$_____ Medicaid _____
 - Utility assistance \$_____ childcare \$ _____
 - Other Date of final TANF check _____
 - \$50 Transitional Payment

Client's TANF Case # _____

Did this client receive: TANF View Benefits TANF Transitional Benefits
 TANF Diversionary Benefits TANF but View Exempt

Why would the applicant be a good candidate for a car from Vehicles for Change? Please explain.

Explain any extenuating circumstances:

Signature of Referring Agency Representative: _____

If you have any questions, please contact Vehicles for Change Case Manager at 571-748-2561