



## INFORMATION ON WHEELS FOR WORK

The Wheels for Work Program main focus is to remove the transportation barrier that often prevents individuals from maintaining their employment. The program is designed to assist clients in a number of ways including: emergency help in the form of gas vouchers, MET bus passes, and limited vehicle repairs.

### **Limited To One Time Assistance Per Household**

#### **Car Repair**

- Currently Employed
- 2 Formal Quotes For Cost Of Repairs Required
- Phone Quotes Not Accepted
- Tires Can Be Replaced If They Are Deemed Unsafe
- Valid Drivers License, Insurance & Registration
- One time Maximum Payment Of \$500

#### **Gas Cards**

- Currently Employed or Seeking Employment
- Valid Drivers License, Insurance & Registration
- (2) \$20.00 gas cards

#### **Bus Passes**

- Currently Employed Or Seeking Employment
- (2) 10-Ride Tickets

#### **Youth (16-18 Years Of Age)**

- Homeless Youth
- Transportation To Work Sites, Training Opportunities, And Alternative Education Resources
- (2) 10-Ride Tickets

### **General Program Requirements:**

- Individuals residing in Yellowstone County Only
  - Below 125% of Federal Poverty Guidelines
  - Currently Employed or Seeking Employment
- 30 days income verification for each household member over 18 years old

#### **Verification Needed:**

Completed application, Income verification for last 30 days of **all** household members over 18 years old, Social Security cards for every household member, current Driver's License, current proof of registration and insurance. If seeking car repair, provide 2 cost estimates. Program worker may request additional documentation.

Please contact HRDC for further information.

**Allow 3-5 days for application to be processed.**

# in Household	125% Monthly Income
1	\$1,238
2	\$1,669
3	\$2,100
4	\$2,531
5	\$2,963
For each add'l person, add	\$433



# Application for Wheels for Work

**DIRECTIONS FOR COMPLETING THIS APPLICATION: All forms requiring a signature must be signed. Failure to properly fill out this application will cause a delay in processing. Verification must be attached for all household members' gross income for the past 30 days.**

*Please note: All information requested on this application form will be kept confidential within District 7 HRDC and partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.*

## Personal Information

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
 Length of time at address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Gender:  Female  Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Ethnicity:  African American  Caucasian  
 Latino or Hispanic  Asian, Pacific Islander  
 Native American  Other (please specify: \_\_\_\_\_)  
 Highest Level of Education Completed:  
 Grade K through 5  Grade 6 through 8  
 Grade 9 through 12  High School Diploma or GED  
 Attending college / Some college  Graduated junior college (2 year)  
 Graduated college (4 year)  Attended graduate, Vocational or trade school

## Household Information

**"Household" includes all individuals who share use of a dwelling unit as primary quarters for living.**

How many adults (18 yrs and older) currently live in participant's household: \_\_\_\_\_

How many children (under 18 yrs) currently live in participant's household: \_\_\_\_\_

**Please complete attached form for additional information on household.**

## Employment Information

Primary Employment Status (choose one):

- Employed more than full-time (overtime or more than one job, for yourself or others)
- Employed full-time (for yourself or others)
- Employed part-time (for yourself or others)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Currently seeking employment
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Current Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

## Expenses / Income:

Please indicate the expenses and income you have had in the past 30 days.

Monthly \$	Expenses (if you paid yearly, divide by 12)
	Rent / Mortgage
	Heat: Gas, Wood, Oil
	Electricity
	Car Payment
	Other Utilities: Cable / satellite TV, water, garbage
	Groceries, food, dry goods
	Insurance (auto, fire, renter's/homeowner's, life)
	Medical Insurance or co-pays
	Prescriptions, glasses, braces, etc.
	Telephone including cell phone
	Transportation: gas, parking, bus fare
	Auto Repairs
	Clothing (if unknown, use \$25 per person per month)
	Daycare / Babysitter
	Tuition / After school activities
	Child Support / Alimony
	Personal Care (haircuts, nails, beauty salons)
	Entertainment: dining, movies
	Magazines/Newspapers
	Pets
	Gifts / Charities
	Tobacco / alcohol / lottery
	Household repairs
	Banking / Money order fees
	<b>Total Monthly Expenses</b>

Monthly \$ Totals	Income
	Take home pay (self)
	Take home pay (joint-applicant)
	Part time job (who):
	Child support/ Alimony
	Pension
	Social Security
	SSI
	Other Income
	TANF (cash assistance)
	Food Stamps
	Childcare subsidy
	<b>Total Monthly Income</b>



# WHEELS FOR WORK PROGRAM

What assistance are you seeking from the Wheels for Work Program?

**Gas Cards**    **Bus Pass**    **Car Repair**

<b>Car Information</b>
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Do you have a current valid Drivers license? \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Do you currently reside in Yellowstone County? \_\_\_\_\_ If not, which county? \_\_\_\_\_

In the last year, have you or co-applicant had any suspensions and/or revocations on your driver's license? \_\_\_\_\_

If so, attach description.

**Car Information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Current Mileage \_\_\_\_\_

Average amount spent each month for gas to travel to and from work \_\_\_\_\_ / month

Have you had insurance for the last six months? \_\_\_\_\_ Is insurance current? \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent Name and Phone Number: \_\_\_\_\_

**If Applicable: Car Repair Information**

***Must provide copy of both estimates***

What type of repairs are needed: \_\_\_\_\_

1<sup>st</sup> Quote or cost of repairs (must attach copy) \_\_\_\_\_

Name of mechanic or body shop that provided quote: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Quote or cost of repairs (must attach copy) \_\_\_\_\_

Name of mechanic or body shop that provided quote: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there any other transportation options currently available to you? \_\_\_Yes \_\_\_No

**IMPORTANT – READ CAREFULLY**

**IMPORTANT - Applicant Read Before Signing**

I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. I (We) agree to notify HRDC promptly in writing upon any material change in the information provided herein, and further acknowledge that HRDC will continue to regard this statement as true and complete until receipt of such written notification. This application shall remain the property of HRDC. I (We) authorize HRDC to obtain income and credit verification.

**INFORMATION TO BE RELEASED OR DISCLOSED:** Savings, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his agent and representatives of the financial institution), Gross Earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts.

I have the right to file a grievance or complaint if I believe that I have been discriminated against on the basis of age, sex, race, color, creed, political beliefs, handicap, marital status or national origin. I can also file a grievance if I disagree with the programs assignment or decision.

I have the right to a fair hearing if not satisfied with the actions affecting my application.

I have been referred to Child Support Services at the following location:  
1500 Poly Drive, Suite 200  
Billings, MT 59102  
(406) 655-5500  
Fax: (406) 655-5545

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

**For Office Use Only**

Date received: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Participant start date: \_\_\_\_\_

Maximum number of vouchers available \_\_\_\_\_ Denied

by: \_\_\_\_\_



**HUMAN RESOURCES DEVELOPMENT COUNCIL**  
**7 NORTH 31<sup>ST</sup> STREET; P. O. BOX 2016**  
**BILLINGS, MT 59103**

**BASIC INTAKE FORM**

**HOUSEHOLD ADDRESS INFORMATION**

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Home phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Contact Name \_\_\_\_\_ Housing Type:      multi family      mobile home  
     single family      none

**HOUSEHOLD MEMBER INFORMATION**

Do you      rent or      own

LAST NAME	FIRST NAME	MI	SOC. SEC. NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE			Age	Sex	RACE	TRIBAL Member YES/NO	VETERAN YES/NO	Disabled YES/NO	HEALTH INSURANCE (CHECK ALL THAT APPLY)	LAST GRADE COMPLETED	EMPLOYMENT STATUS
					M	D	YR									
1.				SELF/ HEAD OF HOUSE										<input type="checkbox"/> CHIP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE		
2.														<input type="checkbox"/> CHIP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE		
3.														<input type="checkbox"/> CHIP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE		
4.														<input type="checkbox"/> CHIP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE		
5.														<input type="checkbox"/> CHIP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE		
6.														<input type="checkbox"/> CHIP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE		
7.														<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> CHIP		

**RACE CODES**

AI = Native American/Alaskan Native  
 AS=Asian  
 BL = Black – Not Hispanic  
 HW=Hispanic - White

HI=Hispanic  
 PI = Pacific Islander  
 HB = Hispanic - Black  
 WH = White – Not Hispanic

UK=Unknown  
 OT=Other

**SEX CODES**

F = Female  
 M = Male

**EMPLOYMENT STATUS**

N = Not Employed  
 F = Full-Time Employment  
 P = Part-Time Employment  
 R = Retired/Not Working

**FOR OFFICE USE ONLY**

**HH#** \_\_\_\_\_

**ENTERED ON COMPUTER** \_\_\_\_\_

**PROGRAM INITIALS** \_\_\_\_\_

**GROSS INCOME OF ALL HOUSEHOLD MEMBERS**

Enter the requested information for all household members, regardless of age or relationship. (Do not include Food Stamps or any other non-cash assistance programs below.)

NAME OF PERSON RECEIVING INCOME	DATE	MONTHLY INCOME	TOTAL GROSS INCOME FOR MONTH
		SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**READ CAREFULLY BEFORE SIGNING.  
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER**

- ◆ The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.
- ◆ The information I (we) give here is subject to verification by HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- ◆ I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_