

INFORMATION ON WHEELS FOR WORK  
***PLEASE ALLOW 3-5 BUSINESS DAYS TO PROCESS APPLICATION***

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.

**General Program Requirements:**

- Individuals residing in Yellowstone County Only
- Below 125% of Federal Poverty Guidelines

**Limited to One Time Assistance per Household**

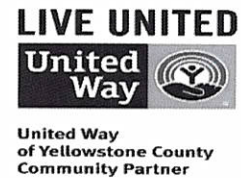
**Verification Needed:**

**Bus Passes:**

*Seeking employment or currently employed*

*(2) 10-Ride Tickets*

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Application  | <input type="checkbox"/> Income Verification for last 30 days (All Household Members). This may include the following: |
| <input type="checkbox"/> Social Security Cards (All Household Members)                              | <ul style="list-style-type: none"><li>▪ Wage Stubs</li></ul>   |
| <input type="checkbox"/> Driver's License OR Identification Card (All Household Members)            | <ul style="list-style-type: none"><li>▪ Self-Employment Income/Expenses Worksheet</li></ul>                            |
| <input type="checkbox"/> Zero Income Statement (if no income for past 30 days or not yet been paid) | <ul style="list-style-type: none"><li>▪ Employment Verification Form (if not yet been paid)</li></ul>                  |
| <input type="checkbox"/> Verification of SNAP benefits (if applicable)                              | <ul style="list-style-type: none"><li>▪ TANF Income</li></ul>  |



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**Verification Needed:**

**Gas Cards:**

*Seeking employment or currently employed*

*(2) \$20.00 Gas Cards*

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Application  | <input type="checkbox"/> Zero Income Statement (if no income for past 30 days or not yet been paid)                    |
| <input type="checkbox"/> Social Security Cards (All Household Members)                  | <input type="checkbox"/> Verification of SNAP benefits (if applicable)   |
| <input type="checkbox"/> Driver's License (Applicant and Co-Applicant if applicable)    | <input type="checkbox"/> Income Verification for last 30 days (All Household Members). This may include the following: |
| <input type="checkbox"/> Identification Card (All Household Members 18 years and older) | ▪ Wage Stubs   |
| <input type="checkbox"/> Current proof of Insurance                                     | ▪ Self-Employment Income/Expenses Worksheet  |
| <input type="checkbox"/> Current proof of Registration                                  | ▪ Employment Verification Form (if not yet been paid)  |
|   | ▪ TANF Income  |



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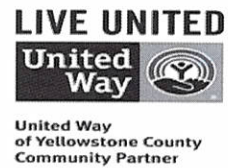
**Limited to One Time Assistance per Household**

**Verification Needed:**  
**Car Repair:**

*Currently employed*

*One Time Maximum Payment of \$500*

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Application  | <input type="checkbox"/> (2) Cost Estimates for Repairs  |
| <input type="checkbox"/> Social Security Cards (All Household Members)                              | <i>*Cannot be from Sam's Club or Walmart</i>   |
| <input type="checkbox"/> Driver's License (Applicant and Co-Applicant if applicable)                | <i>*Repairs needed must match on both quotes</i>   |
| <input type="checkbox"/> Identification Card (All Household Members 18 years and older)             | <i>*Tire replacement quotes must indicate tires deemed unsafe</i>  |
| <input type="checkbox"/> Current proof of Insurance   | <input type="checkbox"/> Income Verification for last 30 days (All Household Members). This may include the following: |
| <input type="checkbox"/> Current proof of Registration  | ▪ Wage Stubs   |
| <input type="checkbox"/> Zero Income Statement (if no income for past 30 days or not yet been paid) | ▪ Self-Employment Income/Expenses Worksheet  |
| <input type="checkbox"/> Verification of SNAP benefits (if applicable)                              | ▪ Employment Verification Form (if not been paid yet)  |
|   | ▪ TANF Income  |



## 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Employed more than full-time (overtime or more than one job, for yourself or others) | <input type="checkbox"/> Currently seeking employment      |
| <input type="checkbox"/> Employed full-time (for yourself or others)  | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Employed part-time (for yourself or others)  | <input type="checkbox"/> Disabled, not seeking employment  |
| <input type="checkbox"/> Working and in school or job training  | <input type="checkbox"/> Retired, not seeking employment   |
| <input type="checkbox"/> Laid off, waiting for call back  |  |
| <input type="checkbox"/> Currently in school or job training  |  |

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>

### Applicant Checklist / Responsibilities:

Make sure you have done the following:

- ☐ Complete the Application
- ☐ Provide proof of gross income for all members of household over 18 years old. Include copies of proof of all gross income received in the past 30 days from all sources for all members of household.
- ☐ Social Security and SSI recipients must provide a copy of SSA award letter or SSA 1099 Form
- ☐ Report changes in your physical address and/ or mailing address within 10 days
- ☐ Copy of valid Drivers License. Social Security Cards for **All** members of the household,
- ☐ Copies of proof of Food stamps, TANF, or other assistance programs
- ☐ Bring proof of insurance and valid registration

Please check ALL of the following sources of **GROSS** income that have been received by ALL MEMBERS OF YOUR HOUSEHOLD WITHIN THE PAST 30 DAYS.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> FAIM/TANF       | <input type="checkbox"/> Self Employment   | <input type="checkbox"/> Loans              | <input type="checkbox"/> Gifts (Money)                 |
| <input type="checkbox"/> Food Stamps     | <input type="checkbox"/> Wages   | <input type="checkbox"/> Alimony Payments   | <input type="checkbox"/> Odd jobs                      |
| <input type="checkbox"/> VA              | <input type="checkbox"/> Property Income   | <input type="checkbox"/> Child Support      | <input type="checkbox"/> Supplemental Security Income* |
| <input type="checkbox"/> Interest Income | <input type="checkbox"/> Educational Grants  | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Unemployment                  |
| <input type="checkbox"/> Worker's Comp   | <input type="checkbox"/> Other: If checked, please explain in the following space: |   |  |

Please provide a brief explanation of which service(s) you are requesting and why:

[illegible]

# 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>
------------------------

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

406.247.4732 1.800.433.1411

FOR OFFICE USE ONLY

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

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

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

## BASIC INTAKE FORM

### SEX CODES

F = Female

M = Male

### RACE CODES

BL = Black – Not Hispanic

WH = White – Not Hispanic

AI = Native American/Alaskan Native

HB = Hispanic – Black

HW = Hispanic – White

HI = Hispanic

PI = Pacific Islander

AS = Asian

OT = Other

### HOUSEHOLD MEMBER INFORMATION

LAST NAME, FIRST NAME MI	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE M D YR			Sex	RACE	DISABLED YES / NO	MILITARY STATUS	CHECK ANY THAT APPLY	LAST GRADE COMPLETE OR DEGREE EARNED	WORK STATUS	HEALTH INSURANCE (CHECK ALL THAT APPLY)
1.		SELF / HEAD OF HOUSE							<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE
2.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE
3.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE
4.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE
5.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE
6.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE
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## Basic Intake Form page 2

### HOUSEHOLD ADDRESS INFORMATION

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Housing Structure Type: \_\_\_ Apartment/Duplex \_\_\_ Single Family House \_\_\_ Mobile Home \_\_\_ Shelter/Transitional \_\_\_ None/Homeless

Do you: \_\_\_ Rent / \_\_\_ Own    Live On a Reservation: \_\_\_ Yes / \_\_\_ No

### GROSS MONTHLY 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	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_