



## Wheels for Work Information

**\*\*Please Note: Assistance for this program is only provided once per household per fiscal year (July-June). Allow 7-10 business days for the application to be processed.**

Be sure to provide all information below at the time you submit your application. Failure to do so will result in a delay of your benefit or an eventual denial letter for your application.

### **Requirements for all applications:**

- Must be a Yellowstone County Resident
- Must be at or below 125% of Federal Poverty Guidelines
- Copy of Photo ID
- Social Security Cards for **all** household members
- Income verification over the last 30 days (SNAP, wages, SSI/SSDI, TANF, etc.)
  - Or complete a Zero Income Statements when applying

### **Gas Card Requirements:**

- Copy of Driver's License
- Copy of current vehicle insurance & registration

### **Vehicle Repair Requirements: *Must be working to receive assistance***

- Copy of Driver's License
- Copy of current insurance & registration
- **ALL** paystubs received in the past 30 days
- 2 comparable quotes for the type of repair needed from service provider
  - Ensure quotes are same type of repair without any additional items listed
  - If repair is for a windshield or tires, quotes must indicate that current windshield/tires are a driving hazard.

**\*\*Applicant is responsible for submitting all required documentation within 30 days of submission or the application will be denied.**



**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

**BASIC INTAKE FORM**

**HOUSEHOLD MEMBER INFORMATION**

**SEX CODES** F = Female M = Male  
**RACE CODES** BL = Black - Not Hispanic WH = White - Not Hispanic  
 AI = Native American/Alaskan Native HB = Hispanic - Black HI = Hispanic AS = Asian  
 HW = Hispanic - White PI = Pacific Islander OT = Other

LAST NAME, FIRST NAME MI	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE		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)
			M	D								
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	
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**FOR OFFICE USE ONLY**

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

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

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

**HOUSEHOLD ADDRESS INFORMATION**

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

Email: \_\_\_\_\_

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





### Wheels for Work Application

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 Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex:  Male  Female

Ethnicity:  African American  Caucasian  
 Latino or Hispanic  Asian, Pacific Islander  
 Native American  Other (Please Specify): \_\_\_\_\_

Highest Education Level: Grades K-5                      Grades 6-8  
Grade 9 -12                                      High School Diploma or GED  
Attending/Some college                      Graduated Jr. college (2 yrs)  
Graduated College (4 yrs)                      Graduate, vocational, or trade school

#### Household Information

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

How many adults (18 yrs and older) live in household: \_\_\_\_\_

How many children (under 18 yrs old) currently live in household: \_\_\_\_\_

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

#### Employment Information

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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



### Wheels for Work Application

What type of assistance are you seeking for this program? (Select one below):

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

#### Vehicle Information

Do you have a current & valid drivers license? \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Are you currently a Yellowstone County Resident? \_\_\_\_\_ If not, which county? \_\_\_\_\_

In the last year, have you or the co-applicant had any suspensions and/or revocations on your Drivers License?

\_\_\_\_\_ If so, attach description:

#### Car Information

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Average amount spend a month for gas travel to and from work? \_\_\_\_\_ /month

Have you had insurance for the last 6 months? \_\_\_\_\_ Is insurance current? \_\_\_\_\_

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

Agent Name & Phone Number: \_\_\_\_\_

#### Car Repair Information: If Applicable

*Please provide both estimates*

What type of repair is needed: \_\_\_\_\_

1<sup>st</sup> quote or cost of repairs (Must Attach Copy)

Mechanic or Body Shop providing quote:

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2<sup>nd</sup> quote or cost of repairs (Must Attach Copy)

Mechanic or Body Shop providing quote:

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*If estimate for tires or windshield replacement, both quotes must indicate the vehicle is unsafe to drive.**



Primary Employment Status (*Check One*):

- |  |  |
|--|--|
| <input type="checkbox"/> Employed More than Full Time          | <input type="checkbox"/> Currently Seeking Employment      |
| <input type="checkbox"/> Employed Full time                    | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Employed Part Time                    | <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"/> Other (Please Specify): _____     |
| <input type="checkbox"/> Currently in school or job training   |  |

**Expenses/Income**

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

Monthly \$	Expenses (If you pay yearly, divide by 12)
	Rent/Mortgage
	Heat: Gas, Wood Oil
	Electricity
	Car Payment
	Other utilities: Cable/Satellite TV, Internet, Water, Garbage
	Insurance (Auto, fire, renters/homeowners, life
	Groceries, Food, dry goods
	Medical Insurance or copays
	Telephone including cell phone
	Child Care
	Tuition/After School activities
	Transportation: Gas, Parking, bus fare
	Auto Repairs
	Child Support/ Alimony
	Pets
	Household Repairs
	Tobacco, alcohol, lottery
	Personal Care (Hair, Nails, beauty salon)
	Entertainment (movies, dining)
	Banking/Money Order Fees
	<b>Total Monthly Expenses</b>

Monthly \$	Income
	Take Home Pay (Self)
	Take Home Pay (Joint Applicant)
	Part Time Job:
	Child Support/Alimony
	Pension
	Social Security
	SSI
	Other Income
	TANF (Cash Assistance)
	Food Stamps (SNAP, WIC, etc.)
	Child Care Subsidy (Best Beginnings)
	<b>Total Monthly Income</b>







**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: \_\_\_\_\_

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

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





**HRDC DISTRICT 7**  
 7 North 31<sup>st</sup> Street / PO Box 2016  
 Billings, MT 59103  
 1-800-433-1411 or 247-4732  
**Wheels to Work**  
**STATEMENT OF ZERO INCOME**

I \_\_\_\_\_, have had zero income/employment from \_\_\_\_\_ to \_\_\_\_\_

**Explain below how you paid your rent, utilities, and purchased necessities for your household during this time. If you received monetary help, LIST THE AMOUNT.**

- Pawn Shop: \_\_\_\_\_
- Gift: \_\_\_\_\_
- Church: \_\_\_\_\_
- Pan handling: \_\_\_\_\_
- Other: \_\_\_\_\_
- Student in school supported by parents/guardians: \_\_\_\_\_

I attest that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

Case Manager Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Case Manager Signature Date