



TRANSPORTATION CONNECTIONS

Return application to your local Job Center
Please call Sheri Butler at (608) 847-4899 to schedule an appointment

SECTION A - GENERAL INFORMATION

Name (last, first, middle initial)		Social Security Number		Sex	
				M	F
Residential Address			Mailing Address (if different from residential address)		
Telephone Number (include area code)			Email Address (if available)		
Date of Birth		Marital Status		Driver's License Number	
U.S. Citizen		Qualified Alien		Alien Registration #	
Yes	No			Yes	No

HOUSEHOLD INFORMATION

Family Member(s) (First & Last name) Including yourself	Relationship to Applicant	Date of Birth	Social Security Number	Last Month's Gross Wages (per household member)
	Self			

If you are an individual with a disability that causes a barrier to transportation, please continue with Section B. If not, please continue with Section C.

SECTION B - TRANSPORTATION NEEDS FOR INDIVIDUALS WITH DISABILITIES

NEW FREEDOM GRANT

The New Freedom funding is used to fund a voucher system that assists with mileage assistance for individuals with disabilities.

Are you an individual with a disability that affects your transportation? Yes No

If yes, please indicate the type of disability?

Please list any agencies you are currently working with that could be helpful in developing your transportation plan:

Do you have difficulty attending employment, medical, and social events due to your transportation needs?

Yes No

Would mileage assistance that can be paid to any provider including friends and family help meet your unmet transportation needs? Yes No

If you are interested in applying for employment related transportation assistance, please fill out Section C. If not, please complete Section D.

SECTION C - EMPLOYMENT RELATED TRANSPORTATION NEEDS

WISCONSIN EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM (WETAP)	
<i>WETAP FUNDING IS USED FOR EMPLOYMENT RELATED NEEDS SUCH AS VEHICLE REPAIRS, VEHICLE DOWNPAYMENTS, VEHICLE LOANS, DRIVER'S LICENSES, AND TRANSPORTATION TO INTERVIEWS</i>	
EMPLOYMENT INFORMATION	
Are you employed? Yes No	Start Date:
Employer's Name	Hourly Wage \$
Employer's Address	Hours Worked Per Week
	Number of Miles (roundtrip to employer)
EDUCATION/TRAINING INFORMATION	
Are you currently attending school? Yes No	
School Name	Full-time Part-time
School Address	Number of Credits
	Number of Miles (roundtrip to school)

TRANSPORTATION INFORMATION				
Have you checked into any other transportation services? If so, please list agency names.				
Are you driving to childcare? Yes No				
Are you driving to employment? Yes No				
Vehicles in the Household				
Make (Example – Ford)	Model (Example - Taurus)	Year	Number of Miles	Condition (Poor, Fair, Good)
Type of Transportation Service Requested (please check all that apply)				
	Revolving Loan and Repair Program (Individuals pay back 25% of a repair, and those selected for vehicle loans pay back 100%)			
	Miscellaneous Expenses –volunteer driver, taxi, alternative transportation, vehicle down payment, other:			
Please write in any additional information that would be helpful				

If you receive funding for a repair, loan, or downpayment on your vehicle you must be willing to participate in a car pool program for 6 months. Are you willing to make your vehicle available for car pooling? Yes No

SECTION - D

Who referred you to Transportation Connections? _____

I understand the questions and statements on this application. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of law, that my answers are correct and complete to the best of my knowledge, including information regarding citizenship or alien status of each household member. I agree to provide documents to verify what has been stated. I understand that Workforce Connections, Inc. may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits. I also verify that I have received a copy of my rights and responsibilities and grievance procedures.

Signature of Applicant

Date

Signature of Transportation Coordinator

Date