

CAR BASED SOLUTIONS REQUEST FORM

DATE: _____

CLIENT NAME: _____ **SSN – Last 4:** _____

CASE MANAGER (NAME/ORGANIZATION): _____

CASE MANAGER (TEL# / FAX#): _____

REASON FOR REQUEST: *(Check all that apply, however to qualify at least one of the following must be checked off.)*

- Client lives in an area with no public transportation.
- Employment activity is in an area with no public transportation.
- Bus schedule does not meet the client's employment activity need.
- Client has Daycare issues

REQUESTED NEED:

BRIEF EXPLANATION:

(Briefly explain the client's current employment/training situation, how the requested services will help the client attain eventual employment, as well as how the client will be able to pay for their 10% of the Car Based Solutions costs and any balance over the lifetime cap).