

Fax To: 860-859-4111 Melissa Laws or Eileen Telgarsky @ EWIB

Extension Request Form (Form D)

Name of Rider: \_\_\_\_\_ DSS I.D.#: \_\_\_\_\_ SS# Last 4: \_\_\_\_\_

Rider is transported from: \_\_\_\_\_ to \_\_\_\_\_ Times: \_\_\_\_\_

Employment is \_\_\_\_\_ hrs/wk Which days per week? \_\_\_\_\_

Transportation to childcare:  is  is not included.

This is extension request #: \_\_\_\_\_ for this rider.

Please explain why an extension is being requested at this time. Be sure to include all efforts that have been made to find alternative transportation/ jobs, and why alternative transportation/employment is not currently feasible. Describe the customer's plans for finding alternative transportation/work in the future, and when this will be available.

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information contained on this form is true and correct to the best of my knowledge.

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

Case Manager Phone \_\_\_\_\_ Case Manager Fax \_\_\_\_\_



- The above named Rides for Jobs participant **has been approved** for an extension of ridership privileges for a period of up to \_\_\_\_ days.
- The above named Rides for Jobs participant **has NOT been approved** for an extension of ridership privileges.

Comments:

\_\_\_\_\_

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