**ELIGIBILITY FOR TRANSPORTATION SUPPORT SERVICES**

**PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **SUPPORT SERVICES FOR TRANSPORTATION REQUESTED BECAUSE**:

❒ There are no other resources to cover this need, and

❒ Income less than self sufficiency

❒ Income less than adequacy per attached budget

❒ Unusual circumstances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Amount Requested per month for gas $\_\_\_\_\_\_\_\_\_\_\_\_\_(see **attached mileage form** for training participants, job search maximum is $25/mo.)
* Amount requested for monthly Bus Pass $\_\_\_\_\_\_\_\_\_\_\_\_\_ (Will that amount be sustainable through training and allow for assistance in job search? If not, what is the plan)

 **PLAN**:

 **STAFF SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPROVAL:**

❒ Yes Monthly Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ No

 **APPROVAL SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_