



WHEELS TO WORK APPLICATION PACKET

Dear Applicant:

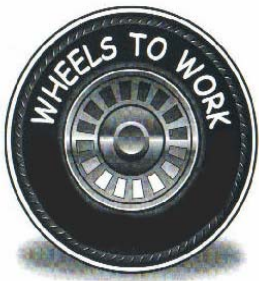
In order to be considered for Wheels to Work, you must have child(ren) under the age of eighteen living in the home with you. Your budget must be able to support a car payment, car insurance and the up keep of the car.

If you meet the above criteria and are interested in applying for the Wheels to Work program, you must provide the following information.

- A completed Wheels to Work application, attached
- A Motor Vehicle report from the State Patrol Office (cost \$5)
- A completed budget worksheet, attached
- A copy of last two pay stubs, if applicable
- A copy of most recent utility bills
- A copy of the front and back of applicant's valid drivers license
- A copy of the applicant's Social Security Card

Return the requested information to Tina R. Johnson, Wheels to Work Manager @ 170 Scoggins Drive, Demorest, GA 30535. If you have any questions about what is needed, please contact Tina R. Johnson @ 706-776-9675. The application will not be processed until all requested information is received.

Upon completion of your application packet, you will then be put on a waiting list. When funds become available you will then be contacted to set up an interview with the Wheels to Work committee.



WHEELS TO WORK APPLICATION



TO BE COMPLETED BY THE REFERRING CASE MANAGER OR WTW APPLICANT
AND SUBMITTED TO THE WHEELS TO WORK COMMITTEE.

1. COUNTY NAME: _____ DATE REFERRED: _____

2. CASE MANAGER'S NAME: _____

PHONE#: _____

3. APPLICANT'S NAME: _____

PHONE#: _____

HOME ADDRESS (911): _____

CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS:

P.O. BOX OR STREET: _____

CITY: _____ ZIP: _____

4. APPLICANT'S SS#: _____

5. APPLICANT'S DATE OF BIRTH: _____ AGE: _____

6. OTHER CONTACT INFORMATION:

NAME/RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

7. APPLICANT MARRIED: YES _____ NO _____ SEPARATED _____ DIVORCED _____

8. NAME AND AGE OF APPLICANT'S CHILDREN THAT ARE **LIVING WITH APPLICANT**:
TOTAL NUMBER OF CHILDREN: _____

PLEASE LIST FIRST AND LAST NAME OF CHILD.

	<u>NAME</u>	<u>AGE</u>	<u>HEIGHT</u>	<u>WEIGHT</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

9. IS THE APPLICANT PREGNANT? YES _____ NO _____

10. PLEASE CHECK THE APPROPRIATE LINE FOR THE APPLICANT:

FORMER TANF _____ CURRENT TANF _____ TANF APPLICANT _____

OTHER _____
(Explain)

11. APPLICANT IS CURRENTLY ENROLLED IN _____
(Training Program/Educational Program)

at _____
(Location of Program)

ANTICIPATED DATE OF COMPLETION OF THIS TRAINING _____

12. APPLICANT IS EMPLOYED: PART TIME _____ FULLTIME _____

NAME OF EMPLOYER _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____

SUPERVISOR _____

HAS EMPLOYMENT BEEN CONFIRMED? YES _____ NO _____

13. DOES THE APPLICANT HAVE A VALID GEORGIA DRIVER'S LICENSE?
YES _____ NO _____

IF "NO" DOES THE APPLICANT HAVE A VALID GEORGIA LEARNER'S PERMIT?
YES _____ NO _____

IF THE APPLICANT DOES NOT HAVE A VALID LICENSE CAN THEY GET A VALID LICENSE? YES _____ NO _____

DOES THE APPLICANT HAVE A WAY OF GETTING THE LICENSE ON HER OWN?
YES _____ NO _____

HOW WOULD THE APPLICANT GET THE LICENSE? _____

HAS THE APPLICANT EVER HAD CAR INSURANCE CANCELLED DUE TO NON PAYMENT OR OTHER REASON? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

14. WILL APPLICANT BE ABLE TO PROVIDE INSURANCE AS REQUIRED BY LAW?
YES _____ NO _____

DOES THE APPLICANT OWN OR HAVE DAILY USE OF A VEHICLE? YES _____ NO _____

15. IF YES, STATE CURRENT NEED FOR ANOTHER VEHICLE _____

16. HOW DOES THE APPLICANT TRAVEL TO REQUIRED EMPLOYMENT AND TRAINING ACTIVITIES NOW? _____

17. WOULD THE APPLICANT BE WILLING TO PROVIDE CAR POOLING IF POSSIBLE?
 YES _____ NO _____

18. DOES THE APPLICANT OR HIS/HER CHILDREN HAVE ANY SPECIAL TRANSPORTATION NEEDS? YES _____ NO _____

19. EMPLOYMENT HISTORY FOR THE PAST TWO YEARS.

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of you activities.

May we contact your employer? __Yes No__

Past employer? __Yes No__ Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	SUPERVISOR	REASON FOR LEAVING

Wheels to Work Budget

Applicants Name: _____ Date: _____

Monthly Income:

Salary	_____
TANF	_____
Child Support	_____
Food Stamps	_____
Other	_____

Total Monthly Income _____

Current Expenses:

Rent	_____
Credit Cards	_____
Groceries/food stamps/other	_____
Electric	_____
Gas	_____
Telephone/Cell/Beeper	_____
Cable	_____
Outstanding Loans	_____
Medical/Dental/ Optical	_____
Household products	_____
Childcare	_____
Food Out/Lunches/Dining	_____
Laundry/Dry cleaning	_____
Clothing/Shoes/Accessories	_____
Beauty/Barber/Nails	_____
Tobacco/Alcohol	_____
Recreation	_____
Gifts	_____
Other	_____

Total Monthly Expenses _____

Total Remaining _____

I certify that the above information is correct to the best of my knowledge.

Signature of Applicant _____