



Transportation Voucher Program Application

Applicant's Name and Address:			
Applicant's Phone Number:		Applicant's Email:	
Referring Organization's Name and Address:			
Referring Organization's Phone Number:		Referring Organization's Email:	
Race:			
Amount Requesting (LCT approval needed for amounts greater than \$250):	\$		

Please indicate below how we can help you by checking all that applies:

Driver's Self-Sufficiency:

- Learner's Permit or Driver's License
- Driver's education courses
- Repairs on a vehicle that I own.
- Tags, emission testing
- Other: Please explain: _____

- Paying for a ride that I obtained on my own.
 - One Time Ride
 - Daily Ride
 - Other: Please Explain: _____

- Finding a ride and need help paying for it.
 - One Time Ride
 - Daily Ride
 - Other: Please Explain: _____

- Paying for gas (have my own ride).
 - One Time Ride
 - Daily Ride
 - Other: Please Explain: _____

Please check all that apply:

- 16-24 Not employed and not enrolled in school
- 8-12 years old and at-risk of not transitioning well into adulthood.
- Family with children affected by a family member's incarceration.

The Transportation Voucher Program is designed to assist at-risk youth, disconnected youth and families with children affected by a parent/caregiver's incarceration in Queen Anne's County. Transportation vouchers are distributed to Queen Anne's County residents who are seeking this assistance to promote family stability, job security, prevention of disconnection, and/or are reconnecting to society.

Illegal or unethical conduct could automatically disqualify a participant from the program.

Please indicate that your request for transportation assistance is for one of the above reasons and you agree to the disqualification clause.

Name:		Signature:	
Date:			



FOR OFFICE USE ONLY:

Applicant - please do not fill out anything below this line.

Date Application Received:

Approval of the Local Care Team: Yes No

Reason Denied:

Date check was requested:

(Signature/Title)

(Name)

(Date)