



# 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:	
Applicant Age:			
Applicant Race:			
Children age(s), race, and gender			
Amount Requesting	\$		

**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. *(Copies of driver's license and car registration required)*
- ☐ Tags, emission testing *(Copies of driver's license and car registration required)*
- ☐ Transportation

☐ Gas Card. Please explain why. \_\_\_\_\_

☐ Other: Please explain: \_\_\_\_\_

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

Please check all that apply:

☐ 16-24 Not employed and not enrolled in school.

Please check if applicable.

☐ Has transportation obstacles caused a disconnect from work/school.

☐ Family with children 18 years old and under and at-risk of not transitioning well into adulthood.

Please check if applicable for at-risk youth:

☐ Have transportation obstacles affected your connection to school?

☐ Family with children 18 years old and under who are affected by a family member's incarceration.

Please check all that apply for families impacted by incarceration.

☐ Have transportation obstacles affected attitude/outlook for communication and family stability, and resources?

☐ Have transportation obstacles affected family stability, maintenance of familial connection or family reunification?

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.

**Parents/Guardians:** Please sign below to indicate that you give permission to the Transportation Voucher Program's oversight Team, QAC Local Care Team, to communicate with each other regarding this application.

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:

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Date check was requested:

\_\_\_\_\_

(Signature/Title)

(Name)

(Date)