# TRANSPORTATION ASSISTANCE ELIGIBILITY DETERMINATION

Participant Name: ________________________________________ Participant ID #________________________

Training Program: _____________________________ Training Facility: _______________________________

Training Enrollment Date: ____________________Expected Completion Date: ______________________

Funding Source:_________________

To receive transportation assistance payments participant must bring in the following documentation:

(a) Self Attestation for transportation assistance
(b) Printout of map with driving directions from participant's home to training and/or clinical locations
(c) Class Schedule or Worksite Agreement

I certify that I [ ] Do [ ] Do Not receive transportation assistance from another organization.

I certify that the information provided is true and complete to the best of my knowledge. I am also aware that the information I provide is subject to review and verification and I may have to provide additional documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment. I allow release of information for verification purposes and understand that it will be used to determine eligibility. I further acknowledge that if I am overpaid, even though no fault of my own, those monies will be returned to West Central Arkansas Planning and Development District Inc**. I am also aware that if I move I will have to submit new address to my Career Advisor before payments can continue.**

_________________________________________________________ ______________________

Participant's Signature Date

The above information has been verified and copies of proof are attached.

Amount of Transportation Assistance Allowed per week: (a x b x .35 = total allowed) ________

a. Round Trip Mileage - ____
b. # days per week from class schedule/Worksite Agreement - _____

_________________________________________________________ ______________________

Staff Signature Date

Original: Administration Office Copy: Career Advisor File