Rides for Jobs

Transit Referral GUIDE

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www.ectcinc.org

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Table of Contents

Rides for Jobs General Information ..... Page 3
- Purpose ..... **Page 3**
- Eligibility Requirements & Target Population ..... **Page 3**
- General Case Manager Requirements ..... **Page 4**
- Transportation Options ..... **Page 4**
- Extension Requests ..... **Page 4**

Trip Request Procedures
- Caseworker Process ..... **Page 5**
- ECTC Process ..... **Page 5**
- Emergencies ..... **Page 5**

Trip Reimbursement Procedures ..... Page 6
- Mileage Reimbursement ..... **Page 6**
- Taxi Reimbursement ..... **Page 6**
- ECTC Payment Process ..... **Page 6**

Car Based Solutions Procedures ..... Page 7
1. Caseworker Process ..... **Page 7**
2. Car Repairs ..... **Page 7**
3. Registration/DMV Fees ..... **Page 7**
4. Taxes ..... **Page 7**
5. Emissions/Inspection ..... **Page 7**
6. Insurance ..... **Page 7**
7. Driver's Education ..... **Page 8**
8. ECTC Payment Process ..... **Page 8**

Attachments
1. Transit Contact Information ..... **Page 10**
2. Coverage Map Information ..... **Page 11**
   - Forms
   - Eligibility & Referral Form (Form A) ..... **Page 12**
   - Transportation Request Form (Form B) ..... **Page 14**
   - Mileage Reimbursement Form (Form C) ..... **Page 15**
   - Extension Request Form (Form D) ..... **Page 16**
   - **Car Based Solutions Request form** ..... **Page 17**
   - **Bike Voucher Request form** ..... **Page 18**

Rides for Jobs General Information

Purpose:

Rides for Jobs is a free temporary transportation service for qualifying area residents:

- **Transportation to Employment is provided for up to 60 days (individual days of service) contingent on funding . This includes any combination of services i.e., bus passes, mileage reimbursements, taxi, dial-a-ride etc.**

- **Transportation to Employment-Related Activities has no time limits; allowable activities include job search, workshops, meeting with case managers, etc.**

- **Transportation to daycare is available for work or educationally related purposes. Rider must accompany children & provide car seats as required by law**

Eligibility Requirements & Target Population:

Riders must meet the program's income eligibility requirements as described in the Eligibility & Referral Form (Form A) and be referred by a Case manager. Participants must be either **working**, in **job search** or **short term training**.

- **Participants' family income must be below the established limit of 75% of the State Median Income (SMI) level for their family size.**

Referrals from organizations other than American Job Center partners require the following document(s) faxed along with the Eligibility & Referral Form (Form A) at the time of referral:

- **If working - proof of employment (ie. letter from the employer or most recent pay stub)**
- **If job searching – (Printout of the Client's profile page showing workshops attended through the American Job Center(s).** ***This can be obtained by the client through the front desk of any American Job Center.)*** ***To qualify for services the client must have completed a workshop within the last 3 months.***

It is important to stress to applicants that this program is only intended for those who are enrolled in short term training or job search, or those who are employed and would likely lose their employment without the assistance of this program. For example, it would not be appropriate for someone to request mileage reimbursement if they could otherwise afford to pay for it on their own. As a Case Manager and Transit Referral Agent, it will be your job to ensure that these funds are used appropriately and distributed to those who are most in need of them. If you suspect a rider is abusing this service, please notify us immediately and we will take steps to address the situation.

General Case Manager Responsibilities:

- Case Managers are responsible for all form completion and submission.
- Case Managers are responsible for maintaining the Eligibility/Referral form in their client files.
- Case Managers are responsible for exploring all transportation options with each client to determine which transportation option best suits their situation prior to making a referral. Final trip approval will be determined by ECTC.
- Case Managers also must help clients develop a plan to transport themselves to work once this temporary transportation is no longer available. Remember, this is only a *temporary transportation program*, so you must consider what your clients will do when their 60 days of rides to work expire. If the ride to work is too costly for the participant to continue paying after their 60 days of rides expire, ECTC will not approve the request. In general, it is best to encourage clients to maintain employment along an established transportation route, or close to home to help overcome these obstacles. In some instances, it may be necessary to counsel the participant to relocate to be near permanent transportation routes.

Transportation Options:

Riders may utilize the following transportation options as available and appropriate.

- Local Bus Service
- Van Service
- Mileage Reimbursement
- Car Based Solutions
- Alternative Transportation Options (Taxi/Livery)

Some options are not available in all towns! You may contact ECTC at 860-848-5910 for information about potential service providers specific to your client's needs. For additional options outside of this program or for people with disabilities, please contact ECTC's Mobility Manager at 860-848-5914.

Extension Requests:

The Caseworker may make an extension request on behalf of the rider for circumstances preventing the client from finding alternative transportation within the 60 day time-frame. Extensions will be made at the discretion of an Eastern Workforce Investment Board representative and approved/denied by ECTC. Please utilize the Extension Request Form (Form D) to make a request.

Trip Request Procedures

Caseworker Process:

- Fill out an Eligibility & Referral Form (Form A). ***Referrals from organizations other than the American Job Center require the following faxed or emailed along with the Eligibility & Referral Form (Form A) at the time of referral:***
    - **If working - proof of employment (ie. letter from the employer or most recent pay stub)**
    - **If job searching/training – (Printout of the Client's profile page showing workshops attended through the American Job Center(s). This can be obtained through the front desk of any American Job Center.)** ***To qualify for services the client must have completed a workshop within the last 3 months.***
- Fill out a Transportation Request Form (Form B) completely
- For new requests, submit both completed forms to the transportation broker. **For previous clients, submit only Form B**.
- Fax requests to ECTC at (860)848-5917 or convert to a pdf file and email to requests@ectcinc.org in the subject line write: **RFJ Transportation Request**.
- *A copy of all paperwork must also be maintained in the Case Manager's file.*

ECTC Process:

- ECTC will determine the best means of transportation.
- If it is determined that a taxi or van service should be used ECTC will assign a provider, complete a request form and fax it to the appropriate company and the Case Manager.
- If it is determined that a bus should be used ECTC will call the Case Manager to discuss where to pick up the bus tickets. (clients may not pick up the bus tickets).
- If multiple forms of transportation are to be used ECTC will complete the necessary request forms and fax it to the appropriate provider and the Case Manager. The form, when faxed to the Case Manager, will also inform them about bus tickets.
- All requests must be received by the ECTC office no later than 2pm. Any requests received after this time will be processed the next day.
- Clients using taxi or van transportation must call the assigned company to confirm trips (*see Transit Contact Page for scheduling and notification timeframes*). If the company does not receive a call, the vendor will not come. To cancel a ride, the client must call their transportation provider at least two hours before the scheduled pick-up. If the client does not call, or calls less than 2 hours before the pick-up, it is considered a "No-Show".
- No Show Policy – Van or Taxi trips require a 2 hour advance cancellation notice or the rider will be considered a "No Show". 3 No Shows can result in suspension or termination of ridership privileges. For the service to be re-instated, the case manager must fax a letter to ECTC at (860)848-5917 re-authorizing the service. If a rider has 3 more no-shows, his or her transit service will be cancelled permanently.
- During inclement weather clients should contact their transportation provider to ensure that they will be operating.

Emergencies

Clients using the guaranteed ride home from work or employment related activities will contact their authorized service provider for that trip stating they are requesting a different pickup time due to an emergency. This service will be monitored for abuse.

Trip Reimbursement Procedures

Mileage Reimbursement:

Client must complete Mileage Reimbursement Form (Form C). Mileage reimbursement is issued at the IRS rate. For JFES clients in employment or employment related activities, partial mileage will be issued to offset the mileage already allocated through JFES Special Benefits.

Maximum daily cap is $25 (less any reimbursement through JFES Special Benefits). Mileage will be calculated by ECTC based on the shortest distance according to Google Maps. Form must include date, start address, destination address, trip purpose for each trip (i.e. work, childcare, etc.) and must be signed and dated by client only **AFTER** the trips have been completed. Caseworker should review and sign form to be sure it is completed correctly.

Fax requests to ECTC at (860)848-5917 or convert to a **pdf file** and email to: requests@ectcinc.org ; in the subject line write **RFJ Mileage Request** along with a Client Eligibility & Referral Form (Form A) if client has not been previously served, for processing.

Taxi Reimbursement:

- These trips should only be submitted when client failed to inform the caseworker of his/her schedule in a timely manner and there was no other alternative for the trip (i.e. fixed route bus).

- Fax copy of receipt(s) from taxi provider to ECTC at (860)848-5917 or convert to a **pdf file** and email to: requests@ectcinc.org ; in the subject line write **RFJ Reimbursement Request** along with Client Eligibility & Referral Form (Form A) if client has not been previously served, requesting reimbursement and purpose of trips. Receipts must include client's name, date of trip, start address, destination address and cost.

ECTC's Payment Process:

Any requests received after 12pm on Monday will be cut the following week. Checks will be made payable to the client and mailed directly to them unless otherwise requested. Caseworkers should verify correct mailing address of client.

For any additional questions regarding these procedures please contact 860-848-5910.

Car Based Solutions Procedures

Caseworker Process:

Please note that if requesting reimbursement of expenses, we will only look back 2 months prior to date of receipt. Documents **required** from client when requesting the following:

Repairs:

1: Current vehicle registration (as proof of ownership); if not registered a copy of the title. 2: Proof of Insurance-including current insurance card with client listed as a driver.
3: Copy of Driver's License
4: Written Estimate from the garage performing the repairs
(*Repairs must be done by a licensed facility*).

New Registration / DMV Fees:

1: Proof of Ownership
2: Proof of Insurance - including a current insurance card, client must be listed as a driver.
3: Copy of Driver's license
4: Breakdown of costs from DMV

(Please note, DMV Restoration Fees will not be approved for DUI offenses)

Renewal Registration

1: Registration renewal form or expiring registration
2: Proof of Insurance-including a current insurance card, with client listed as a driver.
3: Copy of Driver's license
4: Breakdown of costs from DMV

Back Taxes: (When needed for registration purposes only)

1: Proof of Ownership
2: Copy of Tax Bill

Emissions/Inspection:

1: Current Registration
2: Proof of Insurance - including a current insurance card
3: Copy of Driver's license
4: Copy of receipt.

Insurance:

1: Current vehicle registration (as proof of ownership); if not registered a copy of the title.
2: Copy of Driver's license
3: Quote from Insurance Company or copy of insurance payment coupon (client name and vehicle information must be shown on the document.) Policy declaration page may also be required.

License:

1: Cost from DMV for testing, license, etc.
- **Must have access to a vehicle and noted on the request form.**

Driver's Education:

1: Cost from Driving School

- ***Must have access to a vehicle once license is obtained.*** ***Please note on the request form.***

1.) Fax Car Based Solutions request form to ECTC at (860)848-5917, or convert into **ONE PDF FILE** and email to requests@ectcinc.org in the subject line write**: Car Based Solutions Request**. All required documentation must be submitted at the same time. **Please note:** Requests submitted without all required documentation will cause a delay in the request being processed.

2.) The request will be reviewed and will be faxed back to you with an approval or denial. If approved it will include the amount that has been approved. **You must inform your clients that they are expected to pay at least 10% of all Car Based Solutions costs.** The Lifetime maximum Car Based Solutions benefit cannot exceed $1,200.

3.) ECTC will only honor payment for 30 days from the approval date. This means that **all invoices and proofs of payment must be received by ECTC no later than 30 days after the approval date.**

ECTC's Payment Process

Any requests received after 12pm Monday will be cut the following week. Checks will be made payable to the following:

- Garage, when final bill is received
- Insurance agent or carrier (please specify which)
- Driving School
- DMV
- Tax collector
- Client, if proof is received that it has been paid by the client.

Checks for repairs will be mailed directly to the vendor unless requested otherwise. Insurance, tax collector and DMV checks are mailed to the case manager unless requested otherwise. Any insurance checks going directly to companies must have policy numbers.

For any additional questions regarding these procedures please contact ECTC at (860) 848-5910.

Bike Voucher Program

Rides for Jobs provides a bike voucher program that will help employed low-income individuals that are experiencing employment transportation barriers. The program can assist qualified individuals that reside within 3 miles of a public bus route or within 3 miles of their employer. This can provide individuals with an alternative to costly car ownership or taxi expenses and will dramatically reduce their transportation costs.

In addition to reducing cost the program will promote a healthier lifestyle and reduce environmental impacts. This program will provide the eligible individuals that are good candidates for biking with a bike and accessories.

1.) Fax Bike Voucher request form to ECTC at (860)848-5917or convert into one pdf file and email to requests@ectcinc.org in the subject line write: **Bike Voucher Request**. Please include with required documentation.

2.) The request will be reviewed and will be faxed back to you with an approval or denial. If a Bike Voucher request is approved, the referring case manager will be contacted to go over the procedures to acquire the bike & accessories.

Attachments

1. Transit Contact Information
2. Coverage Map
3. Forms
    - Form A - Eligibility & Referral Form
    - Form B -Transportation Request Form
    - Form C - Mileage Reimbursement Form
    - Form D - Extension Request Form
    - Form E – Car Based Solutions Request Form
    - Form F – Bike Voucher Request Form

Transit Contact Information

Eastern Connecticut Transportation Consortium (ECTC)
ECTC administers and coordinates transportation for the Eastern Region, including the Car Based Solutions and Mileage Reimbursement programs. All general inquiries, comments or complaints should be addressed through ECTC.

Address: **ECTC Inc.**
601 Norwich New London Tpke, Suite 1
Uncasville, CT 06382
Phone: **(860)848-5910 (Local)**
Fax: **(860)848-5917**
Web: **www.ectcinc.org**

Windham Regional Transit District – Dial-a-ride
WRTD Dial-a-ride provides rural demand responsive transportation in the Windham region as well as a fixed-route service to Foxwoods Casino. 2 business days advance notice is preferred for ride scheduling.
Phone: **(860)456-1462 (Monday – Friday, 7AM – 4:30PM)**
Fax: **(860)456-1235**

Windham Regional Transit District (WRTD)
WRTD provides fixed-route bus and ADA service in the Windham Region.
Phone: **(860)456-2223 (Monday – Friday, 7AM – 4:30PM)**
Fax: **(860)456-1235**
Web: **www.wrtd.org**

Northeastern CT Transit District
Northeastern CT Transit District provides deviated fixed-route transportation services in the upper Northeast CT area.
Phone: **(860)774-3902 (Monday – Friday, 8:30AM – 4:30PM)**
Fax: **(860)779-2056**
Web: **www.nectd.org**

EASTCONN
Provides van transportation Monday thru Friday for 6am - 6pm schedules in the Northeastern CT area. At a minimum calls for scheduling must be received by 2pm one day prior to the requested trip, except for Monday rides, which need to be called in by Friday. Clients must be ready for pickup 1 hour prior to their scheduled drop off time for work, training, etc. Transportation is not available on New Years, Memorial Day, July 4th, Labor Day, Thanksgiving (and the day after), and Christmas (and the day after).
Phone: **(860)428-7477 (Monday – Friday, 8:30AM – 2PM)**
Fax: **(860)228-6756**

Southeast Area Transit District (SEAT)
Southeast Area Transit District provides fixed-route services throughout the Southeast region with access to Foxwoods Resort Casino and Mohegan Sun Casino.
Phone: **(860)886-2631**
Fax: **(860)886-6097**
Web: **www.s**outheastareatransitdistrict.org

Eastern CT Workforce Investment Board (EWIB)
For Extension Requests, please contact Melissa Laws(ext. 124) or Eileen Telgarsky(ext. 111).
Phone: **(860)859-4100**
Fax: **(860) 859-4111**
Web: **www.ewib.org**

A-Taxi
Reservations: (860) 333-9033

Mercy Transportation Group (same day possible)
Reservations: (860)576-0215 x 1

Yellow Cab (same day possible)
Reservations: (860)443-4321

Map of ECTC Transportation Area

Fax form to (860) 848-5917 or
Email form to requests@ectcinc.org

Rides for Jobs

ELIGIBILITY & REFERRAL FORM (FORM A)

CLIENT INFORMATION

Name: _____ ☐ **M** ☐ **F** **DOB:** _____
Last Name/First Name

Address: _____

SS – Last 4#: _____ Client Phone #: _____

Ethnicity (circle one): ☐ Black ☐ White ☐ Hispanic ☐ Asian/Pacific Islander ☐ Other

Case Manager Name: _____ Case Manager Agency:_____

Case Manager Phone#: _____ Case Manager Email: _____

ELIGIBILITY CRITERIA - Both Family Size & Monthly Income MUST be filled in. Family must earn no more than 75% of the State Median Income.

Family Size	75% SMI(month)
1	4,975
2	6,506
3	8,037
4	9,568
5	11,099
6	12,630
7	12,917
8	13,204

Family Size:

# of Dependent Children:

***Monthly* Income:** **$**

CHECK ALL THAT APPLY:

- ☐ **JFES**
- ☐ **WIOA** (check one of the following) ☐ ***Adult*** ☐ ***Dislocated Worker*** ☐ ***Youth***
- ☐ **SNAP**
- ☐ **OTHER**

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. ALL INFORMATION IS CONFIDENTIAL.

_____ _____
Applicant Signature (Parent Signature if <18yrs old) Date

_____ _____
Case Manager Name (Print) Date

Definition of Family Income

"Family income" means the total annualized cash receipts from all sources (with exclusions listed as follows) received by all members during the six-month period prior to application. Family size will be the total number of family members who are a part of the individual's family at the time that an individual makes applies. The family income will include the total income during the income determination period for all individuals determined to be part of the family.

Family Income Shall Include:

- money wages and salaries before any deductions
- net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership after deductions for business expense);
- net receipts from farm self-employment (receipts from a farm which one operates as owner, renter, or sharecropper after deductions for farm operating expenses);
- railroad retirement, strike benefits from union funds, workers' compensation, and training stipends; alimony;
- military family allotments or other regular support from an absent family member or someone not living in the household;
- pensions, whether private, government employee (including military retirement pay);
- regular insurance or annuity payments;
- college or university grants, fellowships, and assistantships (see exclusion for needs-based scholarship assistance);
- dividends, interests, net rental income, net royalties, periodic receipts from estates or trusts; and
- net gambling or lottery winnings.

Family Income Shall Exclude:

- unemployment compensation;
- child support payments, including foster care child payments;
- welfare payments (AFDC/TANF, SSI, RCA, GA);
- regular payments from social security (i.e., old-age survivors insurance);
- social security disability income;
- financial assistance under Title IV of the Higher Education Act, i.e., Pell Grants, Federal Supplemental Educational Opportunity Grants and Federal Work Study. In addition, Stafford and Perkins loans like any other kind of loan is debt and not income.
- needs-based scholarship assistance;
- income earned while the veteran was on active military duty and certain other veterans' benefits, i.e., compensation for service-connected disability, compensation for service-connected death, vocational rehabilitation, and educational assistance; capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car;
- tax refunds, gifts, loans, lump sum inheritances, one time insurance payments or other compensation for injury;
- noncash benefits such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance.

Low Income Determination Definition

Family A family shall be defined as: Two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are included in one or more of the following categories:

(a) a husband, wife and dependent children;
(b) a parent or guardian and dependent children;
(c) a husband and wife.

Proof of Income

Proof of Income is required for eligibility determination. Please submit the following proof of income (as applicable) for all income earners in the household:

- Alimony Agreement
- VA Award Letter
- Bank Statement (direct deposit)
- Compensation Award Letter
- Court Award Letter
- Employer Statement
- Farm or Business Financial Records
- Housing Authority Verification
- Recent Paystubs
- Capital Gains
- Rental Income
- Strike Benefits
- Child Support Legal Agreement
- Pension Statement
- Public Assistance Records
- Food Stamps Eligibility Proof within the past 6 months
- Quarterly Estimated Tax for self-employed persons
- Social Security Benefits
- UI Documents

Email to: requests@ectcinc.org or fax to (860) 848-5917

TRANSPORTATION REQUEST FORM (FORM B)

DATE:	Case Manager Name: _____ Case Manager Phone #: _____ Case Manager Agency: _____ Case Manager Fax #: _____			
Client Name: →		**SCHEDULE:**		
Last 4 of Social Security #: or Client ID #: →		Day	Start time	End time
Requested Dates: →	`	Mon.		
Excluded Dates: →		Tues.		
Starting Address: →		Wed.		
Destination Address: →		Thurs.		
Is a childcare drop off/pick up needed? (Check) →	YES ☐ NO ☐	Fri.		
Childcare Address: →		Sat.		
Comments/Notes: →		Sun.		
		Purpose of Trip:		

* Form must be faxed or emailed for each request and for any changes to a previously submitted schedule.

Mileage Reimbursement (Form C)

Name: _____ LAST 4-SSN/I.D#:_____

Date	Complete Start Address	Complete Destination Address	*Trip Purpose	Total Miles
Sample ***6/15/26***	***400 Main Street, Norwich***	***Walmart 220 Salem Tpke Norwich***	***Work***	***Calculated by ECTC***

Email form to requests@ectcinc.org or fax form to (860) 848-5917

***Trip Purpose: Interview, work, childcare.**

I attest all of the above information is true: _____ _____
Signature (Client) Date submitted

_____ _____
Signature (Caseworker) Date submitted

Please specify one-way or round trip.

Pay stub Received □ **TANF Special Benefits □**

(FOR ECTC OFFICE USE ONLY) **Source: JFES WIA-A WIA-D WIA-Y OTHER**

_____ x _____ = _____
Total miles **Reimbursement Cost**

Days transported: _____

Trip Breakdown:

Work	
Interview	
Training	
Childcare	

Email To:

Amanda Murphy murphya@ewib.org & Nicole Shaffer: shaffern@ewib.org & Melissa Laws lawsm@ewib.org

Extension Request Form (Form D)

Name of Rider: _____ DSS ID#: _____

Rider transported from: _____ to: _____ Times: _____

Employment is _____ hrs./wk. Which days per week? _____

Transportation to childcare: ☐ is ☐ is not included. This is extension request # _____ for this rider.

Please explain why an extension is being requested. Be sure to include all efforts that have been made to find alternative transportation/ jobs, and why alternative transportation/employment is not currently feasible. Describe the customer's plans for finding alternative transportation/work in the future, and when this will be available.

I hereby certify that the information contained on this form is true and correct to the best of my knowledge.

Case Manager Signature: _____ Date: _____

Case Manager Phone: _____ Case Manager Email: _____

☐ The above named Rides for Jobs participant **has been approved** for an extension of ridership privileges for a period of up to _____ days.

☐ The above named Rides for Jobs participant **has NOT been approved** for an extension of ridership privileges.

Comments:

EWIB Signature: _____ Date: _____

CAR BASED SOLUTIONS REQUEST FORM

DATE: _____ CLIENT NAME: _____ SSN-LAST 4: _____

CASE MANAGER (NAME/ORGANIZATION): _____

CASE MANAGER (TEL # / FAX) _____

REASON FOR REQUEST: (CHECK ALL THAT APPLY, HOWEVER TO QUALIFY **AT LEAST ONE** OF THE FOLLOWING MUST BE CHECKED):

- ☐ **Client lives in an area with no public transportation**
- ☐ **Client has Daycare issues**
- ☐ **Employment activity is in an area w/no public transportation**
- ☐ **Bus Schedule does not meet the client's employment activity need**

REQUESTED NEED:

BRIEF EXPLANATION: Briefly explain the client's current employment/training situation, how the requested services will help the client attain eventual employment, as well as how the client will be able to pay for their 10% of the Car Based Solutions costs and any balance over the lifetime cap).

DOCUMENTS REQUIRED FROM CLIENT WHEN REQUESTING THE FOLLOWING:

Repairs
Current vehicle registration
Proof of Insurance
Driver's License
Written Estimate

Registration/DMV Fee
Proof of Ownership
Proof of Insurance
Driver's License
Breakdown of DMV costs

Emissions/Inspection
Current Registration
Proof of Insurance
Driver's License
Copy of receipt

Insurance
Current registration or title if not registered.
Driver's License
Quote from Insurance or receipt of payment.

License
Cost from DMV for testing, license, etc.
Must have access to a vehicle noted on request form

Driver's Education
Cost from Driving School
Must have access to a vehicle once license is obtained and noted on the request form.

BIKE VOUCHER REQUEST FORM

DATE: _____

CLIENT NAME: _____ **SSN – Last 4:** _____

CASE MANAGER (NAME/ORGANIZATION): _____

CASE MANAGER (TEL# / FAX#): _____

Client Address: _____

Employment Address: _____

BRIEF EXPLANATION:
(Briefly explain the client's current employment and how the requested services will help the client retain employment. (Bike voucher is available only once per client lifetime.)

(ECTC OFFICE USE ONLY)

Check all that apply: ☐ Client is employed and lives within 3 miles of public transit. ☐ Client work address is within 3 miles of their residence.
ECTC Representative: Date:
Approved for Voucher: ☐ Denied: ☐