



Transportation Assistance Program Verification Checklist

Car Repair, Insurance, or Vehicle Registration Requests:

- Fill out application completely and sign
- Sign the attached two release forms
- Copy of Driver's License showing current address
- Copy of Title of Vehicle – vehicle must be registered in your name
- Copy of Proof of Insurance if applying for car repair only
- Copy of bill from your insurance company (if applying for help with insurance) or three quotes from local insurance agencies (if starting new policy) this can be faxed directly to Irina with CEAP at 763-783-4927
- Copy of current bank account balance (if you have accounts in your name)
- Attach copy of Proof of Residency (Anoka County – 6 months or more)
- Copy of Pay Stubs for the last 30 days (if employed) or proof of other income

NOTE: *“Applicant has 30 days to submit required verification once the initial application has been received or their application will be denied based on insufficient information.”*

Car Donation Requests:

- Fill out application completely and sign
- Sign the attached two release forms
- Attach copy of Driver's License showing current address
- Take Dollars into Sense Class
 - You attend this class one time. The class is an hour and a half long.
 - The class is offered once a month. There is a 10 a.m. or 7 p.m. class.
 - Call 763-755-1280 to register for the next class
- Have County Worker or your local Church send a Referral to Free2B! explaining the need.
- Attach copy of Proof of Residency (Anoka County – 6 months or more)
- Copy of Pay Stubs for the last 30 days (if employed) or proof of other income

Please note: After all the information is received, verified, and accepted you will be put on a waiting list. Once a car is available you will be notified. Once you are notified, you will be responsible for obtaining car insurance. Proof of insurance will need to be faxed to Free2B! Also, you are required to attend a two hour basic car maintenance and resource networking class which will be held on the Saturday you receive your car.

****If denied for Temporary Assistance Program funds you might still qualify for Free2B's other car repair or car donation assistance programs which will require additional verifications.****



Transportation Assistance Program Application

Maxis Case: _____

Name: (Print) _____ Phone # _____

Address: _____ Other Phone # _____
Address City State Zip

List the people who live in your home:

	Name	Date of Birth	Relationship	SSN	US Citizen	Race
1.			SELF			
2.						
3.						
4.						
5.						
6.						

1) Is anyone in the home currently receiving assistance? Yes No If Yes, Type: MFIP/DWP FS MA
If yes, is anyone currently in sanction? Yes No

2) How long have you lived in Anoka County? _____ Do you have a valid MN driver's license? Yes No

3) Why are you applying for Transportation Assistance? Car Repair (Specify) _____
 Donated Vehicle Insurance Other: _____

4) What income do you have?

Present Employer _____ Date Started _____

Phone: _____ How many hours per week do you work? _____ Hourly Wage \$ _____

Spouse (significant other) Present Employer _____ Date Started _____

Phone: _____ How many hours per week do you work? _____ Hourly Wage \$ _____

Other Income:

Income Type	Monthly Amount	Who Receives this Income?
MFIP/DWP		
UI/WC		
SSI/RSDI		
Child Support		
Other		

5) Are you looking for work? Yes No Number of hours per week: _____

Is your spouse looking for work? Yes No Number of hours per week: _____

6) Does anyone have any bank accounts? Yes No If yes, amount in bank accounts \$ _____

7) Cars in the household:

Year	Make	Model	Mileage	Amount Owed

8) Monthly expenses: Housing \$ _____ Utilities \$ _____ Food \$ _____ Other \$ _____

Applicant's Signature: _____ Agency Signature: _____

My signature acknowledges that the information provided is correct, true and complete.

Date: _____



COUNTY OF ANOKA

Anoka County Job Training Center
CEAP



1201 89th Ave NE., Suite 235 • Blaine, MN 55434 • 763-783-4864

Transportation Assistance Program

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

Date: _____

I, _____, permit CEAP (Community Emergency Assistance Program) to share information to determine benefits I may be eligible for.

They can share information with:

- Anoka County Income Maintenance Department
- Anoka County Job Training Center
- Free to Be, Inc.
- My employer _____
- Car insurance company _____
- Auto Dealer _____
- Garage _____
- Other: _____ (Must specify)

Data given by the county may include:

- What help CEAP may give me.
- Information about help the CEAP gives me now.
- The amount the CEAP may pay them.

This data is private. The CEAP can only give this information if they have my permission in writing. They may give data without my permission if otherwise provided by state or federal law. I understand I may refuse to release this data. If I refuse, the CEAP may be unable to help me resolve my crisis.

This permission is good for one year from the date I sign it.

Signature of person authorizing release

Date



Free to Be, Inc.

1201 89th Ave. NE, Suite 230, Blaine, MN 55434 Phone 763-717-7755

AUTHORIZATION FOR RELEASE, EXCHANGE OF INFORMATION and PERMISSION TO VERIFY APPLICATION

Before you provide information, we would like to inform you that the information that you provide is private. You are not required to answer the questions asked, but obviously we cannot help you if you do not provide us with some information. The information you give us will be used to provide the service you request.

Free to Be, Inc. verifies the information provided on the application that the information is correct, true and complete. Free to Be, Inc. verifies information through exchange of information with Anoka County agencies. For the Free to Be, Inc. Car Care Program, Free to Be, Inc. will verify that there are no working vehicles in the household. This verification will be done using DMV vehicle ownership information.

Clients will be ineligible for Free to Be, Inc’s Program if they are currently in collections for an existing loan with CEAP, have defaulted on a previous loan or are currently behind on a loan with CEAP before it goes into collections. Clients will also be ineligible if they are not in compliance with other agencies collaborating with Free to Be, Inc.

I hereby authorize Free to Be, Inc.; CEAP, the Minnesota Workforce Center Employees, Income Maintenance, RISE, ELIM Transitional, Opportunity Partners, 1st Call for Help, Bridgeview, MFIP, Salvation Army or Other _____ to release and exchange information pertaining to my applications and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. I authorize release and exchange of the information requested for a car donation or car repair. I understand I may revoke this consent upon written notice (not retroactive) and that the consent will automatically expire within one year after the date of my signature.

Signature

Date

Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

Free2B requires the following information filled out:

Are you a U.S. citizen? Yes No **If No, Alien Number:** _____
Date Card Expires: _____

Marital status: Single Married Widowed Divorced Separated

Donated Car Information: Are you able to drive a Stick (vs. automatic) shift vehicle?
YES____ **NO**____

Car Repair Information:

For Car Repair, describe vehicle problem or symptom: _____

Participation Survey

Please circle the appropriate selection:

Sex: Female Male
Age: 21-30 31-61 62 or older (senior)
Hispanic: Yes No

Single Race or **Multi-Race** or **Other**
White American Indian and White
Black / African American Asian and White
Asian African American and White
American Indian or Alaska Native American Indian and African American
Native Hawaiian or Pacific Islander

Are you Homeless? Yes No **Are you a Veteran?** Yes No

Female Head of Household: Yes No
(Definition: a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent's financial support.)

Do you have a documented mental illness? Yes No **If yes, describe:** _____

Are you Severely Disabled? Yes No **If yes, describe:** _____

- Severely Disabled: If you
- 1) use a wheel chair or another special aid for 6 months or longer; or,
 - 2) are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking), or need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating or toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); or
 - 3) are prevented from working at a job or doing housework; or,
 - 4) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility, dementia or mental retardation; or,
 - 5) are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).