

COUNTY \_\_\_\_\_  
CASE NAME \_\_\_\_\_  
CASE NUMBER \_\_\_\_\_  
CLIENT ID \_\_\_\_\_

### TANF WORK PROGRAM PARTICIPANT TRAVEL FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

1. The shortest and best way, by car, from my residence to \_\_\_\_\_  
is \_\_\_\_\_ miles round trip. (Name of Employer or TANF Work Activity)
2. I am scheduled to work \_\_\_\_\_ days each week.

I will either receive a bus pass or a work (transportation) stipend to help with my transportation expenses while I work or participate in my assigned work program activity. I understand that arrangement of transportation is my responsibility. Transportation stipends are paid in advance and I understand that if I cannot arrange transportation, I must notify my case manager and I will be responsible for repaying the stipend.

I understand that if I receive assistance with transportation expenses to which I am not entitled (did not participate satisfactorily, non-compliance, etc.), I may be charged with suspected fraud and I may be prosecuted in court and that I will be responsible for repayment to the TANF Work Program.

- I  do  do not own my own vehicle.
- I  do  do not have access to a vehicle.
- I  do  do not live near a bus route.
- I  do  do not need help making my transportation arrangements.

My transportation plan to get to and from my job or my assigned work activity is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I have a transportation breakdown, my backup plan to get to my job or TWP work site is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My transportation plan to get my child(ren) to and from daycare is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I have a transportation breakdown, my backup plan to get my child(ren) to and from day care is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

