Donations from the Heart Inc.

Transportation Assistance Program Application Form

This Application is designed to collect specific information from applicants applying for Utility Assistance Program in accordance with Section 26c of the Freedom of Information and Protection of Privacy Act (the FOI Act)

If you have questions about the collection or use of your information, please call 1-855-493-4483

SECTION- A. **Applicant Information**

Social Security Number NOT REQUIRED Miss Ms. Social Security Number Last Name First Name Middle Initial Mrs. Mr. NOT REQUIRED Miss Ms.

Mailing Address

Apt #	House /Bldg. #	Street Name
City	State	Zip Code

Residential Address

Apt#	House / Bldg. #	Street Name
City	State	Zip Code

Contact Information

Home Phone	Cell Phone	Work Phone
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Email Address	Alternate Contact for Messages Name:	Emergency Contact Name:

Office Use Only

File#

Effective Date:

Last Name First Name Middle Initial Mrs. Mr.

(Please Print Clearly)

Phone:	Phone:
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SECTION- B. Bank Information/Assets

Please list all assets held by you and/or spouse of applicable.

Type of Asset	Owner of Asset	Bank/Financial Institution	Branch Location	Account Type
Bank Accounts				
Term Deposits				
Bonds/Stocks/Shares				
Trust Funds/ 401K				
Other Assets/Cash				

Section- C. Proof of Residency/Proof of Citizenship/Proof of Visa

Applicant must be able to provide some form of proof that they have resided at current address for at least 6-12 months. If currently homeless, a letter or statement from shelter/housing authority or any private entity must be supplied.

How Long have you resided at your current address?	
Please list your address for the past 12 months	
Please list your address for the past 6 months	
Are you a US Citizen? YESNO	
IF NO Can you provide proof of VISA? YESNO	

Please provide a list of former address if less than 12 months below

Addresses	From Date	To Date	Name of Landlord	Landlord Contact Number

SECTION – D. Rent Information

Your Current Monthly Rent	Does Your Rent Include Utilities? YESNO
DO NOT INCLUDE UTLITIES OR DUES	If so please list
How Many Months are you past due?	
Is your rent subsidized? YESNO	
Do you Live in a trailer or mobile home?	If you reside in a trailer or mobile home, do you own or rent?
VEC	
YES	OWN
NO	RENT

SECTION – E Income Information/Monthly Expenses

Please list all forms of income to include, SSI, disability, unemployment compensation, workman compensation, etc.

Are you currently unemployed YES____NO?____ If NO, have you or spouse earned any income within the past 12 Months? YES____NO _____

Applicant/Gross Monthly Income	Spouse/Gross Monthly Income
	Applicant/Gross Monthly Income

Please list monthly bills and debts owed each month. Please include loans, credit card debt, student loans, car loans, insurance premiums, food, utilities, cable, etc...

Monthly Expense	Name of Institution	Amount Per Month

Questionnaire:

Our goal is to assist our applicants in the best way possible. Please complete the below questionnaire as to why you need assistance. Our goal is to not only aid with a situation or circumstance but to isolate the root cause through various avenues of support. Without knowing the root cause any assistance we provide, may only serve as a temporary fix. Our goal is to direct our applicants to total wellness.

- 1. Please explain why you need assistance?
- 2. What is the cause of your inability to cover transportation?
- 3. Are your Transportation needs exceeding your monthly budget?
- 4. Are your other monthly bills not allowing room to cover your commuting needs?
- 5. Do you require frequent Dr. Visits?



- 6. How often will you need transportation? How far in advance are your appointments scheduled?
- 7. Are you currently Disabled?
- 8. Are you receiving Social Security or Disability Payments? IF So, please provide monthly amount along with copy of award letter.
- 9. Do you require transportation that can accommodate a wheel chair, walker or cane?
- 10. Can you stand, walk or get into a vehicle on your own, or do you need assistance?
- 11. Would you require transportation to the following on occasion? (PLEASE CHECK ALL THAT APPLY)

TRANSPORTATION EVENT TYPES :

- Dr. Visits (any type)
- Grocery Shopping
- Church Services
- Other Events:

Travel Days of Request for Service:

Sunday	
Monday	
Tuesday	
Wednesday	

P.O. Box 371 • Odenton, MD 21113 • Toll Free: 1-855-493-4483 • Fax: 1-855-663-0268



Thursday	
Friday	
Saturday	

NOTES:

Signature:

Date:

By signing the above application, you acknowledge and certify that all the information is accurate and truthful. If any information is found to be false, your application will be denied. You also authorize Donations From The Heart Inc. to speak and correspond with Social Services or any necessary State Agency provider to gather information regarding providing you with assistance and to serve as an advocate. Your signature serves also as a release of information to Donations From The Heart. A copy of this signed portion of your application will be submitted to any required state or government agency to include non-profit organizations in the event we are required to provide advocacy assistance on your behalf.

Donations from the Heart, Inc. assist qualified applicants based on funds available and each individual/individual need. We do not discriminate and are here to serve all that Lord Jesus Christ will allow. The information within your application is required based on our ability to qualify every application. Please know that is information is kept confidential and is requested based on the Freedom of Information Act.

Applications are processed within 48-72 hours of receipt. Please indicate in the Note section, any additional information you believe is important and can help in us serving your needs. Transportation Assistance is provided at no cost to our applicants and is only available based on resources and volunteer support. We cannot and will not guarantee transportation assistance at any given time. We require 7-business day notice in advance for any transportation request. In the event resources are not available to accommodate your need, this allows sufficient time for us to refer an applicant to other agencies or for them to seek other methods of obtaining transportation assistance.

Please submit by fax or email to:

Fax: 1-855-663-0268

Email: info@donationsfromtheheart.org

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