



NEW LONDON WHEELS2WORK QUESTIONNAIRE

Date: _____

Applicant Name: _____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Email Address: _____

1. How has COVID impacted your finances?

2. What is your current situation? Please explain your transportation emergency.

Are you or a member of your household currently working with any Social Service Agency (e.g., DCF, CHR, DSS, etc.)? If yes, please list services below.

SERVICES INVOLVED WITH HOUSEHOLD

Name	Address	Phone #	Contact Person

1. The following Family Information is required for data tracking purposes only and will not be used to determine program eligibility. Please complete for all members of the household including yourself.

FAMILY INFORMATION

Full Names of All Household Members (First, MI, Last)	Relationship to Head of Household	Date of Birth	Gender	Race *	Ethnicity **	Veteran (Y/N)	Disability (Y/N)	Parental Status (Custodial or Non-Custodial)	Highest Educational Level Attained
	<i>Self</i>								

* Please indicate whether you identify as White; Black or African American; American Indian or Alaskan Native; Asian; Native Hawaiian or Pacific Islander; or Other. If you self-identify as more than one race, please indicate them in the chart or here. _____

**Please indicate whether you identify as Hispanic or Latino/a/x or Non-Hispanic/Non-Latino/a/x

2. Are you employed? Yes No

Full or Part Time Employment? _____ Hours worked per week? _____

Employer: _____

Employer Street Address: _____

Employer City/Town: _____ State: _____ Zip Code: _____

Employer Phone Number: _____ Employment Start Date: _____

Weekly Schedule: _____

3. The following Financial Information is required to determine eligibility for the program. Please include income of all working household members. Proof of income (pay stubs etc.) will be required for everyone deemed eligible for New London Wheels2Work services.

FINANCIAL INFORMATION & INCOME SOURCE(S)
This section includes all household members with a source of income.

Source	Recipient Name	Case Number	Recert. Date	Monthly Amount
Wages – Full Time				
Wages – Part Time				
TANF				
SSI/SSDI				
Food Stamps				
Unemployment Benefits				
Alimony				
Child Support				
Other (Please explain below)				

Other: _____

4. Do you have a VALID driver’s license? Yes No

If yes, provide License #: _____ Licensing State: _____ Expiration Date: _____

Please return completed questionnaire to Always Home's Social Worker, Marlynn Benker,
 at mbenker@alwayshome.org