

CDBG Transportation Fund Referral Sheet date of request ___/___/___

Homeless Services at DSSCDBGtrans@pwcgov.org

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|--|--|---------------|--|
| Staff completing this form and contact number: | | Organization: | |
|--|--|---------------|--|

*Shaded gray areas are for DSS Staff ONLY

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|------------------------|-----------------------|
| Name of Agency | DSS Homeless Services |
| Authorizing Transport: | |
| DSS Staff Name: | |

| Client Name & Passengers (Last, first name) | Gender | Race-White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan native & White, Asian & White, Black/African American & White, American Indian/Alaskan native & Black/African American or other multi-racial | Ethnicity (Hispanic or Non-Hispanic) |
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| Client's contact number: | |
| Number of clients served on this fare? | |

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|--------------------|--|
| Date of Transport: | |
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All clients are required to wear a mask when they are in the cab
Please include the city

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| Pick-up time: | |
| Pick-up location (name of the building): | |
| From address: | |
| To address: | |
| Return pick-up address: | |
| Return pick-up time: | |
| Return drop-off location (name of the building): | |

Please use the chart below to determine the HUD income limits by checking the appropriate box according to the household size.

| 2021 HUD Income Limits for the DC-VA-MD HUD Metro FMR Area 4-01-2020 | | | | | | | | |
|---|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | 1 person | 2 persons | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
| Extremely Low (0-30%) | \$26,500 | \$30,250 | \$34,050 | \$37,800 | \$40,850 | \$43,850 | \$46,900 | \$49,900 |
| Low (31-50%) | \$44,100 | \$50,400 | \$56,700 | \$63,000 | \$68,050 | \$73,100 | \$78,150 | \$83,200 |
| Moderate (51-80%) | \$55,750 | \$63,700 | \$71,650 | \$79,600 | \$86,000 | \$92,350 | \$98,750 | \$105,100 |

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| Female Heads of Household: Yes No |
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Verified Transportation Categories:

| Facility | Type of appointment | Please check the appropriate box |
|---------------------------------|--|---|
| Medical clinics: | Mental health, private physician, dental, medical appointments. | |
| Detoxification facilities: | Detox programs, methadone clinic, substance abuse/use programs. | |
| Public assistance offices: | TANF, Medicaid, Medicare, Food Stamps/EBT, mainstream benefits. | |
| Other local providers: | Probation/parole, CSB, court appointments, Employment (SkillSource Center), attorney, and training programs. | |
| Any other transportation needs: | Job interview, job searches, and/or looking for housing. | |
| | Other | |

Types of transportation: Smart trip cards will be disbursed in \$15.00 and \$25.00 dollars increments. There's a \$50.00 cap for farecards.

of \$15.00 smart trip cards requested

of \$25.00 smart trip cards requested

of tokens requested

Indicate the time under the day of the week you are requesting to pick-up smart trip card(s) or bus tokens between the hours of 8:30 a.m. – 3:00 p.m. at the Bill Mehr drop-in center.

| Monday | Tuesday | Wednesday | Thursday |
|---------------|----------------|------------------|-----------------|
| Time: | Time: | Time: | Time: |

On rare occasions a bus, train or an airline ticket can be purchased if your organization can verify the client will be relocating to a permanent housing situation. Please indicate if you are requesting this type of assistance.

Bus, train, or plane - estimated cost of ticket \$

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| Attached a letter on your organization's letterhead stating the following: |
| <ul style="list-style-type: none"> a. Date b. Name of the client c. A written statement your organization has verified the appointment and meets the criteria (transportation type and income level) outlined in this referral form. d. Print and signature of the staff person referring the client. |