



Getting you where
you need to go.

Guilford County Transportation And Mobility Services

301 W. Market Street
Greensboro, North Carolina 27401
Phone (336) 641-4848 Fax (336) 272-4446

Employment Transportation Services Eligibility Form

- # Please Print.
- # Complete a separate application for each individual requesting service.
- # The application can be completed by the person receiving the service or a caregiver.
- # The information you provide will not be distributed to anyone not associated with the transit system.
- # Processing takes one to two days. Once processed, you will be contacted.

First we need the Name and Address of the person receiving the transportation service:

First Name _____ MI _____ Last Name _____

Address _____ City _____ Zip Code _____

(Note: You are not eligible for transportation services if you live within the city limits of Greensboro or High Point.)

Home Phone # (____) ____-____ Work Phone # (____) ____-____ Mobile Phone # (____) ____-____

Date of Birth (month/day/year) ____ / ____ / ____

If your address is a group home or other named facility/location (i.e. an apartment complex), please write the name below.

Secondly, in order to make the service valuable to you, we need to know the following:

Does the person requesting the service have a physical or mental impairment that substantially limits one or more major life activities?

Yes No If yes, please briefly describe the impairment: _____

Does the person requesting the service use a...

Walker Wheelchair Electric Wheelchair Motorized Scooter Oxygen Tank

Will the person requesting the service usually be traveling...

alone with children with a companion/personal care assistant with a seeing eye or guide dog.

Will you need transportation to a day care as part of your employment transportation? Yes No

If yes, what is the address of the day care? _____

Does someone need to be at home when transportation drops the person off at home? Yes No

Continued on next page...

In order to accurately evaluate your transportation needs, we need to know the following:

Employer: _____

Employer Address: _____ City: _____ Zip Code: _____

Typical Work Schedule

Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday Varies

Hours: ____ to ____ ____ to ____ ____ to ____ ____ to ____ ____ to ____ ____ to ____

Note: There maybe a fare of \$1.60 one way for transportation. You will be notified if the fare applies. Collection of the fare is processed through a monthly billing process. Please pay the fare in a timely manner. Failure to pay could result in a suspension from the service.

To be eligible for Work First Transition Employment transportation services the following information must be provided. If you are not a former Work First client, please skip this section:

Employment Verification: Check Stub Employment Letter Other Family Size: _____

Income:

Source of Income	Monthly Gross Income (estimate if part time or hourly)
Total Gross Monthly Income:	

Referral

(To be completed by referring agency)

DSS Other Agency _____

Reason for Referral: _____

Eligibility Certification from _____ to _____ (Maximum of three months)

Authorized by

Signature of Social Worker

Date

Signature of Agency Supervisor

Date

