**Community Action, Inc. of Central, TX**

**Gas Card Voucher Request form**

Date: \_\_\_\_\_\_\_

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

Participant Site & Class #: Participant TEAMS ID #:

Staff member requesting gas cards: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many $10 gas cards are you requesting per month for this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Justification for gas card vouchers: Please describe the participant’s financial situation and why the gas card voucher support is needed for the participant to be successful in the AEL program? Use checkboxes to help guide your justification.**

* Work part-time while in school
* On public assistance
* Single income with one or more dependents
* Rely on others for transportation to and from school
* Unemployed and looking for work

**Checklist: (justification must be maintained in student file):**

Ensure that participant signed Student Agreement for Transportation Services that includes statement of need.

Ensure that participant has exhausted other resources to get to class including online learning and public transportation options.

Ensure that participant has a minimum of 12 classroom hours in TEAMS in current or previous year

Ensure participant receives appropriate gas card amount for number of class days in program per week. (Multiply $.50 x # of miles to & from class x # of class days/week.)

Ensure that participant is committed to coming to class at an attendance rate of 90% and has access to a vehicle.

**\*To make transportation request email this form to Terri Schiemenz with a cc to Doug Mudd.**

FOR OFFICE USE ONLY

Status of Request:

* Approved
* Denied

**Weekly Amount assigned to participant: \_\_\_\_\_\_\_\_\_\_**

**Maximum amount for 2 months: \_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**