



# Employment Transportation Assistance Program

## Eligibility Application

PLEASE PRINT CLEARLY AND PROVIDE ALL REQUESTED HOUSEHOLD AND INCOME INFORMATION.

**!!! BE SURE TO SUBMIT ALL REQUESTED ITEMS !!!**

### ALL APPLICANTS MUST SUBMIT:

- ☐ PENNSYLVANIA DRIVERS LICENSE or PENNSYLVANIA PHOTO IDENTIFICATION
- ☐ MOST CURRENT PAY-STUB or ATTACHED EMPLOYMENT VERIFICATION FORM COMPLETED BY YOUR CURRENT EMPLOYER
- ☐ VEHICLE REGISTRATION AND INSURANCE INFORMATION IF REQUESTING MILEAGE REIMBURSEMENT

### **!!! IMPORTANT INFORMATION !!!**

1. Submitting an application **DOES NOT GUARANTEE ELIGIBILITY** or transportation.
2. You must provide proof of household members AND all earned and unearned income. Your application **cannot be processed** without this information.
3. You must be **employed a minimum of 20 hours per week**.
4. You must have **legal guardianship** or **legal (primary) custody** of a minor child.
5. Employment Transportation Assistance Program is a **TEMPORARY** transportation assistance program; you are only eligible for **one year of transportation assistance** or the **program limit of \$8,000**.
6. You must submit **verification of employment** every month for continued service, otherwise service will be suspended.

**PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR APPLICATION PROCESSING**

Please return the completed application in person to the Information Desk, fax: 570-322-2197, or email: [lslandon@stepcorp.org](mailto:lslandon@stepcorp.org)

The best way to provide proof of household members is to log into your COMPASS account. If you are a new user, here are the directions to register:

## Register as a New User

**[www.compass.state.pa.us](http://www.compass.state.pa.us)**

**To create a My COMPASS Account from the "Login/Register" link, please do the following:**

1. Click the "Login/Register" drop-down in the top right-hand corner of the COMPASS homepage.
2. Click "Register" under "Individuals & Families".
3. Enter the head of household's personal information. Choose a user name and password and select hint questions and answers. NOTE: If you would like to receive email communication, including an email containing the User ID you create, enter your email address in the "Email Address" field and the "Confirm Email Address" field.
4. Select your County/Case Record, UFI # (CHIP), or e-Form #/Password. If you select the County/Case Record or UFI # options, you will also be asked to enter your MCI #/Medicaid ID/EBT Card # or SSN.
5. Select whether you would like to enroll in online notices. Online notices and communication will be sent to the email address provided above.
6. Click on the "REGISTER" button.
7. Read the "My COMPASS Account" terms and conditions and check the box "I have read, fully understand and agree to the "My COMPASS Account" Terms & Conditions." NOTE: You must accept the terms and conditions to create a My COMPASS Account.
8. Your user name has now been created and you may log into your My COMPASS Account. If a valid email address was provided, you will receive an email with your user name.



## EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM ELIGIBILITY APPLICATION

**Incomplete applications will not be processed!**

If you cannot submit a current pay stub, the Employment Verification form MUST be completed and submitted with the completed application.

### PERSONAL INFORMATION

Social Security No.	<input type="text"/>	Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Today's Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
			Month Day Year		Month Day Year
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Last	First	Middle		
Street Address	<input type="text"/>		<input type="text"/>	<input type="text"/>	
	Number and Street		Apt.	City	
Contact Information	<input type="text"/>		<input type="text"/>		
	Phone Number		Email Address		

### RESIDENCY ( ✓ Check All That Apply )

- ☐ 1. Pennsylvania resident (PA ID will be required)
- ☐ 2. Lycoming County
- ☐ 3. Clinton County
- ☐ 4. Non-Pennsylvania resident

### TANF STATUS ( ✓ Do You Receive Cash Assistance? )

- ☐ 1. TANF Current Monthly \$
- ☐ 2. Former TANF
- ☐ 3. Never TANF

### EMPLOYMENT INFORMATION ( For Applicant Only )

Employer #1 Name	<input type="text"/>	Phone Number	<input type="text"/>	Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
				Month	Day Year
Street Address	<input type="text"/>		<input type="text"/>		
	Number and Street		City		
Wage/Hour \$	<input type="text"/>	Hours/Week	<input type="text"/>	Shift	<input type="text"/>
				Start Time	<input type="text"/>
				Quit Time	<input type="text"/>

If you have a 2nd job, please complete this employment section.

Employer #2 Name	<input type="text"/>	Phone Number	<input type="text"/>	Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
				Month	Day Year
Street Address	<input type="text"/>		<input type="text"/>		
	Number and Street		City		
Wage/Hour \$	<input type="text"/>	Hours/Week	<input type="text"/>	Shift	<input type="text"/>
				Start Time	<input type="text"/>
				Quit Time	<input type="text"/>

### TRANSPORTATION NEED ( PennDOT stipulates you **MUST** use the **MOST** economical mode of transportation )

- ☐ 1. Bus Pass
- ☐ 2. Taxi / Shared Ride
- ☐ 3. Mileage Reimbursement

To maintain continued eligibility, you must verify employment monthly by submitting a copy of your most recent pay-stub.

Please answer all that apply:

	YES	NO
Is there physical or other reason you cannot ride bus?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you: self-employed, a contract employee, or a per diem employee?....	<input type="checkbox"/>	<input type="checkbox"/>
Do you Live - and - Work within a 1/4 mile of a bus stop?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is childcare transportation required before or after work?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is a vehicle Owned, Registered, and Insured in your name?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do YOU have legal and primary custody of a minor child?.....	<input type="checkbox"/>	<input type="checkbox"/>



## EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM ELIGIBILITY APPLICATION

### HOUSEHOLD INFORMATION - FAMILY COMPOSITION ( Include Yourself )

Household Member	Last Name	First Name	M.I.	Relationship	Date of Birth	Age	Sex
(YOU) 1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

### HOUSEHOLD INCOME INFORMATION - ( Include every member of the household )

Member # from above lines	Source of Income	You must supply documentation of ALL family household members income. Name of Household Member	Annual Amount of Income
(YOU) 1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total Annual Household Income:			

I attest the information provided here is true and accurate and that any misinterpretation of information in order to receive funding may result in repayment to STEP, Inc.

X

Signature

Misleading or false information will result in permanent Employment Transportation Assistance Program ineligibility.



## EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM ELIGIBILITY APPLICATION

### RELEASE OF INFORMATION

As an applicant or participant in STEP, Inc. Employment Transportation Assistance Program, or any Pennsylvania Department of Transportation funded program, I authorize designated representatives of the following agencies to exchange information concerning my situation.

This authorization includes the following agencies:

- PennDOT Bureau of Public Transportation
- CareerLink(s)
- County Assistance Office(s)
- Bureau of Workforce Development Partnership
- STEP, Inc. Pathways and/or programs for which I have previously utilized or applied
- Current and/or Former Employers

This authorization includes the following additional organizations or individuals (Applicant must initial any write-ins):


This release is valid  and will expire one year from date.  
Today's Date

It is understood that all information will be maintained in the strictest of confidence.

X  /   /   
Signature of Applicant                      Date                      Signature of STEP Staff                      Date



## EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM

### ELIGIBILITY APPLICATION

#### CHILDCARE TRANSPORTATION ( if applicable )

If you answered YES to needing childcare transportation (see page 1), you must complete the following:

Name of Childcare Provider:

Address:

Phone Number:

Name of Childcare Provider:

Address:

Phone Number:

Name of Childcare Provider:

Address:

Phone Number:

#### Additional Information



## EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM ELIGIBILITY APPLICATION

**TO BE COMPLETED BY YOUR CURRENT EMPLOYER IF YOU CANNOT SUBMIT A PAY STUB**

Employer Name:			
Employer Address:			
City, State, Zip:			
Employer Phone:		Fax:	

If attached; the Release of Information permits STEP, Inc. to obtain any information relating to the employment of this individual, not to exceed a period of one (1) year from the date of the client signature. Thank you for your cooperation.

1. Employee:	2. Social Security Number:
3. Occupation:	4. Start Date:
5. Scheduled Weekly Hours: (Please do not state "varies") Hours per week:	6. Frequency of Pay <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly
7. Type of Employee: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract <input type="checkbox"/> Per Diem	8. Date of First Pay:
9. Hourly Wage: \$      per hour	10. Regular Scheduled Work Hours: Report Time:      Quit Time:
11. Is the individual still your employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. If no longer employed, last day on job:
13. Reason left:	14. Date of Last Pay:      Gross Amount: \$

Signature of Employer completing this section/providing information

Title

Date

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application.

Signature of STEP, Inc. agent requesting information

Title

Date

Attachment: Release of Information if not provided by applicant.

### !!! ATTENTION APPLICANT !!!

IF YOU CANNOT PRODUCE A CURRENT PAY STUB ON THE DATE OF YOUR EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM APPOINTMENT YOU MUST HAVE THIS FORM COMPLETED BY YOUR CURRENT EMPLOYER AND BRING IT WITH YOU TO YOUR APPOINTMENT. TEMPORARY TRANSPORTATION TO WORK WILL NOT BE ARRANGED WITHOUT CURRENT EMPLOYMENT VERIFICATION!



## EMPLOYMENT TRANSPORTATION ASSISTANCE PROGRAM

### OPTIONAL INFORMATION

#### OPTIONAL INFORMATION

This page is optional and does not affect your eligibility. You are not required to answer or affix your signature.

To assist STEP, Inc. in offering optimal services to our community and customers, please check all that apply.

Ethnicity: ☐ Hispanic, Latino, or Spanish Origin ☐ Non-Hispanic, Latino, or Spanish Origin

Race: ☐ African American ☐ White ☐ Native American/Alaskan Native  
☐ Asian ☐ Hawaiian Native ☐ Other/Multi-Racial (any 2 or more listed)

Education Level: ☐ 0-8 ☐ 9-12/Non-Grad ☐ High School Grad/GED  
☐ 12+ Some Post-Secondary

Health Insurance: ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Family Type: ☐ Single Person ☐ Single Parent Female ☐ Single Parent Male  
☐ Two Parent Household ☐ Two Adults No Children

Source of Income: ☐ TANF ☐ SSI ☐ General Assistance ☐ Social Security ☐ Pension  
(Mark all that apply) ☐ Unemployment Insurance ☐ Employment + Other Source  
☐ Employment Only ☐ No Income

Housing: ☐ Own ☐ Rent ☐ Homeless (Shelter, etc.) ☐ Reside within another family's home (Live with a relative, friend, group home, etc.)