



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 RECENT MONTH'S PAY-STUBS 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 80 hours per month**.
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 \$12,000**.
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



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.
Please return the completed application in person to the Information Desk, fax: 570-322-2197, or email: jlwatson@stepcorp.org

PERSONAL INFORMATION

Social Security No.		Birth Date	/ /	Today's Date	/ /
			Month Day Year		Month Day Year
Name					
	Last	First	Middle		
Street Address					
	Number and Street		Apt.	City	
Contact Information					
	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		Phone Number		Start Date	/ /
				Month	Day Year
Street Address					
	Number and Street		City		
Wage/Hour \$		Hours/Week		Shift	
				Start Time	
				Quit Time	

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

Employer #2 Name		Phone Number		Start Date	/ /
				Month	Day Year
Street Address					
	Number and Street		City		
Wage/Hour \$		Hours/Week		Shift	
				Start Time	
				Quit Time	

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

- 1. Bus Pass
- 2. Mileage Reimbursement
- 3. Shared Ride
- 4. Ride Sharing (Uber, Lyft, etc.)

To maintain continued eligibility, you must verify employment monthly by submitting a copy a month's worth of pay-stubs.

Please answer all that apply:

YES NO

- Is there physical or other reason you cannot ride bus?.....
- Are you: self-employed, a contract employee, or a per diem employee?....
- Do you Live - and - Work within a 1/4 mile of a bus stop?.....
- Is childcare transportation required before or after work?.....
- Is a vehicle Owned, Registered, and Insured in your name?.....
- Do YOU have legal and primary custody of a minor child?.....
- Do you work weekends or third shift?.....



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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



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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 ☐ Bi-weekly ☐ Monthly ☐ Other ☐ Weekly
7. Type of Employee: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Contract ☐ 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? ☐ YES ☐ 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!

Please return the completed application in person to the Information Desk, fax: 570-322-2197, or email: jlwatson@stepcorp.org



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.)

2138 Lincoln Street
Williamsport, PA 17701
1-800-346-3020
(570) 326-0587
FAX: (570) 322-2197



124 East Walnut Street
Lock Haven, PA 17745
1-800-346-3020
(570) 858-5800
FAX: (570) 858-5808

Rachelle A. Abbott, President & CEO

Lycoming-Clinton Counties Commission for Community Action (STEP), Inc.

Employee Transportation Assistance Program Grievance Process

A grievance is any concern, dispute, or objection you express to us about our agency, or about the coverage, operations, or policies of our Employee Transportation Assistance Program (ETAP). If you have a grievance about services, about how you were treated by our staff or driver, or about policies and procedures, please follow the below grievance procedure.

Step One:

All customer grievances should first be discussed on an informal basis with the Family Navigator, and attempts should be made to solve the problem through a personal meeting or by telephone. The Family Navigator will document the grievance and send it to all concerned parties. Documentation including the results of any investigation including corrective action(s) if taken will be sent to all concerned parties.

Step Two:

If the customer is not satisfied with the original outcome they may file a grievance in writing to STEP, Inc., Attn: Service Navigation Director, 2138 Lincoln St., Williamsport PA 17701 or via email at rejson@stepcorp.org. All grievances will be reviewed by the Service Navigation Director. A notification of determination of the grievance will be provided to the customer in writing.

Step Three:

If the customer believes the determination was incorrect or was not satisfied with the outcome, they can request that the grievance be reviewed by the STEP Administrative Team for further evaluation. This contact information will be included in the determination of grievance letter. If it is determined that the determination of the grievance was the appropriate action, a second notification of determination will be provided to the customer in writing. This notification of determination will be final.

Any questions regarding this process can be sent to the email address above or by contacting the Service Navigation Director at (570) 601-9545.

By my signature, I acknowledge that I have read and understand my rights to the Lycoming County Employee Transportation Assistance Program (ETAP) Grievance Process.

Signature

Date