Clear Form

TRANSPORTATION ASSISTANCE REQUEST

Due on or before the Monthly Eligibility Report (MER) due date

Participant Name: _____ Month/Year:_____

Submitting for: ☐ Bus Pass Reimbursement (attach receipt and sign below)

☐ Mileage Reimbursement (complete table and sign below) ☙ Approved Max Daily Miles: _____

If your mileage sheet is not legible, it will be returned to you for correction.

DATE	TOTAL MILES	STARTING LOCATION *(Home, Training Site, etc.)*	ENDING LOCATION *(Home, Training Site, etc.)*	PURPOSE *(Training, TANF Appt., etc.)*	Round Trip
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

I certify that if receiving mileage reimbursement, I have a current valid California Drivers License with current car registration and current liability insurance. My Insurance Carrier is: _____

(Name of Insurance Company)

I certify under penalty of perjury that all of the above information is true and complete and I will not receive nor do I expect to receive transportation assistance from any other organization or program, such as CIMC, Voc. Rehab. Etc. I understand that falsification of any information is grounds for termination from the Tribal TANF program. The penalty will include financial recovery of any assistance provided to me while in the Tribal TANF program, and possible lifetime denial of Tribal TANF assistance.

Tribal TANF Participant Signature: ✂_____Date: _____

🡻Eligibility Use Only🡻

Total Miles _____ x _____Total Mileage Payment $_____ Eligibility Specialist Signature: ✂_____ Date: _____

Current Rate