

# Way to Go Application

-Written summary needed to supplement application for VFC/donated car.  
Referring worker to complete until first dotted line, then complete first referral block.

Date \_\_\_\_\_ Eligible for TANF grant assistance? Yes No

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Locality: Harrisonburg Rockingham County Date of Birth \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work: \_\_\_\_\_ Employed at \_\_\_\_\_

Race – please check this line **AND** one listed below: Hispanic Non-Hispanic

White Black (African Amer) Asian Amer. Indian or Alaskan Native Native Hawaiian or other Pacific Islander  
Black (African Amer) and White Asian and White Amer Indian (or Alaskan Native) and White  
Amer Indian (or Alaskan Native) and Black (African Amer) Other multiracial

TANF Income / Wages  
# of family members \_\_\_\_\_ # children \_\_\_\_\_ Gross family income/mo \_\_\_\_\_ /

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Referral #1 Date \_\_\_\_\_ TANF # (if eligible) \_\_\_\_\_

TANF status: VIEW, Current TANF Former TANF Diversionary VTP

TANF verified with \_\_\_\_\_ Date of last TANF \_\_\_\_\_

Referred by \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

Notes \_\_\_\_\_  
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Referral #2 Date \_\_\_\_\_ TANF # (if eligible) \_\_\_\_\_

TANF status: VIEW, Current TANF Former TANF Diversionary VTP

TANF verified with \_\_\_\_\_ Date of last TANF \_\_\_\_\_

Referred by \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

Notes \_\_\_\_\_  
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Referral #3 Date \_\_\_\_\_ TANF # (if eligible) \_\_\_\_\_

TANF status: VIEW, Current TANF Former TANF Diversionary VTP

TANF verified with \_\_\_\_\_ Date of last TANF \_\_\_\_\_

Referred by \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

Notes \_\_\_\_\_  
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Revised February 2012

**E-mail or Fax to Ben Craig: [ben@w2ginc.org](mailto:ben@w2ginc.org) or (540) 208-7496**