

# TRANSPORTATION SELF-CERTIFICATION FORM

COLTS – JARC

800 North South Road

Scranton, Pa. 18504

Fax: 570-207-5050 Attn: Doug

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

Please complete in full and return to COLTS

## PARTICIPANT DEMOGRAPHICS:

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

## ELIGIBILITY INFORMATION:

Do you receive Public Assistance?                      Yes          No          *(Circle One)*

TANF    General Assistance    Food Stamps    Medicaid    SSI    Fuel    Subsidized Child Care  
Other (Name) \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Total Family Yearly Income: \_\_\_\_\_

\* (Do **not** include payments from programs listed above)

Size of Family: \_\_\_\_\_

Are you presently employed?                      Yes          No          *(Circle One)*    If yes, where:

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_

Shift: First    Second    Third    *(Circle one)*

Contact person/Supervisor: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

**(Please enclose a "Pay Stub" from your place of employment with this form).**

Are you enrolled in a job-training program?    \_\_\_ Yes    \_\_\_ No

If so, please identify: \_\_\_\_\_

**I hereby certify that, to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances immediately to COLTS JARC Program, North South Road, Scranton, Pa. 18504: (570)346-2061.**

Applicant Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_