



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number:
#12-13

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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF**

FROM: ROSEMARY MALONE, EXECUTIVE DIRECTOR

RE: TRANSPORTATION ASSISTANCE PROGRAM (TAP)

PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE (TCA)

ORIGINATING OFFICE: BUREAU OF EMPLOYMENT OPERATIONS & SUPPORT

SUMMARY:

The Maryland State Department of Human Resources (DHR) has entered into a contractual agreement with Vehicles for Change (VFC). VFC will implement a statewide Transportation Assistance Program (TAP), to provide up to 91 vehicles statewide to help current and former TCA recipients maintain employment. Anne Arundel, Carroll, Dorchester, Garrett, and Washington Counties have their own vehicle programs already in place. We will make every effort to ensure equitable distribution of the 91 vehicles for the remaining counties across the six regions:

1. **Upper Eastern Shore:** Caroline, Kent, Queen Anne's and Talbot Counties.
2. **Lower Eastern Shore:** Somerset, Wicomico and Worcester Counties.
3. **North Central Region A:** Frederick, Howard, Montgomery and Allegany Counties.
4. **North Central Region B:** Baltimore City and Baltimore County
5. **Southern Region:** Calvert, Charles, Prince George's and St. Mary's Counties.
6. **Susquehanna Region:** Cecil and Harford Counties.

This action transmittal provides information for local department staff on referring customers to TAP.

OPERATING PROCEDURES:

1. Each Local Department selects a TAP Coordinator.
2. Each local Department is responsible for creating the eligibility criteria for its customers to participate in TAP.
3. The TAP Coordinator receives and monitors all referrals for the jurisdiction.
4. The Director or Assistant Director or their designee makes the final decision regarding the referral of customers for TAP assistance, signs the referral form and returns it to the TAP Coordinator.
5. The TAP Coordinator forwards approved referrals to VFC with a copy to the Contract Monitor, Durlyn Sewell.

6. The TAP Coordinator provides the Contract Monitor with a report of TAP activity as specified in the Monthly Reporting section below.
7. The TAP Coordinator completes and submits a monthly report to the Contract Monitor of the number of Welfare Avoidance Grants (WAGs) issued to cover the customer's portion of the cost associated with the vehicle, if any, and the first six months of the customer's vehicle insurance.

REFERRAL PROCEDURES TO TAP

CASE MANAGERS:

Participation in the TAP program is voluntary. The LDSSs are not required to use this service. FIA encourages case managers to refer current or former (within the last 12 months) TCA customers to the TAP Coordinator (using the TAP referral form) when a customer has a transportation barrier that interferes with his or her ability to work. Case managers should use discretion when referring individuals that only have a letter of intent to hire. Sometimes customers have access to public transportation, but still have a barrier because the transportation does not go to their job site or the operating hours for public transportation do not match their work schedule.

Case managers will complete the referral form and submit it to the TAP Coordinator following local department procedures.

The following guidelines should be considered when referring a customer to TAP. The customer:

1. Is a current or former TCA recipient (within the last 12 months);
2. Does not live near public transportation; or
3. Has a job that is not accessible to public transportation; or
4. Has non-traditional work hours;
5. Faces excessive travel time with public transportation;
6. Has a valid driver's license;
7. Provides proof of employment; and
8. Work a minimum of 30 hours per week.

TAP COORDINATOR:

The TAP Coordinator meets with the customer to determine the appropriateness of a TAP referral. At this time, the TAP Coordinator will review the customer's situation and review the options available to the customer, including WAGs. If the customer cannot verify available funds to cover their portion of the costs, is not eligible for a WAG, or WAG funds are not available, he/she may not be a suitable candidate for a TAP referral. See the section on Customer Responsibilities below for an additional option.

We recommend that an individual associated with the Work Program be assigned the TAP Coordinator's duties. Please provide the name and contact information of the TAP Coordinator to Durlyn Sewell.

The TAP Coordinator forwards approved referrals to VFC and provides a copy to the

Contract Monitor. If the local department denies the referral, the TAP Coordinator discusses the denial with the customer and sends him/her a denial letter with a copy to the Contract Monitor, Durlyn Sewell.

CUSTOMER RESPONSIBILITIES:

The customer must provide proof of the following prior to the referral to VFC:

1. Employment;
2. A valid driver's license; and
3. Six months of insurance paid in advance.

Proof of paid insurance must be provided to the TAP Coordinator and to VFC prior to the vehicle being released to the customer. In addition, the customer is responsible for up to \$1000 of the vendor's cost of putting the vehicle on the road.

The customer is responsible for exploring all options for paying insurance and his or her portion of the vehicle costs before being considered for a WAG. WAGs may be offered if funds are available. At their discretion, VFC may help the customer secure a loan to pay the customer's portion of the vehicle cost (not to exceed \$1,000 or 50% of the contractor's price to get the vehicle road worthy). However, the TAP Coordinator should not encourage the customers to take out a loan. The customer will pick up the vehicle from 5230 Washington Blvd., Baltimore, MD 21227.

VEHICLES FOR CHANGE RESPONSIBILITIES:

VFC is responsible for:

1. Obtaining the vehicle;
2. Paying for vehicle taxes, tags, title and vehicle history report;
3. Making repairs;
4. Providing a 6-Month or 12,000 Miles Warranty (See Attachment);
5. Ensuring that all vehicles have passed a Maryland State Motor Vehicle inspection; and
- 6 Ensuring that each car has ½ tank of gas upon delivery.

Vehicles used in this program must meet the following criteria:

The car must be less than nine (9) years old based on the date of manufacture (VFC can propose a different age and mileage limit for vehicles over 11 years old, however DHR expects the mileage limit to be 100,000 miles or less for such vehicles). These vehicles will be approved on a case by case basis by the Program Manager, Durlyn Sewell. Large SUV's, large pickup trucks and fleet vehicles are prohibited.

If VFC chooses to finance the customer's vehicle, VFC cannot charge more than the U.S. Federal Reserve's prime interest rate for used cars (see www.bankrates.com/auto.aspx) or 10% whichever is lower. If the customer obtains third party financing, the provider is not restricted to the 10% limit. VFC must contact the customer within five days of receipt of the referral. At this time, VFC also discusses

vehicle selection from their inventory.

VFC provides each individual with a pamphlet entitled, "Transportation Assistance Program Customer's Rights and Responsibilities". This pamphlet outlines customers' rights and responsibilities.

VFC is responsible for ensuring that the vehicle is ready and road worthy. VFC is responsible for any vehicle repairs, taxes and tags on the vehicle.

VFC must submit all invoices and reports to the Contract Monitor by the 15th of the month.

MONTHLY REPORTING REQUIREMENTS:

By the 10th of each month, each LDSS must forward reports for the prior month including:

1. Number of individuals referred to TAP;
2. Number of TAP applications completed;
3. Number of applications approved;
4. Number of individuals referred to the vendor;
5. Number of applications rejected;
6. Number of vehicles obtained;
7. Number of vehicles in customer's possession; and
8. Number of vehicles returned (customer's name, LDSS, reason vehicles were returned).

Monthly reports should be submitted via mail to the Contract Monitor, Durlyn Sewell at:

MD DHR/FIA
311 W Saratoga ST
Room 734M
Baltimore, MD 21201

INQUIRIES:

Please direct TCA policy questions to Marilyn Lorenzo at 410-767-7333 or mlorenzo@dhr.state.md.us, or Gretchen Simpson at 410-767-7937 or gsimpson@dhr.state.md.us. Please refer TAP-related questions to Durlyn Sewell at 410-767-7040 or dsewell@dhr.state.md.us.

ACTION DUE: November, 2011

cc: DHR Executive Staff
FIA Management Staff
Constituent Services

DHR Help Desk
Vehicles for Change

**Family Investment Administration
Transportation Assistance Program (Tap)
Referral To Vehicles For Change**

Section I. Case Manager or Local Department Designee complete the following section

Local Department: _____ District _____

This form is used to refer customers to Vehicles For Change. Section I is completed by the case manager or the Local Department Designee. The TAP Coordinator completes Section II. Section III is completed by the Director, Assistant or Deputy Director or their Designee. Fax this form to VFC at 410-

Applicant's Name: _____ Customer ID: _____

Applicant's Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Case Manager or Designee complete Employment Sheet with customer.

Current TCA Recipient: Yes ___ No ___

Former TCA recipient: (within last 12 months) Yes ___ No ___ Month TCA closed ___

Do you currently have a valid driver's license? Yes ___ No ___

Can you drive a stick shift? Yes ___ No ___

Who else lives with the customer? Fill in the chart below.

Household Member's Name	Birthdate	Relationship to applicant

Does anyone listed above have access to a vehicle that you can use? Yes ___ No ___ How often do you use it? _____

Section II. TAP COORDINATOR complete the following section

Does customer need a WAG for insurance and other costs: Yes ___ No ___

WAG Eligible? Yes ___ No ___ (If yes, refer to Director or Assistant/Deputy Director for approval)

If no, discuss other options with the customer for obtaining financing for their portion of the vehicle costs. TAP Coordinator go over Income and Expense sheet with customer.

TAP Coordinator Decision: Approved ___ Denied ___

Comments or if denied, reason for denial:

Signature of TAP Coordinator

Date

**Family Investment Administration
Transportation Assistance Program (Tap)
Referral To Vehicles For Change**

SECTION III. Director, Assistant/Deputy Director or the Designee complete this section.

Decision: Approved _____ Denied _____

Signature of Director, Assistant/Deputy Director or Designee Date

Comment or if denied reason for the denial:

Date of referral back to TAP Coordinator _____

Customer's Insurance Information

The insurance information is only necessary if the customer has been approved for a referral to VFC.

Name of Insurance Company: _____

Agent's Name: _____

Agent's Address: _____

Telephone #: _____ Fax number #: _____

Policy number#: _____

Effective dates of policy: From _____ To _____

Amount of bi-annual insurance payment: \$ _____

Method of payment for the first 6 months of insurance: _____

Date referral sent to VFC: _____

Signature of TAP Coordinator: _____ Date: _____

Comments to VFC

**Family Investment Administration
Monthly Statistical Report
Transportation Assistance Program
(TAP)**

This report is used by the Local Department TAP Coordinator and the FIA Contract Monitor to complete a statewide monthly statistical report on customer activity and referrals to Vehicles For Change (VFC). The report is due by the 10th of the following month. Reports may be faxed or e-mailed to:
DURLYN SEWELL (Tap Contract Monitor) at 410-333-0832 or dsewell@dhr.state.md.us

Reporting Month	
Local Department	Date
Number of individuals referred to TAP	
Number of individuals referred to the vendor	
Number of TAP applications completed	
Number of applications approved	
Number of applications rejected	
Number of vehicles offered to customers	
Number of vehicles in customers' possession	
Number of vehicles returned (customer's name, LDSS, reason vehicles was returned)	
Number of loans customers made	
Interest rate charged for approved loans	
Average interest rate charged	

Signature of TAP Coordinator _____ Date _____

Signature of Contract Monitor _____ Date _____

**Transportation Assistance Program (TAP)
HOUSEHOLD INCOME AND EXPENSES**

Your income and expense information must be completed accurately. Applicants should complete this part of the application with someone from the sponsoring agency. Note that the items are all on a monthly basis. This sheet helps both you and the Agency determine if you are a good candidate for a vehicle.

Customer's Name _____ CL ID _____ DO _____

Net Income per Month

Take Home Wages/Salary (after taxes) \$ _____
(if you receive a check each week multiply the amount by 52 and then divide by 12; if you receive a check every 2 weeks multiply your check by 26 and divide by 12)

Child Support \$ _____
(only if you are sure to receive it every month)

Food Supplement Benefits \$ _____

TANF or other State support \$ _____
(only if you will receive for at least 9 more months)

SSI (amount of monthly check) \$ _____

Other Income (list on lines below) \$ _____

TOTAL OF ALL INCOME LISTED ABOVE \$ _____

Expenses per Month

Housing Costs

Mortgage/Rent	\$ _____	
House Repairs	\$ _____	
Insurance	\$ _____	
Total Housing		\$ _____

Utilities (Monthly Bills)

Gas and Electric	\$ _____	
Water	\$ _____	
<i>(if your water bill comes every 3 months divide by 3)</i>		
Phone (include cell)	\$ _____	
Total Utilities	\$ _____	

**Transportation Assistance Program (TAP)
HOUSEHOLD INCOME AND EXPENSES**

Customer's Name _____ CL ID _____ DO _____

Child Care and School Expenses

Monthly Childcare Fees \$ _____
School Materials \$ _____
Other \$ _____

Total Child Care and School Expenses \$ _____

Medical Expenses (you will need to determine or estimate Medical on a monthly basis)

Doctor Visits \$ _____
Dentists \$ _____
Prescriptions \$ _____
Eye \$ _____

Total Medical Expenses \$ _____

Transportation

Car Ownership Monthly Costs (Only if you currently own a car)

Car Insurance \$ _____
Gas \$ _____
Car Repairs \$ _____
Monthly Cab or Bus Fare \$ _____
Ride Payments to Friends \$ _____

Total Transportation \$ _____

Gifts (you will have to divide the amount by 12 to get your monthly costs)

Christmas \$ _____
Birthday \$ _____
Other \$ _____

Total Gifts \$ _____

Food - Meals and Groceries – Including Food and Non-Food Items

Lunches \$ _____
(for your children at school or daycare or yourself at work)
Spending on Dinners Out \$ _____
Groceries \$ _____

Groceries should include: Cleaning supplies, household items, toiletries, cosmetics, cigarettes

Total Food \$ _____

**Transportation Assistance Program (TAP)
HOUSEHOLD INCOME AND EXPENSES**

Customer's Name _____ CL ID _____ DO _____

Clothing (include shoes, coats etc. : estimate monthly costs)

Self \$ _____
Children \$ _____

Total Clothing \$ _____

Entertainment/Recreation

Cable or Dish \$ _____
DVD rentals \$ _____
Vacations (divide total by 12) \$ _____
Other \$ _____

Total Entertainment \$ _____

Total Expenses (add all the above items in the last column) \$ _____

Available Monthly Funds (Income minus Expenses) \$ _____

Have you received Cash Assistance or other benefits in the past 24 months? (food stamps, medical assistance, POC etc.) ___ Yes ___ No How many months _____
From what agency _____

Money in Savings Account or Other Savings \$ _____

Note: You will need at least \$400 in savings for your first insurance payment and your car taxes, tags and title fees.

I have read all of the information on this form and state that all of my information is true, correct and complete to the best of my knowledge. I understand that providing false information or my omission of facts could result in the denial of my application.

Signature of Applicant _____ Date _____

Printed name of Applicant _____

Signature of TAP Coordinator _____ Date _____

Printed Name of Tap Coordinator _____

**Transportation Assistance Program (TAP)
EMPLOYMENT STATUS**

Customer's Name _____ **CL ID** _____ **DO** _____

Are you currently employed? Yes No Number of hours per week? _____

Hours: Begin _____(am/pm) End: _____(am/pm) Shift: 1st 2nd 3rd

Current Employer: _____

Address: _____

Contact person: _____ Phone: _____

How long have you been employed there? _____ Position ? _____

If you are not currently employed do you have a verifiable job offer? Yes No

If yes, please list the following:

Employer: _____

Address: _____

Contact Person: _____ Position: _____

How are you getting to work now? _____

Family Investment Administration
Transportation Assistance Program (TAP)

Notice Of Denial

District Office _____ Date _____

Customer's Name _____ CL ID _____

Dear _____,

We have reviewed your information and have determined that we cannot approve your request for TAP Program assistance. We made this determination because of the following reason/s.

___ You do not have a Maryland Driver's license or are unable to get a Maryland Driver's license in your name.

___ You are not able to get a vehicle registered in your name.

___ You are not able to obtain vehicle insurance in your name or the cost of insurance exceeds what you can afford.

___ You are not able to obtain the money you need to pay your portion of the costs of putting the vehicle on the road.

___ Your current situation is not suitable for a Welfare Avoidance Grant (WAG).

___ You reported that you are unable to obtain funds from an outside source. (loan, gift from friends or family, savings).

___ After carefully reviewing your income and expenses with you, we have determined that you do not have the income every month that you need to maintain a vehicle and pay your normal living expenses.

___ You withdrew your request for TAP assistance.

___ Other _____

Case Manager explain

Please contact me at _____, if you would like to discuss this decision or feel we have made an incorrect decision.

Sincerely,

TAP Coordinator

This decision was made based on Code of Maryland Regulations found at 07.03.03.03 and 07.03.03.04.

Transportation Assistance Program (TAP) Check List

You must bring this information with you to the Vehicles for Change office when you go to pick up your vehicle. Failure to have the information with you may mean you can not pick up your vehicle.

___ **Copy of valid Maryland driver's license**

___ **Three-year driving record (to be reviewed for insurability) for everyone who is licensed to drive in your household.**

___ **Registration record to assure that no insurance violations exist.**

Maryland residents must use MVA form DR-057 (sample attached) to secure driving and registration records. Submit reports with application.

Read Carefully and Sign Below

I have read the requirements on this page. I understand that I must meet each of the requirements to qualify for a vehicle from Vehicles for Change, Inc.

The information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that any misrepresentation or omission of required facts is cause for denial of my application to receive a vehicle. Further I understand and agree that evaluation of this application does not guarantee a vehicle through the TAP program.

Signature of Applicant(s) _____

Date _____

Signature of TAP Coordinator _____ Date _____



Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

DR

Request for Motor Vehicle Administration Records

**Certified Rec:
Non-Certified**

Please complete all requested information as applicable.

Subject of Record:

Vehicle record

Tag No.: _____

VIN: _____

Yr./Make/Model: _____

Driver Record

Name: _____

DOB: _____

LIC #: _____

Address: _____

Type of Record:

3 year driving record

*Complete driving record (all information in MVA da

*PBJ driving record

*Available to: individual of record or individual's attome system; authorized representative of any federal, state ment; or authorized employer of CDL drivers.

Application for driver's record/identification card.

Title record.

Certified copy of Maryland title for export of vehicle

Registration record.

Other: _____

Please complete this section if record is to be mailed.
Please print or type information.

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Requestor Information:

Name: _____

LIC #: _____

Address (Home): _____

Telephone (Home): _____

Address (Work): _____

Telephone (Work): _____

Identification:

Type of Identification Accepted: _____

LIC #: _____

Other Number: _____

Verified By: _____

Status:

Attorney (Please sign "Attorney Certification" if requesting complete driving record of your client)

"I certify that I am the attorney for the individual whose complete driving record or PBJ is being requested."

Attorney's Signature: _____

Employer:

"I certify that I am an employer or potential employer of the individual for whom I am requesting/receiving a driving record, and that a valid commercial driver's license is required of the individual as a condition of employment."

Employer's Signature: _____

Printed Name: _____

Purpose of Request: _____

Business Name: _____

Law Enforcement/Government Agency

Name: _____

Insurance Company

Name: _____

Researcher: _____

Own record: _____

Other: Please specify: _____

My signature acknowledges, under penalty of criminal prosecution, that I will use information received from the Motor Vehicle Administration solely for the purpose I describe on this application, and further agree that I will not release personal information obtained from MVA as permitted by §10-611, 10-616, and 10-626 of the State Government Article.

I understand and acknowledge that by requesting information from Motor Vehicle Administration Records I have read and agree to MVA Privacy Protection Agreement on the reverse side of this form. I also acknowledge that I have read the Notice of Appeal Procedure on the reverse side.

Signature: _____

Printed name: _____

MVA Use Only:

Certified

Non-Certified

Cash

Check

Credit Card

SAMPLE ONLY