






Main Office
3158 West St.
Weirton, WV 26062
304.797.7733

Moundsville Office
700 First St.
Moundsville, WV 26041
304.845.8269

Newell Office
1151 Washington St.
Newell, WV 26050
304.459.4010

Wintersville Office
200 Luray Dr.
Wintersville, OH 43953
740.314.8258

www.changeinc.org   

CHANGE, Inc. is an equal opportunity provider & employer.

CHANGE, Inc. Transportation Application Checklist

All sections of this application must be completed *and* copies of all documentation must be provided before we can accept your application. Incomplete applications will be returned to applicant.

Proof of income for ALL household members for the past 30 days (everyone living in the household for the past 30 days regardless of age)

- Income includes employment paystubs (if applicable) for the past 30 days, Social Security, SSD and SSI letters, Welfare Check, Pension, Alimony, etc. and any other income source for the past 30 days.
- If there has been no income for the past 30 days for a household member over 18 years of age, they must complete a Zero Income Affidavit (attached to application) and have it notarized.

Copy of driver's license/photo ID

Intake form must be filled out for each household member

Customer Consent Form

Family Matrix Survey (Check one per category.)

Zero Income Affidavit (Only applicable to any household member over 18 years of age who has no income in the past 12 months from date of application.)

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old	

Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker’s Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other Total Monthly Income \$ _____ .00

Employment		
Work Status	<p>Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)</p>	<p>Current Employer Name: _____ Employed Since: ___/___/_____ MM DD YYYY</p> <p>2nd Current Employer Name: _____ Employed Since: ___/___/_____ MM DD YYYY</p>

Additional Household Member

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- () - Cell- () - Work- () - X	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____-_____-_____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____/____/____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

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Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... <i>(No-Income Affidavit Required)</i> <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker’s Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other Total Monthly Income \$ _____ .00

Employment		
Work Status	<p>Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)</p>	<p>Current Employer Name: _____ Employed Since: ___/___/_____ MM DD YYYY</p> <p>2nd Current Employer Name: _____ Employed Since: ___/___/_____ MM DD YYYY</p>

CHANGE, INC. FAMILY MATRIX SURVEY

Choose the statement that best describes your current situation for each category.

EMPLOYMENT

- Full-time employment paying above minimum wage with benefits, including health insurance. (10)
- Full-time employment paying above minimum wage with at least one benefit. (8)
- Full-time employment paying minimum wage, with benefits. (6)
- Full-time employment paying minimum wage, without benefits. (5)
- Retired with pension. (5)
- Part-time or seasonal employment with benefits. (4)
- Part-time or seasonal employment without benefits. (3)
- Unemployed, but have work history or skills. (2)
- Unemployed, with no work history or skills. (1)
- Physically or Mentally unable to maintain employment, but receiving benefits. (4)
- Physically or Mentally unable to maintain employment, and not receiving benefits. (0)

EDUCATION

- Doctorate, Masters, Bachelors or Associates Degree, or National Recognized License/Certificate. (10)
- Post high school vocational, non-college business, technical or professional education. (8)
- High School Diploma and some College Credits. (8)
- High School Diploma or GED. (6)
- No Diploma or GED, but have reading, writing and basic math skills. (4)
- Some reading, writing and basic math skills. (1)
- No reading, writing and/or basic math skills. (0)

HOUSING

- Own Home, Condominium, or Co-Op Home. (10)
- Non-subsidized Rental Housing. (8)
- Subsidized Section 8 Rental Housing or Public Housing. (6)
- Transitional Housing. (4)
- Owned or Subsidized Housing which is unsafe and/or unaffordable. (3)
- Temporary Shelter. (3)
- Living with relatives or friends. (2)
- Homeless. (1)
- Homeless by choice. (0)

EMERGENCY SERVICES

- Able to meet financial obligations with no assistance. (10)
- Able to meet financial obligations with no assistance for over one year. (8)
- Able to meet financial obligations with occasional assistance (once a year). (6)
- Frequent use of emergency assistance on order to met financial obligations (twice a year). (4)
- Regular use of emergency assistance on order to met financial obligations (more than twice a year). (2)

TRANSPORTATION

- Always have transportation needs met through public transportation, car or regular ride. (10)
- Most times have transportation needs met through public transportation, car or regular ride. (8)
- Sometimes have transportation needs met through public transportation, car or regular ride. (6)
- Rarely have transportation needs met through public transportation, car or regular ride. (4)
- Do not have transportation needs met through public transportation, car or regular ride. (0)

PLEASE TURN OVER FOR REMAINING QUESTIONS

NUTRITION

- Able to purchase food of choice and meet nutritional needs of family. (10)
- Able to purchase limited food and meet nutritional needs of family. (8)
- Able to purchase food that meets nutritional needs of family, with occasional use of Food Banks. (6)
- Use Food Banks and Food Stamps to purchase food. (4)
- Do not receive Food Stamps or have access to food banks, and do not meet nutritional needs of family. (2)

HEALTH

- Have insurance/medical card, income to cover deductibles/co-pays, and receive preventive care. (10)
- Have insurance/medical card, but neglects health due to lack of funds for out-of-pocket expenses. (8)
- Have insurance/medical card, but need education to adequately provide health care to dependents. (6)
- Only children have insurance/medical card. (4)
- No insurance/medical card, and income not sufficient to cover health needs. (2)

CHILD AND DEPENDENT CARE

- NO CHILD/DEPENDENT (NA)
- Child/dependent enrolled in unsubsidized, licensed care facility of choice. (10)
- Child/dependent receiving in home services to meet needs. (10)
- Child/dependent enrolled in subsidized, licensed care facility of choice. (8)
- Child/dependent enrolled in subsidized, licensed care facility, with limited choice. (7)
- Child/dependent receiving in home services to meet most needs (7)
- Family requires regularly scheduled counseling or parenting classes to maintain family functioning and participates voluntarily. (6)
- Family has been ordered to participate in regularly scheduled counseling or parenting classes by CPS, juvenile probation, or other court order and participates as required. (5)
- Child/dependent provided care by family member or friend some of the time. (4)
- Child/dependent on waiting list for enrollment in licensed facility or in home services. (4)
- Child/dependent not enrolled or on waiting list for licensed care facility. (2)
- Child/dependent enrolled in unregulated or unlicensed care facility. (0)
- Child/dependent not enrolled or on waiting list for in home services. (0)

FOR AGENCY USE ONLY

INCOME

- 200% poverty or greater (10)
- 175-200% poverty (8)
- 150-175% poverty (6)
- 100-150% poverty (4)
- 50-100% poverty (2)
- 0-50% poverty (0)

ENERGY

- 7-8% of Energy Cost to HH Income (10)
- 8-9% of Energy Cost to HH Income (8)
- 9-11% of Energy Cost to HH Income (6)
- 11-16% of Energy Cost to HH Income (4)
- 16-20% of Energy Cost to HH Income (2)
- 20% or greater of Energy Cost to HH Income (0)

EMPLOYMENT		HEALTH	
EDUCATION		TRANSPORTATION	
HOUSING		CHILD AND DEPENDENT CARE	
EMERGENCY SERVICES		INCOME	
NUTRITION		ENERGY	






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Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have no received any income¹ in the past _____ days/weeks/months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia tax return for this purpose. My household living expenses have been met over the past _____ days/weeks/months as follows:

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings. V.11.2013

Housing Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Utility Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Food Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Cash or Other Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Signature of Zero Income Claimant _____
Date

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20_____.

My County of Residence: _____

Notary Public Signature: _____

My Commission Expires: _____

Notary Public Printed Name: _____

HEAD OF HOUSEHOLD & AGENCY SIGNATURES

Head of Household Signature: _____ **Date:** _____

Agency Representative Signature: _____ **Date:** _____