ELIGIBILITY GUIDELINES:

Thank you for your interest in applying for a car from Vehicles for Change (NVFS). Our mission is to repair donated cars and provide them to low-income families so they may maintain employment.

The Vehicles for Change (VFC) program receives donations of used cars from the community and prepares them to be “road ready” for distribution to eligible recipients. In exchange, the recipient of a car is responsible for paying a nominal fee ($600-$700) for the car repayable through a car loan we offer to approved clients. That fee is used to replenish the car fund for future recipients. All recipients are required to have an AAA Premier membership. VFC will include the purchase of the membership with your car loan. The VFC discounted cost of the AAA premier membership is $100.

Cars are distributed as they are received. It is our intention to provide them to families who are in desperate need of transportation. Consequently, you will not get the opportunity to select your car. You are under no obligation to accept the car offered to you but you will not be able to select another vehicle through the VFC program. To apply for a car from the VFC program, an applicant must meet ALL of the following criteria:

- Must have received TANF within the last 2 years
- Must be employed a minimum of 30 hours per week
- Have at least one (1) child age 18 or under
- Must have a valid Virginia driver’s license
- Have savings of $150 – $200 to cover the initial cost of insurance, taxes, tags and title
- Show proof that there are no existing DUI or DWI by obtaining a VA DMV driving record for all adult drivers in the household
- All bankruptcies must be discharged by the court

In addition, the program operates under the general guidelines that the recipient:

- Is willing and able to take a short-term bank loan to cover costs associated with the car.
- Have enough disposable income to maintain a monthly car payment
- Will attend Car Orientation program prior to receiving car
- Is insurable and can budget the ongoing expense of car insurance as required by VA law.
- Does not own any other car nor have one available to you.
- Be drug free and without a criminal background.
- Will access the program only once.

PLEASE NOTE: Distribution of cars to eligible applicants depends on the availability of cars. The process from submission of your application to receipt of a car may take from one to several months. Applicants/referring agencies will be advised as to the status of application as they move through the selection process. Completion of this application does not guarantee that you will receive a car.
VEHICLES FOR CHANGE
A program administered by Northern Virginia Family Service
APPLICATION FOR A CAR

Name of Applicant ________________________________________________________________

Address________________________________________________________________________

Street                                                City                  State              Zip

Home Phone _____________________________ Work Phone ______________________________

S.S. #: ____________________________Drivers License #:______________________________

Email Address:_______________________________________________

Are you licensed to drive?______ Yes _______No   (submit copy of DL)

Can you drive a stick shift? If yes you may get a car quicker. _____ Yes _____ No

Are there others in your household who are licensed to drive? _____Yes _____No

If yes, who are they? ____________________  ____________________  ___________________

HOUSEHOLD MEMBERS
(including applicant and/or your children who do not reside with you)

Household Member's Name          Relationship to Applicant            SS#                  Date of Birth

_______________________________________________   _______________________________

______________________________________________________________________________

______________________________________________________________________________

(used separate page if necessary), NOTE: ALL CHILDREN UNDER THE AGE OF EIGHT MUST BE IN A CAR SEAT.

Are any of your children in day care? ___ Yes ___No      How many? _____ Hours: ______

Do you have children who do not live with you? ___ Yes ___No      How many? _____ Ages?_______

Does anyone listed above own a car, van or truck?  ___ Yes   ___ No

If Yes, name of person------------------------------------------------------------------------------------------------armacy

Do you have access to this vehicle?  ___Yes ___ No

How are you getting to work now?---------------------------------------------------------------------------------------------
EMPLOYMENT

 Are you currently employed? __Yes  __No  Number of hours per week? _______ Hourly Rate? _______

 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? ________________________

 List your last three employers, your position with that employer, and the dates of that employment:
 1)  ____________________________________________________________________________

 2)  ____________________________________________________________________________

 3)  ____________________________________________________________________________

 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?

 How would a car allow you to become or remain self-sufficient and improve your life? (use separate page
 if necessary)

 ____________________________________________________________________________

 ____________________________________________________________________________

 ____________________________________________________________________________

 ____________________________________________________________________________

 ____________________________________________________________________________

 ____________________________________________________________________________
HOUSEHOLD INCOME AND EXPENSES

Gross monthly income (Paycheck amount before taxes) ____________________________________________

Please list monthly household income from all sources:

<table>
<thead>
<tr>
<th>Source of income</th>
<th>Name of person receiving income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Check (after taxes)</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>Alimony</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>TANF Assistance</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>SSI/SSDI</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>VA Benefits</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$ _____________________________</td>
</tr>
<tr>
<td>Other Sources of Income</td>
<td>$ _____________________________</td>
</tr>
</tbody>
</table>

Total Monthly Income $ _____________________________

List your monthly expenses:

<table>
<thead>
<tr>
<th>EXPENSES:</th>
<th>Monthly Payments</th>
<th>Balance Owing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Property taxes (if not included in mortgage)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Utilities: Gas and Electric (monthly average)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Water and Sewer</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Phone (local and long distance)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cable TV/Satellite TV</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Garbage</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Clothing (monthly average)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Personal needs (household, laundry, soaps, haircut)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Misc. (newspaper, magazines, cigarettes)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transportation: Gas</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Car maintenance (mthly est)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Bus/Taxi</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Tags, Registration, inspection, Prop tax</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Care/tuition/supplies, etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Insurance: House/Rental</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Health</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Car</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Church/charities</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cellphone/pager</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

DEBTS:

| Loans: Car Payment (s)                         | $                | $             |
| Appliance/Furniture loans                      | $                | $             |
| Student Loans                                  | $                | $             |
| Other                                          | $                | $             |
| Credit Card(s)                                 | $                | $             |
| Store Card(s)                                  | $                | $             |
| Medical bills/prescriptions/co-pays/dental/optical | $          | $             |

TOTAL PAYMENTS $
Do you receive subsidized housing  □ No □ Yes (the amount subsidized is $___)

Do you receive subsidized child care  □ No □ Yes (the amount subsidized is $____)

Do you receive TANF benefits,  □ No □ Yes (the amount is $____)

Have you received TANF in the last 2 years  □ No □ Yes (Date of last check_______)

Medical assistance  □ No □ Yes

Food Stamps □ No □ Yes (the amount received is $____________)

From what agency _______________________________________________________

Money in Checking or Savings Account $____________

Note: You will need at least $150 - $200 in savings to obtain a car for your first insurance payment and your taxes, tags and title fees at VA DMV.

Please provide the following information, which will be used by authorized personnel for statistical purposes only. This data will not impact the selection process. Vehicles for Change does not discriminate based on race, color, sex, religion, familial status, disability or national origin.

Race (please check one only)  
□ White, non-Hispanic  
□ Black, non-Hispanic  
□ Asian/Pacific Islander  
□ American Indian/Alaskan Native  
□ Hispanic  
□ Other ____________________________  

Primary Lang:
□ English  
□ Spanish  
□ Vietnamese  
□ Korean  
□ Farsi  
□ Other

Household Status:
□ Single unmarried with child (ren)  
□ Married with child (ren)  
□ Divorced/Separated with child (ren)

Income:
□ under $20,000  
□ $20,000 - $35,000  
□ $35,000 - $50,000  
□ over $50,000
Submit With Your Application
(You must return all documentation with your application in order for it to be processed)

- Copy of Social Security Card
- Copies of valid Virginia drivers’ license for all persons in your household
- Verification of employment
- Proof of income (most recent pay stubs = 1 month)
- Proof of any other income, i.e. SSI letters, alimony or child support payments, etc
- Copy of recent bank statement
- Three year driving record (to be reviewed for insurability) for everyone who is licensed to drive in your household (obtain at DMV)
- Referral Form from DFS/DSS/DHS worker

Read Carefully and Sign Below

I have read the eligibility guidelines as outlined on page one of this application and I meet each of the requirements necessary to qualify for a car from the Vehicles for Change program.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for the rejection of this application. Further I understand and agree that evaluation of this application does not guarantee a car from Vehicles for Change or Northern Virginia Family Service.

Signature of Applicant(s)_________________________________________

Date_______________

RETURN THIS APPLICATION AND ALL ATTACHMENTS TO:

VEHICLES FOR CHANGE
Northern Virginia Family Service
10455 White Granite Dr.
Suite 100
Oakton, VA 22124

Or Fax to :703-385-5176
   Attn: Vehicles For Change
REFERRING AGENCY
(To be completed by worker of DFS/DSS/DHS)

Name of Referring Agent: ____________________________ Phone: __________________

E-Mail of referring agent: ___________________________ FAX: __________________

Name of Client: ____________________________________________________________

Address of client: __________________________________________________________

☐ Client is receiving TANF Assistance in the amount of $____________ monthly
  1. Date of most recent TANF check (client must have received TANF at some point in the last 2 years to qualify) ________________
  2. For view participants, how much longer is client eligible for benefits? ________________
  3. Date benefits started __________ If applicable, when will TANF Benefits End? ________________
  4. Food Stamps $______________ Other Assistance ____________________________

☐ Client is receiving TANF Transitional Benefits that include (check all that apply):
  ☐ Food stamps $______________ ☐ Medicaid __________
  ☐ Utility assistance $____________ ☐ childcare $ __________
  ☐ Other ☐ Date of final TANF check ________________
  ☐ $50 Transitional Payment
     (client must have received TANF at some point in the last 2 years to qualify)

Client's TANF Case # ______________________________

Did this client receive: ☐ TANF View Benefits ☐ TANF Transitional Benefits
  ☐ TANF Diversionary Benefits ☐ TANF but View Exempt

Why would the applicant be a good candidate for a car from Vehicles for Change? Please explain.

____________________________________________________________________________

Explain any extenuating circumstances:

____________________________________________________________________________

Signature of Referring Agency Representative: ________________________________

If you have any questions, please contact Michelle Reeves at 703-219-2170
***Please attach to application or fax separately to 703-385-5176, Attn: Vehicles for Change***
APPEALS PROCESS
Please read, sign, and return a copy.

Upon being denied funds through the Vehicles for Change program, you have the option to appeal this decision. You may appeal the decision by writing a letter within 10 days of the denial to Director of Supportive Family Services, Northern Virginia Family Service, 10455 White Granite Drive, Oakton, VA 22124. The Director will affirm or deny your appeal within 10 business days of receipt. In order to reverse the denial you must:

1. Submit corrected, new, or additional information not obtained during the intake process.

And/or

2. Explain extenuating circumstances you believe should be considered.

If your request is again denied by the Director of Supportive Family Services, you may register a FINAL appeal within 10 business days by writing to Mrs. Janis Chamblin, Loudoun Department of Family Services, 102 Heritage Way NE, Ste 103, Leesburg, VA 20176.

Your grounds for appeal are the same as above. Your request will either be affirmed or denied in writing within 10 business days.

My signature below indicates that the appeal process has been reviewed with me and I understand that if my application is denied I have the right to appeal by following the above procedures.

________________________________________  ______________________
Applicant Signature          Date

________________________________________  ______________________
Co-Applicant               Date

Please return a copy of this form to Vehicles for Change, fax 703-385-5176
NORTHERN VIRGINIA FAMILY SERVICE
CLIENT RIGHTS, RESPONSIBILITIES AND PROCEDURES

Please read, sign, and return a copy.

All Clients have the Right:
1. To be treated fairly and without discrimination.
2. To be treated in a professional, respectful and non-coercive manner.
3. To confidentiality and privacy, unless NVFS staff are required by law under the following circumstance to share confidential information; a) you are in imminent danger of harming yourself or others; b) suspicion of child or elder abuse or neglect; c) court order.
4. To make informed choices and decide for themselves the services they want.
5. To be a part of decisions about the services provided.
6. To review their own record of service provision, have a copy sent to qualified professionals (at their own expense), and to insert a statement in their record.

When a Client is Enrolled in a Program or Service, he or she may expect to receive:
1. Information about the rules, expectations, and requirements to participate in the specific program or service.
2. Notification of what behaviors or factors that may result in the withdrawal of services or termination from the program.
3. Information about the days and times when services and staff are available.
4. Information about how to make a complaint or to appeal a service decision, and to expect no retaliatory actions in response to their complaint.

All Clients have the Responsibility:
1. Let the staff know if they don’t understand their rights and responsibilities, or any program requirements.
2. To notify staff if they are unable to keep an appointment or scheduled meeting.
3. To actively participate in the services offered.
4. To let staff know if they are dissatisfied with the service(s) and give staff a chance to correct the problem(s).
5. To let staff know if they need alternate forms of communication, including the use of translators, sign-language signers, TTD machines, and other communication tools.

CLIENT GRIEVANCE PROCESS
To access the grievance procedure when you, the client, feel that your rights have been violated:
1. First, discuss your concerns with your assigned direct service worker or case manager. If you do not feel that you can discuss your concerns with them, contact the direct supervisor.
2. If you feel the supervisor has not addressed your concerns, contact the Program Management Team (program manager and/or Program VP). At that time a case review will be conducted to review your concern and assure that all agency and legal guidelines have been followed.
3. If you are not satisfied with the Management Team response, you may file a written grievance with the Senior Vice President of Programs. This written notification should include your complaint and all steps that have been taken to resolve this concern.
4. The Senior VP of Programs will review the case and respond in writing to you within ten (10) business days of receipt of the grievance.
5. If you are not satisfied you may request in writing that the President/CEO review the grievance. The President CEO will respond in writing to you within ten (10) business days. This decision is final.

I have reviewed and received a copy of these rights, responsibilities, and procedures.

Printed Name     Date  Signature

Northern Virginia Family Service, 10455 White Granite Drive, Suite 100, Oakton, VA 22124
CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different service and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _______________________________________________________________, am signing this form for

(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

_______________________________________________________________

(FULL PRINTED NAME OF CLIENT)

My relationship to the client is: □ Self □ Parent □ Power of Attorney □ Guardian □ Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

□ Assessment information □ Financial Information □ Benefits/Services Needed
□ Medical Diagnosis □ Mental Health Diagnosis □ Medical Records
□ Educational Records □ Psychiatric Records □ Psychological Records
□ Financial Information □ Benefits/Services Needed □ Medical Records
□ Mental Health Diagnosis □ Psychiatric Records □ Psychological Records
□ Financial Information □ Benefits/Services Needed □ Medical Records
□ Mental Health Diagnosis □ Psychiatric Records □ Psychological Records

With NORTHERN VIRGINIA FAMILY SERVICE; VEHICLES FOR CHANGE PROGRAM

And the following other agencies to be able to exchange this information:

Are more agencies listed on the back? Yes □ No □

I want this information to be exchanged ONLY for the following purpose(s):

X Service Coordination and Treatment Planning X Eligibility Determination X Self-Sufficiency Planning

Other (write in): ________________________________________________________________

I want information to be shared: (check all that apply)

X Written information X In meetings or by phone X Computerized Data

I want to share additional information received after this consent is signed: □ Yes □ No

This consent is good until: ___ months from date below

I can withdraw this consent at any time by telling NVFS. This will stop the listed agencies from sharing information after they know my consent has been withdrawn.

I have the right to know what information about me has been shared, and why, when, with whom it was shared. If I ask, each agency will show me this information.

I want all the agencies to accept a copy of this form as a valid consent to share information.

If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signature(s): ___________________________ Date: ___________________________

(CONSENTING PERSON OR PERSONS)

Person Explaining Form: ___________________________ Name ___________________________ Title ___________________________ Phone Number ___________________________

Witness (if required): ___________________________ Signature ___________________________ Address ___________________________ Phone Number ___________________________
Request for Verification of Housing

This is a request for information on your tenant. This is not a rent guarantee, nor do we take any responsibility for damage or upkeep.

Tenant’s Name: ________________________________________________________________

Address: ______________________________________________________________________

My signature authorizes the release and verification of all information requested on this form.

---

TO BE COMPLETED BY LANDLORD

If you have any questions regarding this request, please call 703-219-2170

<table>
<thead>
<tr>
<th>Dwelling type</th>
<th>house</th>
<th>apartment</th>
<th>room w/kitchen privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>(check one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>duplex</td>
<td>room only</td>
<td>other (please specify)</td>
</tr>
</tbody>
</table>

Whose name is on the lease or rental agreement?

Date tenant moved in __________________________ Amount of damage deposit $ __________

Monthly rent payment __________________________ Date last paid ______________________

Period covered by last rent (dates): From: ________________ To: ________________

Is rent in arrears?  □ No  □ Yes (if yes, what exact amount is needed to clear the debt $ __________)

Is any portion of the rent paid by:  HRA $ __________  HUD $ __________

To whom is rent payable?

Which of the following are covered by rent payment?

- electricity
- gas
- heating fuel
- water/sewer
- cooking fuel
- trash removal

Washing machine

- coin operated
- free
- none

Dryer

- coin operated
- free
- none

Type of heat:

- natural gas
- oil/propane
- wood
- coal
- electricity

Owner/caretaker: Name: ___________________________ Phone Number: ________________

Address: ___________________________

Is tenant related to owner/caretaker?  □ No  □ Yes (if yes, how ______________________)

I hereby certify that the information entered above is true and correct.

Completed By: ___________________________________________________________________

Print Name: ___________________________ Title: ___________________________ Phone Number: ___________________________

Signature: ___________________________ Date: ___________________________