



VEHICLES FOR CHANGE (VFC)

A Program Administered by Northern Virginia Family Service (NVFS)

Northern Virginia
Family Service

Phone: 571.748.2561 | Fax: 703.385.5176 | vehiclesforchange@nvfs.org | nvfs.org/vfc

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 (\$800) for the car, repayable through a car loan offered to approved clients. All recipients will be provided with a one-year AAA Premier Membership.

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; **there are no exceptions to this rule.** To apply for a car from the VFC program, an applicant must meet ALL of the following criteria:

- **Must be low-income (income 200% or less of poverty level)**
- **Must be a current or former recipient of TANF**
- **Must be employed a minimum of 30 hours per week for 30 days**
- **Have at least one dependent child**
- **Must have a valid Virginia driver's license**
- **Have savings of approximately \$300-350 to cover the initial cost of insurance, taxes, tags and title and down payment**
- **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 loan to cover fee for the vehicle**
- **Will register for local ride-sharing program before receiving the vehicle**
- **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**
- **Be drug-free and without a criminal background**
- **Will access the program only once**
- **Will conduct phone interview as part of the intake and approval process**

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.

Submit With Your VFC 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 (most recent pay stubs = 1 month)**
- Proof of any other income, i.e. SSI letters, alimony or child support payments, TANF (if applicable)**
- 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 if receiving Social Services benefits.**
- Completed Housing Verification Form (see page 12) OR A current lease--- if subsidized, include any letter from Housing stating your amount.**
- Full and complete application to include Appeals Form, Consent to Exchange Form, and Rights and Responsibilities Form (each form must be signed and dated)**

VEHICLES FOR CHANGE

A program administered by Northern Virginia Family Service

APPLICATION FOR A VEHICLE

For Office Use Only

Loan #

Date Received

Name of Applicant _____

Address _____

Street

City

State

Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Driver's License # _____

Email Address _____

Are you licensed to drive? Yes No (submit copy of driver's license)

Can you drive a stick shift? **If yes, you may get a car more quickly.** Yes No

Are there others in your household who are licensed to drive? Yes No

If yes, who are they? _____

Are there any family members who have a medical condition which may limit the type of vehicle assigned (This includes asthma, ailments requiring transport of medical equipment and height/size constraints). You will be required to submit medical documentation. Yes No

If yes, please specify: _____

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 _____

Self

(use 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 _____

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

Current Employer: _____

Address: _____

Contact person: _____ Phone: _____

Date you began working at current employment: _____ Position? _____

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

1) _____

2) _____

3) _____

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:

Monthly total	Person receiving income
Pay Check (after taxes)	\$ _____
Alimony	\$ _____
Child Support	\$ _____
TANF Assistance	\$ _____
SSI/SSDI	\$ _____
VA Benefits	\$ _____
Unemployment	\$ _____
Other Sources of Income	\$ _____
Total Monthly Income	\$ _____

List your monthly expenses:

EXPENSES:	Monthly Payments	Balance Owing
Rent/Mortgage	\$ _____	\$ _____
Property taxes (if not included in mortgage)	\$ _____	\$ _____
Utilities: Gas and Electric (monthly average)	\$ _____	\$ _____
Water and Sewer	\$ _____	\$ _____
Phone (local and long distance)	\$ _____	\$ _____
Cable TV/Satellite TV	\$ _____	\$ _____
Garbage	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing (monthly average)	\$ _____	\$ _____
Personal needs (household, laundry, soaps, haircut)	\$ _____	\$ _____
Misc. (newspaper, magazines, cigarettes)	\$ _____	\$ _____
Transportation: Gas	\$ _____	\$ _____
Car maintenance (mthly estimated)	\$ _____	\$ _____
Bus/Taxi	\$ _____	\$ _____
Tags, Registration, inspection, Prop tax	\$ _____	\$ _____
Child Care/tuition/supplies, etc.	\$ _____	\$ _____
Insurance: House/Rental	\$ _____	\$ _____
Health	\$ _____	\$ _____
Car	\$ _____	\$ _____
Church/charities	\$ _____	\$ _____
Cellphone/pager	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
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 \$250 - \$300 in savings to obtain a car for your down payment, 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 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 _____ (Specify)

Primary Language:

- English
- Spanish
- Vietnamese
- Korean
- Farsi
- Other _____ (Specify)

Household Status:

- Single unmarried with child(ren)
- Married with child(ren)
- Divorced with child(ren)
- Separated with child(ren)

Income:

- under \$20,000
- \$20,000 - \$35,000
- \$35,000 - \$50,000
- over \$50,000

Highest Level of Education:

- Less than Elementary
- Elementary (1-6)
- Middle (7-8)
- High School (9-12)
- Some College (# of years: _____)
- Trade Certificate
- Associates Degree
- College Degree
- Advanced Degree

Military Service Status:

- Yes
- No

Military Discharge Status:

- Honorable
- Dishonorable
- N/A

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 Agency: _____ Phone: _____

Name of agency representative: _____ Phone: _____

Email of referring representative: _____ Fax: _____

Name of Client: _____

Address of client: _____

- Client is receiving TANF Assistance in the amount of \$ _____ monthly
 - 1. Date of most recent TANF check _____
 - 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'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 the Vehicles for Change case manager at 571.748.2561.
Please attach to application or fax separately to 703.385.5176, ATTN: Vehicles for Change

VEHICLES FOR CHANGE

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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 business days of the denial to:

Director of Workforce Development
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, you may register a **FINAL** appeal within 10 business days by writing to Senior Vice President, Supportive Family Services, at the same address. 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 that I have the right to appeal by following the above procedures.

Applicant Signature

Date

Co-Applicant

Date



Northern Virginia
Family Service

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)

(CLIENT'S ADDRESS) (CLIENT'S DOB) (CLIENT'S SSN – OPTIONAL)

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:

Yes	No	Yes	No	Yes	No
X	<input type="checkbox"/> Assessment information	<input type="checkbox"/>	<input type="checkbox"/> Medical Diagnosis	X	<input type="checkbox"/> Educational Records
X	<input type="checkbox"/> Financial Information	<input type="checkbox"/>	<input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/> Psychiatric Records
X	<input type="checkbox"/> Benefits/Services Needed Planned, and/or Received	<input type="checkbox"/>	<input type="checkbox"/> Medical Records	<input type="checkbox"/>	<input type="checkbox"/> Criminal Justice Records
		<input type="checkbox"/>	<input type="checkbox"/> Psychological Records	X	<input type="checkbox"/> Employment Records

With NORTHERN VIRGINIA FAMILY SERVICE; VEHICLES FOR CHANGE PROGRAM

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

Please mark the agencies that you have received services from if you agree to this exchange of information.

Yes	No	Yes	No	Yes	No
X	<input type="checkbox"/> Arlington County DHS	X	<input type="checkbox"/> Fairfax County DFS	X	<input type="checkbox"/> Prince William County DSS
X	<input type="checkbox"/> Loudoun County DSS	X	<input type="checkbox"/> City of Alexandria DSS	X	<input type="checkbox"/> Falls Church HHS
X	<input type="checkbox"/> City of Manassas DSS	X	<input type="checkbox"/> City of Manassas Park DSS	X	<input type="checkbox"/> Vehicles for Change (MD staff)
<input type="checkbox"/>	<input type="checkbox"/> Schools	<input type="checkbox"/>	<input type="checkbox"/> Social Security Admin	X	<input type="checkbox"/> VA State DSS
<input type="checkbox"/>	<input type="checkbox"/> ACTS	X	<input type="checkbox"/> Other NVFS Depts.	<input type="checkbox"/>	<input type="checkbox"/> Coordinated Services Planning
<input type="checkbox"/>	<input type="checkbox"/> Other (Shelters or specific agencies not listed)				

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)
 Written information In meetings or by phone Computerized Data
- I want to share additional information received after this consent is signed: Yes No
- This consent is good until: 12 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 _____



Northern Virginia
Family Service

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

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.

Tenant's Signature _____ Date _____

TO BE COMPLETED BY LANDLORD

If you have any questions regarding this request, please call 571.748.2561

Dwelling type
(check one) house apartment room w/kitchen privileges
 duplex room only other(please specify)

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 _____