PROGRAM OVERVIEW

Thank you for your interest in applying for a car from NVFS’ Vehicles for Change. Our mission is to provide cars to low-income families so they can maintain employment and access better job opportunities. This program is administered in partnership with Vehicles for Change, Inc. (VFC).

VFC receives donations of used cars from the community and prepares them to be “road ready” for distribution to eligible recipients. NVFS will guide applicants through the application process to ensure that clients understand the application review process and car distribution procedure.

Each car recipient is responsible for paying the program’s flat fee of $800. All cars are covered by a six-month/6,000 mile limited warranty and each recipient receives a one year AAA Premier Membership.

Cars are distributed as they are received. Car recipients will not be able to select their car. Recipients are not obligated to accept the car offered, but they will not be able to receive another car through the NVFS/VFC in the future if they decline a vehicle. There are no exceptions to this rule.

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 and 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.

ELIGIBILITY GUIDELINES

Applicants must meet ALL of the following criteria in order to be eligible for a vehicle:

- Must be low-income (income 200% or less of poverty level)
- Must be employed a minimum of 30 hours per week for 4 weeks
- Have at least one child under age 18 (dependent minor)
- Must have a valid Virginia driver’s license
- Have savings of at least $250-300
- 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:

- Have enough disposable income to maintain a monthly car payment
- Does not own any other car nor have one available to you
- Will access the program only once
REQUIRED DOCUMENTS
Documents can be submitted at the time of application or at applicant’s convenience.

- Completed application
- Copy of Social Security Card
- Copies of valid Virginia drivers’ license for all persons in your household
- Verification of employment (past month’s pay stubs) OR letter from your employer
- Proof of other income, such as SNAP (food stamps), SSI/SSDI letters, alimony or child support payments, TANF, etc.
- Past month’s checking account bank statement (list of transactions for the past month)
- Current savings account balance – minimum $250-300
- DMV driving record for all licensed drivers in your household
  https://www.dmv.virginia.gov/general/#records/index.asp
- Referral form from case manager (optional)
- Housing verification – any ONE of the following:
  - Housing Verification Form completed by landlord (pg. 13 of application)
  - Copy of current lease
  - Letter from county or other agency providing housing subsidy
- Signed Appeals, Consent to Exchange, and Rights and Responsibilities Forms
- Additional documents as identified by NVFS case manager
APPLICATION FOR A VEHICLE

Name of Applicant: ______________________________________

Address: ______________________________________________

Home Phone: __________________________________________

Cell Phone: ____________________________________________

Are you licensed to drive? _____ Yes _____ No Driver’s License #: ____________________________

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? ________________________________________________________________

HOUSEHOLD MEMBERS
(Include applicant and all children. Your household is people you live with and with whom you share groceries.)

<table>
<thead>
<tr>
<th>Household Member’s Name</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>________________________</td>
<td>_____________</td>
</tr>
<tr>
<td>______________________</td>
<td>________________________</td>
<td>_____________</td>
</tr>
</tbody>
</table>

(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: __________

Does anyone in your household own a car, van, or truck? _____ Yes _____ No *See definition of household above.*

If yes, name of person who owns a vehicle: _______________________________________________________

How are you getting to work now? _________________________________________________________________

EMPLOYMENT

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

Current Employer and Address: ___________________________________________________________________

Contact person: __________________________________________ Phone number: __________________________
Current Position: ___________________________ Date you began working for current employer: ______________

List your last three employers, your position with that employer, and the dates of that employment (this may affect your approval):

________________________________________________________________________________________________________________________________________________________________________________________________________________

Do you or any other member of your household have any medical conditions or size constraints to consider when assigning a car (for example, strong allergies to pet hair, use of a wheelchair etc.) ____Yes _____ No

Additional information (if you prefer, call 571-748-2561 to speak with case manager about your situation):

________________________________________________________________________________________________________________________________________________________________________________________________________________

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

________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________

DEMOGRAPHICS

Please provide the following information, which will be used by authorized personnel for statistical purposes only.

This data will not impact the selection the approval process. Northern Virginia Family Service does not discriminate based on race, color, sex, religion, familial status, disability, or national origin.

Gender

☐ Female
☐ Male
☐ Non-binary/3rd gender
☐ Prefer to self-describe.
□ Description: __________________________
☐ Prefer not to say

Marital Status

☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Single Parent
☐ Domestic Partner
☐ Common Law

Ethnicity

☐ Hispanic
☐ Non-Hispanic

Race (please check one only)

☐ Black (ex: African American, Jamaican, Haitian, Nigerian, Ethiopian, etc.)
☐ White (ex: German, Irish, English, French, Italian, etc.)
☐ Asian (ex: Afghan, Chinese, Filipino, Asian Indian, Vietnamese, Korean, etc.)
☐ American Indian/Alaskan Native (ex: Navajo Nation, Blackfeet tribe, Mayan, Aztec, Inupiat, Nome Eskimo Community, etc.)
☐ Native Hawaiian/Other Pacific Islander (ex: Samoan, Chamorro, Tongan, Fijian, etc.)
☐ Middle Eastern/North African (ex: Lebanese, Iranian, Egyptian, Syrian, Moroccan, etc.)
☐ Biracial/Multiracial (Select this choice for more than 1 race)

Country of Birth: __________________________

Primary Language: __________________________

Preferred Language: __________________________

Do you speak English?

☐ Yes
☐ No
### Medical Insurance Status
- [ ] Insured
- [ ] Uninsured

### Education – Highest Grade Completed
- [ ] Elementary (K-6)
- [ ] Middle (7-8)
- [ ] High School (9-12) – No diploma
- [ ] High School Diploma or GED
- [ ] Trade Certificate
- [ ] College – No Degree
- [ ] Associate’s Degree (2 year)
- [ ] Bachelor’s Degree (4 year)
- [ ] Advanced Degree (Master’s/PhD)
- [ ] No formal education

### US Military Status
- [ ] Never Served
- [ ] Currently Active
- [ ] Veteran
- [ ] Decline to Answer

### Disability Status
- [ ] Yes
- [ ] No

### Employment Status
- [ ] Under 18, And Not Working
- [ ] Employed – Full-Time
- [ ] Employed – Part-Time
- [ ] Self-Employed
- [ ] Unemployed
- [ ] Not eligible to Work
- [ ] Retired

### Residence Type
- [ ] Rent
- [ ] Own
- [ ] Staying with Friend of Relative
- [ ] Foster Family
- [ ] Homeless – Sheltered
- [ ] Homeless – Not Sheltered

### Income Sources
- [ ] Earned Income
- [ ] Family Member/Friend
- [ ] Alimony
- [ ] Child Support
- [ ] Retirement Income
- [ ] SSI/SSDI
- [ ] Unemployment
- [ ] TANF
- [ ] None
- [ ] Other

Other Income Source: _______________________________

### Current Public Benefit Resources
- [ ] WIC
- [ ] SNAP
- [ ] Child Care Subsidy
- [ ] Rent Subsidy
- [ ] Medicare/Medicaid
- [ ] None

Annual Household Income: $ ____________________

---

**CERTIFICATION**

By signing below, I certify that the following are true:

- I read the eligibility guidelines as outlined on page one of this application.
- To the best of my knowledge and understanding, I believe that I meet each of the requirements necessary to qualify for a vehicle from the NVFS and Vehicles for Change, Inc.
- 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 is cause for rejection of this application or forfeiture of the vehicle that I receive from Vehicles for Change and Northern Virginia Family Service.
- 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 _______________
There are three ways you can return this application. If you have any questions, please call us at 571-748-2592.

VIA E-MAIL TO:
vehiclesforchange@nvfs.org

OR

VIA POSTAL MAIL TO:
Northern Virginia Family Service
Attn: Vehicles for Change
10455 White Granite Dr.
Suite 100
Oakton, VA 22124

OR

VIA FAX TO:
703-385-5176 with ATTN: Vehicles for Change
REFERRAL AND VERIFICATION OF BENEFITS
(To be completed by referring agency)

Name of Referring Agency: ___________________________ Phone: __________________

Name of agency representative: ______________________ Phone: __________________

E-Mail 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

Does 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 Vehicles for Change Case Manager at 571-748-2561
APEALS PROCESS

After being denied a vehicle or loan through Northern Virginia Family Service’s Vehicles for Change, you have the right to appeal this decision by writing a letter to: Julie Mullen (jmullen@nvfs.org), Director of Workforce Development, Northern Virginia Family Service, 10455 White Granite Drive, Oakton, VA 22124.

Your appeal will be accepted or denied within 10 business days of receipt.

Appeals should contain:

1. Corrected, new, or additional information not obtained during the intake process;

And/or

2. An explanation of extenuating circumstances that you believe should be considered.

If your request is denied by the Director, you may register a FINAL appeal within 10 business days by writing to Glenda Blake (gblake@nvfs.org), Vice President of Programs with the same information detailed above. Your request will either be accepted or denied in writing within 10 business days.

By signing this form, you are indicating that you have reviewed and understand the appeals process detailed above. By signing below, you are indicating that you will abide by the NVFS Vehicles for Change appeals process and will follow the above procedures if you are unsatisfied with the outcome of your application.

_____________________________  _______________________
Applicant Signature  Date

_____________________________  _______________________
Co-Applicant  Date

Any questions about this appeals process can be addressed to Vehicles for Change Case Manager Tim Pracher at 571-748-2561.
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 is 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
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, ______________________ (DOB: ______________ ) reside at _______________________________________.

FULL PRINTED NAME OF CLIENT          DATE OF BIRTH                                                                  ADDRESS

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

YES       NO
☐ Benefits/Services Planned and/or Received
☐ Financial Information
☐ Assessment Information
☐ Contact information, driver’s license, and social security information

Between Northern Virginia Family Service – Vehicles for Change and the following other agencies:

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

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

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

I want information to be shared:

☒ In a written format   ☒ In meetings or by phone   ☒ By electronic transmission (email)

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: ____________________________

Person Explaining Form (if necessary): ____________________________________________

Name          Title          Phone Number
REQUEST FOR VERIFICATION OF HOUSING

Tenant Section

Tenant’s Name: ___________________________ Address: _________________________________________

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

Tenant’s Signature: __________________________________________ Date: _______________________

Landlord Section

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. If you have any questions about this request, please call 571-748-2561.

Dwelling type (check one):

☐ House
☐ Apartment
☐ Duplex
☐ Room w/ kitchen privileges
☐ Room only
☐ Other: ______________

Whose name is on the lease, mortgage, or rental agreement? _______________________________________

Date tenant moved in: ___________________________ Amount of damage deposit: $ _______________

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

Is rent in arrears? ☐ No ☐ Yes – If yes, what is the exact amount needed to clear the debt? $ ___________

To whom is rent payable? ___________________________ Portion of the rent paid by: HRA - $ _______ HUD - $ _______

Rent payment covers (Check all that apply):

☐ Electricity ☐ Gas ☐ Heating fuel
☐ Water/Sewer ☐ Cooking fuel ☐ Trash removal

Washing machine is:
☐ Coin operated ☐ Free ☐ None
☐ Coin operated ☐ Free ☐ None

Dryer is:
☐ Coin operated ☐ Free ☐ None
☐ Coin operated ☐ Free ☐ None

Type of heat:
☐ Electric ☐ Gas ☐ Oil/Propane ☐ Coal ☐ Wood

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.

Signature: __________________________________________ Date: _______________________

Title: __________________________________________ Phone number: __________________________