

Far Northern Regional Center
Request for Transportation Assistance

The questions below are based upon Section 4648.35(d) of the Welfare and Institutions Code added by Assembly Bill 9, which requires families to provide information to the regional center about why you are unable to transport your child. This form is available to assist you in providing that information. Completion of this form does not guarantee approval of travel assistance. You are welcome to provide additional information to your service coordinator.

Consumer Name: _____ Date of Birth: _____
Today's Date: _____ Phone: _____
Parent Name: _____
Service Coordinator: _____

Mailing Address: _____ Physical Address (if different): _____

Date of Appointment: _____
Destination: _____
Request for: Mileage Lodging Per diem

Purpose of Appointment (Why being seen? How frequently will appointment occur: monthly, annually, or one time only?): _____

1. Please explain why you are unable to make this appointment for a location closer to your home: _____

2. Does your family own a vehicle? Yes No
3. If you own or have access to a vehicle but are not able use it for this appointment, please explain why: _____

4. Please describe your efforts to find transportation assistance from family, friends or other community resources. _____

5. Please describe any services your child receives from other service agencies or community resources: _____

6. Please list all sources of your family income. (i.e. wages, social security, unemployment, TANF, Aid to Adoptions (AAP), child support, etc)?

7. Has your family experienced a serious economic loss this past year? Yes No
If yes, please explain: _____

8. How does your family get to other appointments that require travel? _____

9. Describe how cost of transportation to this appointment will affect the ability of your family to meet basic needs (rent, food, utilities, etc). _____

10. Do you have other comments that would justify this request? _____

I declare the above to be accurate and true.

Parent/Legal Guardian: _____

Date: _____