



VOLUNTARY TRANSPORTATION ASSISTANCE REQUEST

State Form 53046 (4-22)
Department of Child Services Facilities

INSTRUCTIONS: This form is to be completed by the Older Youth Services (OYS) provider and submitted to the Department of Child Services (DCS) Independent Living (IL) Specialist. Approval is requested for the use of Transportation Funds for the youth listed on this form. If approved, the items listed under transportation assistance must be purchased within forty-five (45) days from the date of approval. If signed approval is not used within forty-five (45) days of approval, a new request must be made. Funds approved for transportation assistance must be expended by the provider and are not to be given directly to the youth. For further guidance, refer to the OYS Transportation Guidance or policy 11.5 Driver's Training and Driver's License.

General Information

Youth Name	County of Residence	Date
Name of Requesting Agency		
Printed Name of Requester		
Signature of Requester	Email Address of Requester	

Note: Youth participating in the Voluntary Services program have a maximum limit of \$1,000 that may be expended for transportation cost. Approved funds must be spent by the youth's 23rd birthday.

Total Current Amount		Requested Funds		Total Remaining Balance	
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Check the item being requested for the youth and enter the estimated cost. (Attach documentation of cost.)

Items	Check Box	Estimated Cost
Car Insurance	<input type="checkbox"/>	
Car Repairs	<input type="checkbox"/>	
Driver's License	<input type="checkbox"/>	
Driver's Education	<input type="checkbox"/>	
Bicycle and / or Helmet	<input type="checkbox"/>	
Pre-paid Uber or Lyft Card - \$200 maximum	<input type="checkbox"/>	
Bus Pass – 70\$ maximum per purchase	<input type="checkbox"/>	
Gas Card - \$100 maximum	<input type="checkbox"/>	
Purchase of Vehicle (including Moped)	<input type="checkbox"/>	

Summary of Request

Approval

Denial

I am indicating the above approval or denial of the transportation assistance request for the above-named youth. Chafee funds will only be used to pay for items listed on this form. Items on this form must be approved by the State IL Specialist to be paid with Chafee funds.

Printed Name of DCS IL Specialist	Signature of DCS IL Specialist	Date
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