



Massachusetts Department of Transitional Assistance

TransAction Associates Client Verification and Transportation Request Form

Date received at TA: _____

New Customer Address Change Destination Change Schedule Change

Client Information – PLEASE PRINT – All information must be completed to process request.

Name: First/M: _____ Last: _____
Address: _____ Telephone: ____ - ____ - _____ Bldg: _____ Apt#: ____
SSN: _____ Town: _____ ZIP: _____ - _____ Nearest Intersection: St
1: _____ St 2: _____

Has full-time access to a car that can be used for transportation to Ed/Training if transit is not available? Y/N: ____ Valid Driver's License? Y/N: ____ Has Disability? Y/N: ____ Use Wheelchair? Y/N: ____ Speak English? Y/N: ____
If NO, please specify other language: _____

Transportation Information – PLEASE PRINT - All information must be completed to process request.

Transportation Purpose (please check one of the purposes listed below):
 Employment Voc. Ed/Training Voc. Ed/Training & Childcare Self Directed JS/JR
Location name: _____ Address: _____ Bldg: _____ Apt#: ____
Contact: _____ Town: _____ State: ____ ZIP: _____ - ____
Childcare name: _____ Address: _____ Apt# ____ Town: _____ ZIP: _____ - ____
Estimated miles one-way between Home, Ed/Training, Childcare: _____ (not required)

For Education and Training Programs - Start Date: ____ - ____ - ____ **End Date:** ____ - ____ - ____

Daily Trip Information – Start and End Times when job or ed/training, begin and end not time person wants pick-up.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Start Time:	_____	_____	_____	_____	_____	_____	_____
End Time:	_____	_____	_____	_____	_____	_____	_____

Certification of Client in DTA AtJ Program - All information must be completed to process request.

I certify that the above person is eligible to participate in the DTA TransAction Associates Program.
AtJ PROGRAM
CASE OPEN ____ **CASE CLOSED** ____ **CASE CLOSE DATE:** ____ - ____ - ____ **END DATE:** ____ - ____ - ____
Print Name of DTA Official: _____ Telephone: ____ - ____ - ____
Signature of DTA Official: _____ Date: _____

Client Release (Optional)

I release this information for transportation purposes: _____ Date: _____

Official AtJ Use Only

Fixed-route: ____ **Commuter Check Amount:** ____ **Gas card:** ____ **Amount:** ____ /Month **Other:** ____
Signature: _____ **Date:** _____

Comments: _____