



FAMILIES ON THE MOVE

TRANSPORTATION INDEPENDENCE APPLICATION

Sunrise was awarded this **limited fund** transportation grant from the Vermont Department of Health. By completing this form, all applicants agree to meet with the Transportation Coordinator to devise a plan and investigate which funds may be available to them. The transportation grant cannot supply all of your needs, please prioritize your needs accordingly. No ongoing funds will be awarded (e.g., continuous gas cards). Funds will be awarded directly to vendors and will not be granted to applicants. Applications will be considered on an individual basis.

Name: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

Race & Ethnicity: _____ Gender identity: _____

Photo Release Agreement:

I hereby grant permission to Sunrise Family Resource Center to use photographs and/or video of me and/or my family in publications, social media, annual reports, promotional materials, news releases, grant reports, online websites, and in other communications related to the mission of Sunrise Family Resource Center. Furthermore, I understand that no compensation shall be payable to me for such use and that I am not required to sign in order to receive services.

(Signature of adult, or guardian of child under age 18)

PRINTED NAME: _____ DATE: _____

	Yes	No
Do you have access to Green Mountain Express?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used Green Mountain Express?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
If no, what is your monthly household income? \$ _____		

Were you referred by someone?	<input type="checkbox"/>	<input type="checkbox"/>
If so, who? _____		
May we contact this person?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what is their phone number? _____		

Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have active car insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have current vehicle registration?	<input type="checkbox"/>	<input type="checkbox"/>

(Please provide copies of current license, insurance, and registration.)

Please list the make, model, year, and mileage of your vehicle below:

When is your next inspection due? _____

Have you applied to other resources for help? (<i>Reach Up etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If funds were granted, how much? _____

Do you have an estimate for vehicle repairs/maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

(Please provide copies of the repair or maintenance estimate)

Would you be willing to use our approved garage?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If you are awarded funds, may we follow up with you?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------



DATA GATHERING

Sunrise was awarded a transportation grant from the Vermont Department of Health and therefore has agreed to gather specific appropriate data. Below you will find data gathering questions. Please be advised that this questionnaire is entirely anonymous. No identifying information of any kind will be attached. Although we would love your help with our data collection, you are not required to fill out this form. Thank you for your participation.

DATA COLLECTION:

(Check all that apply)

	YES	NO
Are you Black, Indigenous, or a Person of Color (BIPOC)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in a rural area or an internet desert?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing homelessness or insecure housing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an essential and/or frontline worker?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a person with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing a substance use disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a person who is justice-involved?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a refugee, immigrant, or part of a multilingual community?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a migrant worker?	<input type="checkbox"/>	<input type="checkbox"/>
Are you part of the LGBTQIA+ community?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing poverty?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing mental illness?	<input type="checkbox"/>	<input type="checkbox"/>