



NET TRANS

Job Access/Reverse Commute Transportation Application

Access to Jobs is a program of NET Trans that has been established to provide transportation to and from work (including child care centers) for eligible clients. The goal of the Access to Jobs Program is to be an incentive to maintain employment for individuals without means of transportation. This program is provided at no cost to the individual and is available for individuals whose annual income is within the guidelines established by the Department of Health and Human Services. If interested, complete the application below and contact NET Trans Transportation at (423) 461-8210.

Applicant Information

Applicant Name _____

Street Address _____

City _____ Zip Code _____ County _____

Telephone _____ Social Security Number _____

Employment Information

Name of Company _____

Immediate Supervisor's Name _____ Telephone _____

Address _____ City _____

Work Schedule: Mon Tue Wed Thu Fri (*Circle days needed*) Hours _____ To _____

Telephone _____

Daycare Information

Will applicant need child care transportation: Yes or No (*Circle One*)

Names and ages of children to be transported:

Name _____ Date of Birth _____ SSN _____

Name _____ Date of Birth _____ SSN _____

Name of Daycare _____

Daycare Address _____ Telephone _____

Eligibility Requirements

What is your annual household income: \$ _____ Number in household? _____

How are you paid? Monthly Bi-monthly Weekly (*Circle One*) Are you disabled: Yes or No (*Circle One*)

Do you use a wheelchair? Yes or No (*Circle One*) Do you use a walker: Yes or No (*Circle One*)

I certify the above information is correct:

Signed _____ Date _____

Please send application to the following address:

**N.E.T. Trans Transportation, Attn: Job Access Coordinator, 2203 McKinley Rd., Ste. 210 Johnson City, TN 37604
or fax to 423-461-8247. For questions please call: 423-461-8210**

NOTE: Income and Employment information must be completed prior to application being processed.

For FTHRA Office use only:

Approved: Yes or No Reason for denial _____

Signature _____ Date _____