

County of Santa Cruz - Human Services Department
Employment and Benefit Services Division - CalWORKs / Welfare to Work Program

Participant Request for CalWORKs Car Repairs

Please attach this to a **Request for Supportive Services** form and submit to your EW or ETS.

PARTICIPANT INFORMATION

Participant Name	Social Security Number	EW or ETS
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REQUEST FOR CAR REPAIRS

Repairs that are needed (attach written estimates):
Please explain why repairing your car is the most effective means of helping you and your family move toward self sufficiency:
Have you selected a licensed mechanic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify full business name, address and phone number. (A completed W-9 form from your mechanic may be needed before repairs can be approved and paid.)
Name and address of employer, school or training provider:
Round trip miles you will need to travel each day (include the miles you travel to the training or work site, as well as the miles you will travel to reach your child care provider).
If you are self-employed, please explain why you need your car.

PLEASE BE PREPARED TO DISCUSS THE FOLLOWING WITH YOUR CASE MANAGER:

- Have you considered other options?
- Make, model, year of the vehicle to be repaired
- Odometer reading and condition of the car
- Registered ownership
- Current driver’s license
- Insurance, safety, liens and related legal issues
- Written estimates from a licensed mechanic

PARTICIPANT CERTIFICATION

<i>I declare under penalty of perjury, under the laws of the United States of America and the State of California, that the above information is complete, true and correct.</i>	
Signature:	Date:

EW, SW or ETS RECOMMENDATION

(If applicable, please attach a list of other car repairs funded by CalWORKs for this participant)
ETS/EW Certifying Signature:

MANAGER’S AUTHORIZATION

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for denial:	
Signature:	Date: