



CALLING ALL CARS APPLICATION

Name: _____ Date: _____

Telephone # where it is safe to contact you: _____

Can we leave a message at this number? Yes No

Alternate contact number: _____

Address: _____

Referred by: _____

Do you have a valid driver's license? (*please attach a copy*) Yes No

Have you ever had your license suspended? Yes No

If yes, please explain: _____

Do you have a history of past substance abuse? Yes No

Current substance abuse? Yes No

Please explain: _____

Are you in treatment for this use or do you participate in any program(s)?

Yes No Please explain: _____

Can you drive a stick shift/manual transmission car? Yes No

Do you need a car with an automatic transmission only? Yes No

Do you currently own a vehicle? Yes No

If yes, please explain. _____

Are you currently working? Yes No Attending School? Yes No

Approximate monthly income: _____

What are your sources of income? (*ie: public assistance, child support, employment, etc.*)

What other activities would you need a vehicle for? _____

Do you or any members of your household have any disabilities? Yes No

If yes, please explain: _____

Please list all members of your household:

<u>Name</u>	<u>Relationship to you</u>	<u>Age</u>
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Do you have any history of domestic violence or abuse? Yes No

If yes, please explain: _____

Please include any information that you think is important for us to be aware of:

<p>If you have been referred by a domestic violence program, do we have your permission to discuss your case with your advocate/counselor with the purpose of helping you obtain a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency Name: _____ Phone: _____</p> <p>Name of your advocate or contact at that agency: _____</p> <p>Your Signature: _____ Date: _____</p>
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PLEASE RETURN THIS APPLICATION TO: WSS, PO BOX 341, SHARON, CT 06069
OR YOU MAY FAX TO (860)364-5767.

Once your application has been received and reviewed, we will send you information letting you know that you have been added to our waiting list. Please contact our office periodically to keep your application and contact information up to date. Thank you!

Women's Support Services 24-Hour Crisis Hotline: (860) 364-1900