

WIOA YOUTH TRANSPORTATION ASSISTANCE REQUEST POLICY

Transportation Assistance Receipt

*Original receipt returned within 5 business days to RochesterWorks!
Cassilda Campbell, Youth System Assistant
Copy in youth's hard file,
(Maximum total transportation assistance disbursement per youth is \$560.)*

Date: _____

Youth's NY# (must be WIOA enrolled youth in OSOS): _____

On this day I received the following transportation assistance (bus pass or gas card):

- Single Ride \$1
- Weekly (5 consecutive days unlimited) \$14
- Monthly (31 days unlimited) \$56
- \$25 Speedway gas card

Record last five number digits of Speedway gas card(s) but write in full bus pass number.
Bus pass or \$25 Speedway gas card # _____

By signing below, I (Youth-Print name), _____
take full responsibility for safeguarding the bus pass or the Speedway gas card issued to me
today. If the bus pass or the Speedway gas card is lost or stolen, it will be my responsibility
to purchase the replacement.


Youth Signature: _____

Request completed by: (Print Name and Organization) _____

Navigator Signature:

ROCHESTERWORKS USE ONLY BELOW:

Original Receipt Received: _____

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aids and services are available upon request to individuals with disabilities.