



## 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**