

**BERGEN COUNTY BOARD OF SOCIAL SERVICES  
218 ROUTE 17 NORTH  
ROCHELLE PARK, NJ 07662-3300**

**APPLICATION FOR TANF TRANS WRAP PROGRAM**

DATE: \_\_\_\_\_

CASE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME OF APPLICANT:

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY:

( ) \_\_\_\_\_

IF EMPLOYED, NAME, ADDRESS, AND PHONE NUMBER OF YOUR CURRENT PLACE OF  
EMPLOYMENT:

\_\_\_\_\_

SALARY: \$ \_\_\_\_\_ PER WEEK.

ATTACH A COPY OF YOUR LAST PAY STUB OR STATEMENT FROM YOUR EMPLOYER  
VERIFYING YOUR SALARY.

IF YOU ARE NOT EMPLOYED, WHAT WORK FIRST ACTIVITY ARE YOU INVOLVED WITH?

\_\_\_\_\_

WHAT IS THE NAME OF YOUR CASE MANAGER?

\_\_\_\_\_

YOU ARE APPLYING FOR TRANS WRAP FUNDS. TELL US HOW THESE FUNDS WILL HELP YOU  
REMAIN EMPLOYED OR ASSIST IN SECURING EMPLOYMENT. YOU MAY WRITE ON THE BACK  
OF THIS FORM OR ATTACH ADDITIONAL SHEETS IF NECESSARY.

\_\_\_\_\_

\_\_\_\_\_

PLACE A CHECK MARK NEXT TO THE ITEM (S) REQUESTED AND ATTACH NECESSARY DOCUMENTATION AS INDICATED

	NAME OF ITEM	REQUIRED DOCUMENTATION
	<p><b>*CAR REPAIR</b> (Payment is made directly to the car repair company)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify that the car you are repairing is needed by you for your employment or to secure employment.</li> <li>2. Attach statements from three (3) car repair establishments showing the actual cost of the repair.</li> <li>3. Attach a copy of the Vehicle Registration. *Vehicle MUST belong to the recipient.</li> </ol>
	<p><b>*CAR INSURANCE</b> (Payment is made directly to the Insurance Company)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify that the car you are insuring is needed by you for your employment or to secure employment.</li> <li>2. Attach a copy of the bill from your Insurance Company. Make sure that your account number and Insurance Company address are on the copy of the bill.</li> <li>3. Attach a copy of the Vehicle Registration. *Vehicle MUST belong to the recipient.</li> </ol>
	<p><b>Off-peak Transportation</b> (Payment is made directly to the provider)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify the need for a one-time transportation payment to maintain or secure employment. Prior authorization is required for this transportation.</li> </ol>
	<p><b>*Driver's License Restoration</b> (Payment is made directly to the driving school)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify that restoration of your license is needed by you for your employment or to secure employment.</li> <li>2. Attach a statement from the driving school showing the actual cost of restoration.</li> </ol>
	<p><b>Driving Lessons and Cost of Obtaining License</b> (Payment is made directly to the driving school)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify that the driving lessons and license are needed by you for your employment or to secure employment.</li> <li>2. Attach a statement from the driving school showing the actual cost of lessons and obtaining a license.</li> </ol>
	<p><b>*Point Reduction</b> (Payment is made directly to the driving school)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify that reduction of points is needed by you for your employment or to secure employment.</li> <li>2. Attach a statement from the driving school showing the actual cost of classes for point reduction.</li> </ol>
	<p><b>*Car seats for children</b> (Payment is made directly to the store)</p>	<ol style="list-style-type: none"> <li>1. In your written statement, certify the need for a car seat (s).</li> <li>2. Attach a statement from the store showing the cost of the car seat.</li> </ol>

\* A COPY OF YOUR DRIVER'S LICENSE, INSURANCE CARD, AND VEHICLE REGISTRATION, OR TITLE, MUST ACCOMPANY THIS APPLICATION WHEN APPLYING FOR ITEMS MARKED WITH AN ASTERISK (\*).

**YOU MUST COMPLETE THIS SECTION OF THE FORM**

I, \_\_\_\_\_, certify that the statements that I have made on this APPLICATION FOR TRANS WRAP FUNDS and all of the attachments to this form are true to the best of my knowledge.

\_\_\_\_\_  
SIGN YOUR NAME HERE

\_\_\_\_\_  
DATE YOU SIGNED THIS FORM

**RETURN THIS FORM AND ALL REQUIRED DOCUMENTATION TO:**

**BERGEN COUNTY BOARD OF SOCIAL SERVICES**  
**218 ROUTE 17 NORTH**  
**ROCHELLE PARK, NJ 07662-3300**

**ATTENTION: SUPPORTIVE SERVICES UNIT**

\_\_\_\_\_ **Social Worker**