

Founder/CEO--Susan Jacobs  
Board of Directors

Kathleen Barry-Wacaser  
Terri Benincasa  
Monica DiGiovanni  
Diane Jamai  
Henry Lawrence  
Shari Leonard



Assisting low- to moderate-income, working families in jeopardy of losing their jobs due to unreliable transportation

Board of Directors

Sandra Maggio  
Donny Morelock  
Kirsten Pardo  
Danielle Roy  
Jennifer Thomason  
Beverly Ward  
Marsha Weisse

## Client Referral Application—by Employer

\_\_\_\_\_  
**Name of Referral Employer**  
*(i.e., Church, Social Service Agency)*

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Name/Title of Agency Contact**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**E-mail Address**

*On reverse of this page or a separate sheet, please provide employment information about the employee whom you are referring; i.e., duration of employment; job title; responsibilities; and any statement(s) you are willing to offer regarding reliability and commitment to work.*

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\_\_\_\_\_  
**Name of Client**

\_\_\_\_\_  
**Spouse / Significant Other's Name (if applicable)**

\_\_\_\_\_  
**Child(ren)'s Name(s) and Age(s) (if applicable)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**E-mail Address (if applicable)**

Do you currently own a vehicle? \_\_\_\_\_ If yes, is it operable? \_\_\_\_\_ Condition? \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ DL Number \_\_\_\_\_ Auto Insurance? \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Agency Name / Phone \_\_\_\_\_

*On the back of this page and/or on a separate sheet, client should provide a personal statement (with no concern for spelling or grammar) describing the current personal circumstances and how s/he believes that assistance from **Wheels of Success** can affect his/her family members' lives.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**