



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(s): _____

Address: _____

Referred by: _____

Do you have a valid driver's license? (please attach a copy) YES NO

If no, please explain: _____

Have you ever had your license suspended? YES NO

If yes, please explain: _____

Do you currently own a vehicle? YES NO

If yes, please explain: _____

Can you drive a stick shift/manual transmission car? YES NO

Do you need a vehicle capable of having adaptive technologies? YES NO

If yes, please explain: _____

Are you currently working? YES NO Attending School? YES NO

What other activities would you need a vehicle for? _____

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

Approximate monthly income: _____

PLEASE RETURN THIS APPLICATION TO:

Project SAGE: PO BOX 717, LAKEVILLE, CT 06039 **OR** FAX IT TO: 860•364•5767

PROJECT
SAGE
to end relationship violence

Other family members in the household

NAME	AGE	RELATIONSHIP TO YOU

Do you have any history of domestic violence or abuse? YES NO

If yes, please explain: _____

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

If you have been referred by a domestic violence program, do we have your permission to discuss your case with your advocate/counselor for the purpose of helping you obtain a vehicle? YES NO

Agency Name: _____ Phone: _____

Name of your advocate or contact at that agency: _____

Your Signature: _____ Date: ____/____/____

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!

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