



- Program:
- Scholarship
 - OJT
 - Career Services

Mileage and Childcare Request Worksheet

Name _____ Job Seeker I.D. _____ Date _____

MILEAGE / BUS PASS

Do you need assistance to travel to class and / or training-related activities? Yes No
 If yes, please explain why other modes of transportation are not available.

For bus pass fares: _____ X _____ = _____
 Type/price of pass x quantity my bus fare award request

For mileage: you may use an online map to determine the distance between home, school, co-op site(s), alternate training site(s), etc.

_____ X _____ X _____ = _____
 average daily miles x number of days per week x total number of training weeks (current term only)
 _____ X 0.50(reimbursement rate) = _____
 anticipated total mileage my mileage award request

My travel assistance request per term: \$

CHILDCARE *

Do you need assistance paying for childcare while you attend class and / or training-related activities? (current term only) Yes No
 If yes, please explain why other childcare resources do not work for you.

My childcare assistance request per term: \$ 0

*NOTE: public funds may only be used to reimburse a licensed Oregon child care provider. Please attach license information from childcaresafetyportal.ode.state.or.us

My total mileage and childcare award requests: \$

I certify that all the information I have provided is true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

WorkSource Lane Staff Member Signature _____ Date _____

Management Signature _____ Date _____