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:

\[
\text{Type/price of pass} \times \text{quantity} = \text{my bus fare award request}
\]

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

\[
\text{average daily miles} \times \text{number of days per week} \times \text{total number of training weeks (current term only)} = \text{anticipated total mileage}
\]

\[
\text{anticipated total mileage} \times 0.50\text{(reimbursement rate)} = \text{my mileage award request}
\]

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 childcarePortal.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: 

Program: 
☐ Scholarship 
☐ OJT 
☐ Career Services

07/13/2023