

West Virginia Department of Health and Human Resources  
Bureau for Children & Families, Division of Family Assistance

**WV WORKS Donated Vehicle Referral**

TO: \_\_\_\_\_  
WV WORKS Donated Vehicle Vendor

FROM: West Virginia Department of Health and Human Resources

District Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Subject: Referral to WV WORKS Donated Vehicle Program

Name: \_\_\_\_\_ PIN #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/County: \_\_\_\_\_

This is to certify that the above-named individual may be considered for participation in the WV WORKS Donated Vehicle Program. Upon further evaluation of the individual, you must notify this office in writing whether or not this individual has been approved for a donated vehicle.

\_\_\_\_\_  
Worker's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

**RELEASE OF INFORMATION**

I give my permission for the DHHR, Division of Family Assistance to share information with the WV WORKS Donated Vehicle Program vendor concerning my eligibility for this program.

\_\_\_\_\_  
Enrollee's Signature Date

|  |
|--|
| Vendor Reply: _____ Approved for vehicle |
| _____ Denied for vehicle – Reason: _____ |
|  |

Original - Vendor

Copy – Case Record