

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