



Horizon Goodwill Industries:

Transportation Assistance Referral Form for Working Individuals

If your agency has a client that needs help with transportation to and from work, please fill out the requested information below and send it to one of the following staff for review:

Tara Broschart: tbroschart@goodwill-hgi.org OR (717)496-3677

Client Name: _____ Phone Number: _____

Referring Agency: _____

Referring Staff Name and Phone Number/Email:

Client Address: _____

Client's Place of Employment Address: _____ Full/ Part Time? _____

Days/Hours of Clients

Employment: _____

Time To Be Picked Up For Work: _____

Time To Be Picked Up To Go Home From Work: _____

Date of Request: ___/___/_____

We will reach out and contact you and/ or the client for any further details as needed.

Below the dotted line is for Goodwill Use Only!

Date Received: _____ Reviewed By: _____

Approved By: _____ Estimate of Funds Needed: _____