

RICHLAND COUNTY JOB & FAMILY SERVICES

Main Office
171 Park Avenue East
Mansfield OH 44902
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Sharlene Neumann, Director

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RCJFS Toll Free: 1-888-774-5400

OhioMeansJobs
183 Park Avenue East
Mansfield OH 44902
Fax: 419-774-5380
419-774-5300

Gas Voucher Request Form

Please complete this form and mail it, along with a copy the driver's current auto insurance card and driver's license. We have included a self-addressed stamped return envelope for your convenience. **A two-week notice is required.** If you have given us all the needed information your gas voucher will be mailed to you at least three days before your appointment.

1. Name of person requesting transportation: _____
Phone Number: _____

2. First and Last Name of person who has the appointment:

Social Security Number: _____
Address: _____
Name of parent if person with appointment is a child: _____

3. If the appointment is to a provider outside of Richland County please explain why (referred to a specialist by doctor, unable to locate a Medicaid provider locally, high risk patient, etc.)

4. Appointment Details
Appointment Date: _____ Appointment Time: _____
Medical Provider's Name: _____
Medical Provider's Address: _____
Name of person driving: _____
Insurance company for the auto being used for the trip: _____

5. Is the individual who has the appointment pregnant? Yes No