

# RICHLAND COUNTY JOB & FAMILY SERVICES

**Main Office**  
171 Park Avenue East  
Mansfield OH 44902  
Fax: 419-774-0051  
419-774-5400

**Sharlene Neumann, Director**  
  
Ohio Relay Voice/TDD: 800-750-0750  
RCJFS Toll Free: 1-888-774-5400

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

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## Gas Voucher Request Form

Please complete this form and mail it, along with a copy of 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