Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Office for Family Independence
19 Union Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4168; Toll-Free: (800) 442-6003
TTY: Dial 711 (Maine Relay); Fax: (207) 287-3455

CLIENT'S NAME

MAINE SNAP Employment and Training (SNAP E&T)

				CLIENT'	'S A#	DATE
Vehicle Repair Form						
Driver Information						
Client Driver's License	License Num	iber:	State:			
Vehicle Information						
Name on Vehicle Registration						
Vehicle Registration Number						
Year, Make and Model of Vehicle	Year:	Make:	Model:			
Next State Inspection Due	Month:	Year:				
Estimated Mileage:			m	iles		
Insurance Information						
Insurance Company						
Policy Number						
Date of Expiration						
Repair Information (Please include an Estimate of Repairs with this form)						
Name of Garage Completing Repair						
Description of Repairs						
Cost of Repairs					☐ Actual	Estimated
To the best of my knowledge, the repairs completed to this vehicle will result in safe, reliable transportation to help the SNAP E&T participant travel to and from employment, training, or educational commitments.						
APPROVING AUTHORITY'S SIGNATURE, DATE, AND PRINTED NAME						
Client Declaration and Signature						
I understand and agree that:						
I am receiving the above issuance(s).						
I have not received the same type of assistance in the current month from any other organization including but not limited to other SNAP E&T organizations.						
I understand that selling or misusing the benefit will result in SNAP E&T disqualification and I will have to pay back						
the funds.						
CLIENT'S SIGNATURE					DATE	