



## Policies & Procedures

### Community Partnerships for Protecting Children Neighborhood Network Transportation Project

#### **Definitions:**

*The Following Definitions are for the purpose of the CPPC Neighborhood Network Transportation Project:*

**Eligible Organization** refers to organizations who serve the most vulnerable children, youth and families in order to help them meet their unique needs and achieve self-sufficiency.

Eligible Organizations may include, but are not limited to: Lutheran Services in Iowa (LSI), Centers Against Abuse & Sexual Assault (CAASA), Court Appointed Special Advocate (CASA), Department of Human Services (DHS), Boys Town, ATLAS, Best Care for Better Babies (BCBB), Upper Des Moines Opportunity, Inc. (UDMO), Area Education Agency (AEA), Early ACCESS, KIDS, Head Start & Early Head Start, Child Health Specialty Clinics (CHSC), community school district Guidance staff, Parent Partner, Family Crisis Centers, Cherish Center, Hope Haven, Season's Center, Compass Pointe, Public Health, Love INC.

**Custodians** are representatives/employees of the Eligible Organization, who are approved to oversee gas voucher distribution to their consumers.

**Providers** are employees of the Eligible Organizations who carry out the direct service with children and families

**Consumers** are the families (parents/guardians) receiving services from the Eligible Organization

**Gas Vouchers** are the Dynos or Casey's cards given to purchase **fuel only** under the CPPC Neighborhood Network Transportation Project

#### **Recommended Distribution Amounts:**

The DCAT Board has a recommended limit of **up to \$50** in gas vouchers per family/household each fiscal year, July 1-June 30.

- *Note: This amount can be increased in the event that:*
  - (1) *All other transportation options have been exhausted &*
  - (2) *It is deemed necessary by the Custodian and Provider to do so.*



## Clay, Dickinson, Osceola, & O'Brien Counties

### Custodian Responsibilities:

1. Obtain any required authorization to apply as Custodian from your Eligible Organizations' Supervisor
2. Submit the **Request to Distribute CPPC Gas Vouchers** application to the Transportation Project Coordinator (one application per Custodian)
3. Request Gas Vouchers from the Project Coordinator
4. Project Coordinator will distribute vouchers based on number requested and number available.
5. Maintain all *CPPC Neighborhood Network Transportation Project* usage records to include:
  - a. Provider Agreements
  - b. Consumer signed copy of your Eligible Organizations' Release of Confidential Information to CPPC Neighborhood Network Transportation Project
  - c. Gas Voucher Usage Report (Form Provided):
    - i. Date gas voucher was distributed
    - ii. \$ amount given
    - iii. Reason For Gas Voucher Usage
    - iv. # of children who benefit from this gas voucher distribution
    - v. Consumer County of Residence
    - vi. Service Providers may determine if their clients need to return receipts to them for gas purchased, receipts are not required to be returned to the Project Coordinator.
6. The Gas Voucher Usage Report is to be submitted quarterly (*October 15, January 15, April 15, July 15*) to the Project Coordinator or before additional gas vouchers are can be requested.

### Provider Responsibilities:

1. Read, sign and date the Provider Agreement
2. Obtain any required authorization to use the gas vouchers from your Eligible Organizations' Supervisor
3. Assist the **consumer** in accessing all other transportation funding options such as Title 19 Transportation fund (if applicable) prior to requesting a gas voucher.
4. Have the **consumer** sign your Eligible Organization's Release of Confidential Information to the CPPC Neighborhood Network Transportation Project releasing only that they are a consumer/client of your organization.
5. Verify, to the best of your ability, that the consumer has not accessed gas vouchers through any other Eligible Organization during the current fiscal year.
6. Upon receipt of the gas vouchers, **Providers** will be required to submit the following information to your organization's **Custodian**:
  - a. Consumer signed copy of your Eligible Organizations' Release of Confidential Information to CPPC Neighborhood Network Transportation Project
  - b. Information for the Gas Voucher Usage Report (Form Provided):
    - i. Date gas voucher was distributed
    - ii. \$ amount given
    - iii. Reason For Gas Voucher Usage
    - iv. # of children who benefit from this gas voucher distribution
    - v. Consumer County of Residence
    - vi. Service Providers may determine if their clients need to return receipts to them for gas purchased, receipts are not required to be returned to the Project Coordinator.



# LAKES AREA DCAT

Clay, Dickinson, Osceola, & O'Brien Counties

## Request to Distribute CPPC Gas Vouchers & Custodian Agreement

Community Partnerships for Protecting Children  
Neighborhood Network Transportation Project

Application Date: \_\_\_\_\_

*Please Print*

Eligible Organization Name: \_\_\_\_\_

\*See Policies and Procedure for Definition of Eligible Organization

Counties Served (Circle All Applicable):      Clay      Dickinson      O'Brien      Osceola

Ages of Children Served: \_\_\_\_\_

Contact Person to be Custodian of CPPC Gas Vouchers: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Please Initial Below:

\_\_\_\_\_ I am applying on behalf of the above named **Eligible Organization** to be our **Custodian** of the Community Partnerships for Protecting Children (CPPC) Neighborhood Network Transportation Gas Vouchers.

\_\_\_\_\_ I have read and hereby agree to follow all Community Partnerships for Protecting Children (CPPC) Neighborhood Network Transportation Project Policies & Procedures.

\_\_\_\_\_ I understand that violation of the Policies & Procedures will result in denial of future Community Partnerships for Protecting Children (CPPC) Neighborhood Network Transportation Project gas vouchers.

Signature

Date

Return To: CPPC Neighborhood Network Transportation Project Coordinator

Office Use: Approved or Denied & Date: \_\_\_\_\_

Erin Binneboese, DCAT Coordinator  
SHIP  
1520 Morningside Ave  
Sioux City, IA 51106  
[erin@siouxlandship.org](mailto:erin@siouxlandship.org)  
712-253-7887



## Provider Agreement

Community Partnerships for Protecting Children  
Neighborhood Network Transportation Project

Eligible Organization Name: \_\_\_\_\_

\*See Policies and Procedure for Definition of Eligible Organization

Counties Served (Circle All Applicable):      Clay      Dickinson      O'Brien      Osceola

Ages of Children Served: \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Please Initial Below:

\_\_\_\_\_ I verify I am a provider of direct services to children and families for the above listed Eligible Organization

\_\_\_\_\_ I have read and hereby agree to follow all Community Partnerships for Protecting Children (CPPC)

\_\_\_\_\_ Neighborhood Network Transportation Project Policies & Procedures.

\_\_\_\_\_ I understand that violation of the Policies & Procedures will result in denial of future Community

\_\_\_\_\_ Partnerships for Protecting Children (CPPC) Neighborhood Network Transportation Project gas vouchers.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Custodian Signature \_\_\_\_\_ Date \_\_\_\_\_

Keep on File with your organization's CPPC Neighborhood Network Transportation Project Custodian

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