



Parent Name: _____

School Site: _____

Families in Transition
 1800 S. Sutter St. Rm. 1 Stockton, CA 95206
 (209)933-7028 ext. 8482

Gas Debit Card Agreement

Dear Students, Parents or Guardians,

The student/family named below is being provided with a debit card by the Families in Transition Department.

The gas debit card is to be used for Families in Transition approved purchases only. This is limited to fuel for your vehicle to transport your children to and from school. Non-compliance with the terms under the Families in Transition Program will result in ineligibility for receiving debit cards in the future. Student attendance will be monitored.

It is the responsibility of the recipient to provide your assigned case manager with proof of purchase. The following items are accepted and must be submitted within 48 hours of purchase.

- ✓ A paper receipt with the debit number listed
- ✓ An electronic receipt with the debit number listed
- ✓ A photo of the receipt with the debit number listed

Items may be submitted in person or via e-mail. Please be sure to address it to your assigned case manager.

Name	ID#	Grade	School	Last 4 digits of the debit card	Purpose of card	Amt

I agree to the terms and conditions for receiving the debit card(s). I agree to use the debit card for FIT approved purchases only. I agree to submit proof of purchase and I understand if I am not in compliance with these terms that I will become ineligible to receive debit cards in the future.

CARDS ARE NON-TRANSFERABLE/NON-EXCHANGEABLE FOR CASH OR GOODS

Any attempts to exchange or transfer cards will result in loss of usage or future distribution

 Signature

 Date

OFFICE USE ONLY
Assigned Case Manager: _____
<input type="checkbox"/> Receipt has been collected: Please make a copy of this form and receipt and place in client's file. Attach original to this form and submit for filing in receipt binder.
<input type="checkbox"/> Receipt was not submitted. Make note of ineligibility and inform client.