CASA OF LEXINGTON, INC.

GAS ASSISTANCE PROGRAM
FOR CASA VOLUNTEERS

Revised September 2022

Gas Assistance Program for CASA Volunteers

CASA of Lexington values the work of CASA volunteers. The organization also recognizes children on CASA cases may be placed around the state and necessitate a significant amount of miles be driven to comply with monthly visits. In an effort to reduce barriers to serve as a CASA volunteer, a Gas Assistance Program (GAP) has been established.

GAP's primary goal is to lessen the financial impact of serving as a CASA volunteer. It is open to all CASA of Lexington volunteers assigned to an open case.

The gas assistance will be limited by the amount of funds raised to support this program and will be available on a first-come, first-serve basis to those requesting assistance. The amount will not surpass the cost of gas associated with child visits for a CASA volunteer's assigned children for the quarter and will therefore not be considered taxable income by the IRS.

To request gas assistance with the mileage on a CASA assigned case:

1. Complete the GAP form
2. Quarters are defined as: Quarter 1 – July through September, Quarter 2 – October through December, Quarter 3 – January through March, and Quarter 4 – April through June
3. Submit the form to the Volunteer Manager assigned to your case

Eligibility Requirements:

1. Must be a CASA of Lexington volunteer assigned to an open case.
2. Must have submitted volunteer hours for each of the three months composing the preceding quarter.
3. Starting January 2023 – Continuing education requirements must have been fulfilled for the previous calendar year.

Once the Executive Director has confirmed gas assistance is available, you will receive a check in the mail.

CASA
Court Appointed Special Advocates
FOR CHILDREN
CASA OF LEXINGTON

Gas Assistance Program for CASA Volunteers

I am requesting gas assistance with my CASA of Lexington assigned case(s).

Print Name: _____

Quarter and Year Requesting Gas Card: _____

I completed/will complete an in-person home visit at the placement address(es) for the case(s) (please do not mark boxes where an in-person visit will not/did not take place):

Quarter 1			Quarter 2			Quarter 3			Quarter 4		
July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Home Address: _____

Placement Address(es) for Case(s): _____

My signature confirms I have/will make an in-person visit for my case(s), for which I have requested financial assistance.

Signature: _____

Date: _____

Volunteer Manager has checked that the volunteer meets all eligibility requirements. ☐