

Half-Price Gas Voucher Program Application

APPLICATION INSTRUCTIONS

Complete (with nothing left blank) the following:

- *Participant Application* form
- *Consent for Release of Confidential Information* form
- *Program Rules form* (initialed and signed)
- *Liability Waiver & Release Form and Consent Form*
- Submit the following with completed forms:
 - ✓ Copies of income verification for all household income for the past 3 months. Income includes employment, social security benefits, child support, etc.
 - ✓ Social Security Card or state tax form with Social Security number verification for all household members.
 - ✓ Copy of a valid Wisconsin driver's license for all licensed household members.
 - ✓ Proof of address/residency in Door County.
 - ✓ Other: _____

If you have any questions about the form please contact Door-Tran at (920)743-9999 or (877) 330-6333

Missing information or incomplete applications will be denied.

Half-Price Gas Voucher Program Overview/Policy

- 1. Program Overview** Intl. _____

 - *The Half-Price Gas Voucher Program is for income eligible individuals and or families. The funding is provided by local fundraising efforts and are limited, therefore are distributed on a first come first serve basis.*

- 2. Program Eligibility** Intl. _____

 - *Participants must meet income requirements to be eligible. Eligibility is determined by using all household income for a 3 month period.*
 - *Social Security numbers and driver licenses for all family members must be verified.*
 - *Participants may not have any driving under the influence (DWI or OWI) or other drinking and driving related convictions within the last 24 months.*

- 3. Background Checks** Intl. _____

 - *Staff will perform a background check using Circuit Court website (CCAP).*
 - *If false information is found on the application the applicant and his/her immediate family will be automatically deemed ineligible.*

- 4. Voucher Process** Intl. _____

 - *Door-Tran will issue half-price gas vouchers to eligible participants.*
 - *The vouchers may only be issued to participants to assist with costs incurred as a result of transportation to and from work or completed work search form.*
 - *Participants are required to pay half-price for vouchers, which is due at the time the voucher is given.*

- 5. Payments** Intl. _____

 - *Payments are to be made to Door-Tran.*
 - *Personal checks will be accepted, however if the check is returned for any reason there will be a \$25 charge and checks will no longer be accepted.*

I have read and agree to the above policy. I understand that if I violate any of these policies I will be in default and understand the Program may not assist me with future gas vouchers.

(Client)

(Date)

(Door-Tran Staff)

(Date)

**Door-Tran
Half-Price Gas Voucher**

This application expires at the end of the calendar year or 90 days from date of application, whichever is longer

Client Name: _____ Social Security Number: _____

Sex: Male Female Date of Birth: _____ Marital Status: _____

Address: _____ City/State: _____

Mailing Address (if different from above): _____ Phone #: _____

Email Address: _____ Additional Contact #'s: _____

U.S. Citizen: Yes No Door County Resident: Yes No

Check all that apply: Employed Seeking Employment

Family Income: list all family members income

Employment Income (Including Self-Employment) Do not include income from members under the age of 18.

Family Member	Employer	Monthly Gross Income	Weekly Hours	Current Hourly Wage
		\$		
		\$		
Total 3 mo Income:		\$		

Unearned Income (such as child support, SSI/SSDI, inheritance, retirement, interest, grants, charity)

Family Member	Source	Amount per Month
		\$
		\$

Basic Family Information

List all family members who live with you, providing the following information

Names	Birth Date	Relationship to Applicant	SSN

I understand the questions and statements on this application form and understand the penalties for giving false information. I certify, under penalty of law that my answers are correct and complete to the best of my knowledge, including information about each household member and agree to provide documentation. I understand that Dor-Tran Inc. may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.

Signature of Primary Applicant: _____ Date: _____

Signature of Other Adult (if applicable): _____ Date: _____

Signature of Agency Witness: _____ Date: _____

Door-Tran
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
For All Programs

I, _____, authorize the verbal and written exchange of file information among the following agencies: Door-Tran staff and volunteers, County of Door to include all departments, Forward Service Corporation, Wisconsin Department of Transportation, Door County Sheriff's Department, Sturgeon Bay Police Department, MTM/NEMT State Contractor, Door 2 Door Rides/Abby Vans, Sunshine House Inc., Veterans Administration Clinic Staff, United Way of Door County, Inc., and funding partners as applicable. Based on program(s) being used, release may also authorize communication with private taxi providers as well as fuel station vendors, vehicle purchase or repair vendors to include private party sellers, and agencies who contribute funding on your behalf and:

If applicable, I hereby authorize the release, of my employment search and any employment-related information from past &/or present employer(s) to Door-Tran. I authorize my past/present employer(s) to allow Door-Tran representatives to review my employee records in regard to, but not limited to, employment dates, wages, benefits, and reasons for leaving.

Such information may be used for the purpose of verifying income, if needed or fulfilling the vehicle loan program requirements with Door-Tran. Exceptions to this release are as follows:

I understand that my records are protected under the Family Rights of Privacy Act, Federal and specific state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that; in any event, this consent expires automatically as listed below.

This release expires one (1) year from the date of my exit from the program.

I understand that I have the right to inspect and receive a copy of the information provided by this release. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. I hereby release said agencies from all liability of any kind for issuing this information.

A photocopy of this consent is as valid as the original.

Signature of Client

Date

Signature of Spouse (if applicable)

Date

Witness (Door-Tran Representative)

Parent or Guardian (if client is under the age of 18)



Consent Form

(Electronic Storage and/or Electronic Transmission)

I, [PLEASE PRINT NAME] _____, give Door-Tran as well as its employees and programs consent to perform the following actions; and I am voluntarily providing the following information or allowing the release of the following information for the purpose of receiving program benefits and/or services (*check all that apply*):

- Store an electronic copy of program relevant material necessary for receiving program benefits and/or services;
- Electronically transmit a copy of program relevant material necessary for receiving program benefits and/or services;
- Electronically transmit other documents containing personal identifying information.

I give this consent knowing and understanding that the information electronically stored and/or transmitted may contain my following personal identifying information:

- Place of birth
- Date of birth
- Social Security Number
- Biometric information
- Medical/Disability information
- Personal financial information
- Credit card or purchase card account numbers
- Passport numbers
- Potentially sensitive employment information
- Criminal history

I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO WITHDRAW THIS WRITTEN CONSENT AT ANY TIME AFTER SIGNING THIS FORM BY PROVIDING DOOR-TRAN WITH WRITTEN NOTICE THAT I AM WITHDRAWING MY CONSENT RELATIVE TO ELECTRONIC STORAGE AND/OR ELECTRONIC TRANSMISSION OF PERSONAL IDENTIFYING INFORMATION.

Signature: _____

Date: _____

Signature: _____

Date: _____

(parent or legal guardian if a minor)



Liability Waiver & Release Form (Electronic Storage and/or Electronic Transmission)

I, [PLEASE PRINT NAME] _____, hereby release and discharge Door-Tran and all of its officers, directors, agents, employees, independent contractors, subsidiaries, assigns, parent companies, beneficiaries, attorneys, programs and insurers from all actions, causes of action, damages, claims and demands, of any kind and character, I may have or hereinafter have, or my spouse, children, parents, heirs, administrators, successors, assigns, trusts or beneficiaries may have or hereinafter have against any of them resulting from any accident or incident of any nature, howsoever caused, and regardless of responsibility or liability for negligence, active or passive, arising from the electronic storage and or electronic transmission of my personal identifying information, either sensitive or non-sensitive.

Electronic storage includes but is not limited to my personal identifying information that is electronically stored using the following methods: manual entry, scanning or download to server, hard drive, flash drive, compact disc or floppy disc; or any other current or future method of electronically storing information for archival purposes or retrieval at a later date.

Electronic transmission includes but is not limited to any form of transmission over telephone or cable lines, radio or television waves, or any other current or future electronic media through electronic equipment which shall include but not be limited to facsimile (FAX) machine; electronic mail (e-mail); telephone; internet video (webcam); Internet based fill form; application; or other input site; or any other current or future electronic equipment necessary for the transmission of information.

My personal identifying information includes:

- Place of birth
- Date of birth
- Social Security Number
- Biometric information
- Medical/Disability information
- Personal financial information
- Credit card or purchase card account numbers
- Passport numbers
- Potentially sensitive employment information
- Criminal history

I HAVE CAREFULLY READ AND UNDERSTAND THIS LIABILITY WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE THE RIGHT TO ASK QUESTIONS AND CONSULT WITH AN ATTORNEY REGARDING THIS LIABILITY WAIVER AND RELEASE.

Signature: _____

Date: _____

Signature: _____

Date: _____

(parent or legal guardian if a minor)