

Door County Resident Voucher Application Information

Thank you for your interest in Door-Tran's transportation voucher program.

Attached is an Individual Voucher Purchase Application. Please complete this application and return with verification of Door County residency at least six months out of the last 12 months, verification of income for the last three months and a disability noted on the application. Once received and eligibility is verified, you will be authorized to purchase vouchers. If you want to place an order immediately, please also complete the order form attached.

As a Door County resident, you are eligible to purchase \$5.00 worth of transportation vouchers for \$2.50 and/or \$10.00 worth of transportation vouchers \$5.00. Vouchers come in increments of \$1.00, \$5.00, \$8.00 or \$10.00. The voucher program allows you to access affordable transportation through the use of dependable, local providers. You may purchase up to \$200.00 face value vouchers per month at a cost to you of \$100.00.

Please note, vouchers do expire six months from time of purchase and may not cover your full ride so please plan to pay any difference directly to the provider. No change will be given by the provider for any rides that cost less than the face value of the voucher. You may use multiple vouchers for longer trips as needed. *(A one-time, three month extension, may be given on vouchers near expiration – must be approved by Door-Tran staff.)*

Please contact me at (920) 743-9999 or (877) 330-6333 if you need more information or have questions about this application. Thank you again for your interest in the voucher program, I look forward to receiving your completed application.

Sincerely,



Nikki Voight

Door-Tran Mobility Manager Assistant

Enclosure

Income Guidelines & Acceptable Documentation List

Effective January 1, 2011, Door-Tran, Inc. must verify income for all voucher purchasing clients, past and future. Income verification will take place at the time of application for new customers and will be reviewed on an annual basis with current users from the time of purchase. Current users will be asked to verify income at their next purchase.

The following are the current 200% Federal Poverty Levels:

Household Size	Last 3 Months Income (must be at or below this amount)
1	\$ 6,379.98
2	\$ 8,620.02
3	\$10,860.00
4	\$13,099.98
5	\$15,340.02

Please call for information on income for households larger than 5.

Income is based on income received for a three month period prior to application.

This does not include asset testing or current savings, checking, retirement, etc.

The following are **Acceptable Documentation** to verify income for a 3 month period:

Employment Pay Stubs

Unemployment Compensation Letters or Pay Stubs

Worker's Compensation Letters or Pay Stubs

Bank Statements showing automatic deposits

Social Security Letters or Pay Stubs

Tax Statements for Self Employment

Other _____

Individual Half-Price Voucher Program Application

Date ____/____/____

Name _____ Female Male

Birth Date ____/____/____ Veteran Yes No Medicaid/BadgerCare Plus Yes No

Street Address _____ Phone _____

Mailing Address _____ City _____ Zip _____

Email Address _____

***Ethnic Group:** White/Caucasian Asian/Pacific Islander African American
 American Indian/Alaskan Native Hispanic Origin Other _____

This program is funded in part by the Federal Transit Administration (FTA) as authorized under 49 U.S.C. Section 5310 Mobility Options of Seniors and Individuals with Disabilities Program (CFDA 20.521) Funds are limited to individuals who have a disability and who fit any of the following, please mark any and all that apply to you:

An individual who, because of illness_____, injury_____, age_____, congenital malfunction_____, or other incapacity or temporary or permanent disability (including an individual who is a wheelchair user or has semi-ambulatory capability)_____, cannot use effectively, without special facilities, planning, or design, public transportation service or a public transportation facility.'

If you marked any of the above, please explain: _____

Wheelchair Required? Yes No

If you were unable to mark any of the above, please continue application; however you may not be able to use the half-price vouchers unless funded by a different funding source. You will be notified if funds become available.

Annual Household Income \$_____ # of People in household _____

Must be at or below 200% Federal Poverty Level for 3 months prior to completion of application. This will be reviewed annually. See Income Guideline & Acceptable Documentation List – Page 2.

Personal checks and money orders will be accepted, however if the check or money order is returned for any reason there will be a \$25 charge and checks may no longer be accepted.

Certification: I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to *my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud.* Furthermore, I understand that assistance is contingent upon availability of funds and vouchers expire 6 months from date of purchase. *(A one-time, three month, extension may be given – must be approved by Door-Tran staff.)*

Applicant _____ Date _____ Parent/Guardian Signature if Applicant is age 18 and under _____

*Answer is not required, however is highly encouraged. Information is maintained confidential and may be needed in the future when funding is requested to continue this voucher program.

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 Sherriff'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 age 18)

Individual Half-Price Voucher Order Form

**If placing order in person & when possible,
please call ahead so your vouchers can be ready for you.**

Name: _____ **Date:** _____

Mail my vouchers to me at: _____
OR

I will pick up my vouchers on: Date _____ **Time** _____
Door-Tran office is open Monday-Friday, 8:00 a.m. to 4:00 p.m.

Vouchers Purchased For: (Name) _____

Please fill-in the number of vouchers requested and Client Cost:

_____ **Booklets of 5 \$1.00 valued vouchers at \$2.50/each booklet = \$** _____

_____ **Booklets of 10 \$1.00 valued vouchers at \$5.00/each booklet = \$** _____

_____ **\$5.00 valued vouchers at \$2.50/each voucher = \$** _____

_____ **\$8.00 valued vouchers at \$4.00/each voucher = \$** _____

_____ **\$10.00 valued vouchers at \$5.00/each voucher = \$** _____

Total Amount of Order = \$ _____

You may purchase up to \$200.00 face value vouchers per month at a cost to you of \$100.00

Mail Your Order To: Door-Tran, 1009 Egg Harbor Rd, PO Box 181 Sturgeon Bay, WI 54235-0181

Make Payment Payable To: Door-Tran. Payment must be made in cash, check or money order. Door-Tran cannot accept credit/debit cards

REMINDER: As a Door County resident, you are eligible to purchase 5 \$1.00 or a \$5.00 face value voucher for \$2.50 and/or 10 \$1.00 or a \$10.00 face value voucher for \$5.00. The voucher program allows you to access affordable transportation through the use of dependable local providers. You may purchase up to \$200.00 face value vouchers per month at a cost to you of \$100.00.

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