



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 primarily in increments of \$1.00, \$5.00, 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

Executive Director

Prike Voeght

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	\$ 7,290.00
2	\$ 9,859.98
3	\$12,430.02
4	\$15,000.00
5	\$17,569.98

^{*}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.

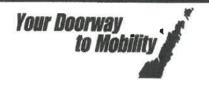
This does not include asset testing or current savings, checking, retirement, etc.

The following are **Acceptable Documentation** to verify income for a three (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 ____

Application & Income Guidelines Updated 02/2023





Name	□ Female □ Male □ Other Veteran □ Yes □ No
Birth Date/ Phone	Medicaid/BadgerCare Plus 🗆 Yes 🗆 No
Street Address	City Zip
Ethnic Group: □ White/Caucasian □ Asian (not required) □ American Indian/Alaskan Na	
Section 5310 Mobility Options of Seniors and I <u>limited to individuals who have a disability and to you:</u> An individual who, because of Illness, ir incapacity or temporary or permanent disability.	•
	bove, please continue application; however you may not nless funded by a different funding source. You will be
Annual Household Income \$ Must be at or below 200% Federal Poverty Le reviewed annually. See Income Guideline & A	evel for 3 months prior to completion of application. This will be
Personal checks and money orders will be acc reason there will be a \$25 charge and checks	cepted, however if the check or money order is returned for any may no longer be accepted.
accurate information. I understand any false sassistance will be considered fraud, and that it Furthermore, I understand that assistance is considered.	een completed to the best of my knowledge with complete and statements or omissions of facts relevant to <i>my eligibility for I may be prosecuted under applicable</i> U.S. Codes for this fraud. contingent upon availability of funds and vouchers expire 6 three month, extension may be given – must be approved by
Applicant Date	Parent/Guardian Signature if Applicant is age 18 and unde





Door-Tran CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Universal Release for All Programs

I,					
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:					
confidentiality laws and regulations; and cannot provided for in the regulations. I also understa	der the Family Rights of Privacy Act, Federal and specific state of the disclosed without my written consent unless otherwise and that I may revoke this consent at any time except to the it and that; in any event, this consent expires automatically as				
This release expires one (1) year from the date	e of my exit from the program.				
further acknowledge that the information to be my own free will. I hereby release said agenci	nd receive a copy of the information provided by this release. I released was fully explained to me and this consent is given of es from all liability of any kind for issuing this information. It consent is as valid as the original.				
Signature of Client	Date				
Signature of Spouse/Secondary applicant	Date				
Witness (Door-Tran Representative)	Parent or Guardian (if client is under the age of 18)				



Signature: ___



Consent Form

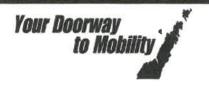
(Electronic Storage and/or Electronic Transmission)

	[, [PLEASE PRINT NAME]	, give Door-Tran as well as its employee
	ograms consent to perform the following actions; and I am volu ease of the following information for the purpose of receiving prog	• • •
	· · Store an electronic copy of program relevant material necess	ary for receiving program benefits and/or services;
	 Electronically transmit a copy of program relevant materi services; 	al necessary for receiving program benefits and/o
	 Electronically transmit other documents containing personal in 	dentifying information.
_	his consent knowing and understanding that the information eleag 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	ctronically stored and/or transmitted may contain m
CONS WRIT STOR	RTHER UNDERSTAND THAT I HAVE THE RISENT AT ANY TIME AFTER SIGNING THIS FOR TEN NOTICE THAT I AM WITHDRAWING MY AGE AND/OR ELECTRONIC TRANSMISSIRMATION.	RM BY PROVIDING DOOR-TRAN WITH CONSENT RELATIVE TO ELECTRONIC
Signatu	re:	Date:

(spouse, parent or legal guardian, if applicable)

Date: _

Door-Tran



Liability Waiver & Release Form

(Electronic Storage and/or Electronic Transmission)

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and all of its officers, directors, agents, employees, incomplete the second and character, I may have or hereinafter have, or my spectrusts or beneficiaries may have or hereinafter have again nature, howsoever caused, and regardless of responsibility electronic storage and or electronic transmission of my personal Electronic storage includes but is not limited to my perfollowing methods: manual entry, scanning or download to other current or future method of electronically storing information transmission includes but is not limited to television waves, or any other current or future electronic relimited to facsimile (FAX) machine; electronic mail (e-mail)	, hereby release and discharge Door-Trandependent contractors, subsidiaries, assigns, parent companies ions, causes of action, damages, claims and demands, of any kind ouse, children, parents, heirs, administrators, successors, assigns inst any of them resulting from any accident or incident of any ty or liability for negligence, active or passive, arising from the conal identifying information, either sensitive or non-sensitive. It is also a lidentifying information that is electronically stored using the server, hard drive, flash drive, compact disc or floppy disc; or any remation for archival purposes or retrieval at a later date. In any form of transmission over telephone or cable lines, radio of media through electronic equipment which shall include but not be all; telephone; internet video (webcam); Internet based fill form of future electronic equipment necessary for the transmission of
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	
	AND THIS LIABILITY WAIVER AND RELEASE. I TO ASK QUESTIONS AND CONSULT WITH AN AIVER AND RELEASE.
Signature:	Date:
Signature:(spouse, parent or legal guardian, if applie	Date: