

Door-Tran  
1009 Egg Harbor Rd  
P.O. Box 181  
Sturgeon Bay, WI 54235-0181



## **Door County Resident Half-Price Travel Voucher Program**

Thank you for your interest in Door-Tran's Half-Price Travel Voucher Program.

Attached is an Individual Voucher Purchase Registration. Please complete this packet and return with verification of Door County residency for at least six months out of the last twelve, verification of income for the last three months and a disability noted on the registration. Once all documentation is received and eligibility is verified, you will be authorized to purchase vouchers.

The income calculation is based on monies received for a three-month period prior to registration and will be reviewed annually. This **does not** include asset testing or current savings, checking or retirement accounts, etc.

The following are **Acceptable forms of Documentation** to verify income for a three (3) month period:

Employment Pay Stubs  
Unemployment Compensation Letter  
Worker's Compensation Letter  
Bank Statements showing automatic deposits  
Social Security Award Letters

Tax Statements for Self-Employment  
Child Support Order  
Other: \_\_\_\_\_

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

Please note, vouchers expire six months from the time of purchase and may not cover your full ride. 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. *A one-time, three-month extension, may be given on vouchers near expiration; however, it must be approved by Door-Tran staff prior to expiration.*

Please contact our Door-Tran Program Coordinator at (920) 743-9999 or (877) 330-6333 if you need more information or have any questions about these forms.

**Door-Tran**  
**Individual Half-Price Travel Voucher Program Registration**

Name \_\_\_\_\_ **Veteran**  Yes  No  
 Female  Male  Other Pronouns \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ Phone \_\_\_\_\_ Medicaid/BadgerCare Plus  Yes  No

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Ethnic Group (not required):**  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 20.513) *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 are 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.

*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 registration 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 six 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

**Door-Tran**  
**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

Universal Release for All Programs

I, \_\_\_\_\_, authorize the verbal, written and electronic exchange of file information among the following agencies: Door-Tran staff and volunteers, City of Sturgeon Bay to include all departments, County of Door to include all departments, Forward Service Corporation, Wisconsin Department of Transportation, Wisconsin NEMT State Broker, Door 2 Door Rides/Abby Vans, Sunshine Resources, Veterans Administration Clinic Staff, Department of Corrections Probation and Parole Wisconsin, Automobile Insurance Agent, 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, fuel station vendors, vehicle purchase or repair vendors to include private party sellers, and agencies who contribute funding on your behalf and any medical providers we will be asked to provide transportation to. (The information collected will be limited to appointment date, time, length and whether you will need someone to care for you upon release)

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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:

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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.***

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*Signature of Client*

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*Date*

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*Signature of Spouse/Secondary applicant*

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*Date*

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*Witness (Door-Tran Representative)*

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*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: \_\_\_\_\_

*(spouse, parent or legal guardian, if applicable)*

## **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
- Driver's License information

**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: \_\_\_\_\_

*(spouse, parent or legal guardian, if applicable)*