

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



Repair Grant Application

Program Overview:

Door-Tran serves Door County residents with vehicle repair grants to meet their need for reliable transportation. The Program Coordinator will help eligible clients secure a grant for up to \$500 towards the repair their vehicle. Clients who are eligible for the vehicle repair loan will not be considered for the grant. Funds are limited and distributed on a first come first served basis. **Based on limited funding, a maximum of \$500 may be granted per household within a 24-month period.** Grants will be provided as funding is available for up to 90% of the repair and/or insurance expense. The client will be required to cover 10% of the cost and will make that payable to the vendor.

Must be a Door County Resident

Eligibility:

Household income must be at or below 200% of Federal Poverty Level - Applicants must have a valid WI driver's license – Must have liability insurance - Must have **no** driving/operating while intoxicated or driving/operating under the influence violations within the last 24 months - Must be 18 years of age or older

Contact Info:

Program Coordinator
Door-Tran
1009 Egg Harbor Road
PO Box 181
Sturgeon Bay, WI 54235
(920) 743-9999

Door-Tran Application Instructions

(Missing information or incomplete applications will be denied)

Complete the following:

- *Repair Grant Program Application* form
 - *Consent for Release of Confidential Information* form
 - *Liability Waiver & Release Form* and *Consent Form*
 - Submit the following with completed forms:
 - ✓ Copies of income verification for all household income for the past three months. Income includes employment, social security benefits, child support, etc. This can be a paycheck, unemployment benefit verification, social security stubs, bank statements or a combination of all.
 - ✓ 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.
 - ✓ Copy of car title or registration for all vehicles owned in household.
 - ✓ Proof of Door County residency.
 - ✓ Vehicle insurance card or policy declaration page.
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- ✓ (Will need to obtain after pre-approval): Written repair estimate from a licensed garage. If current vehicle is not worth repair – this must be verified by an estimate.

If you have any questions about the form please contact the Program Coordinator, at (920) 743-9999

**Door-Tran
VEHICLE REPAIR GRANT PROGRAM APPLICATION**

This application expires 90 days from date of application.

Client Name: _____ Social Security Number: _____

Male Female Other Pronouns: _____ Date of Birth: _____

Marital Status: _____ Address: _____

City: _____ Zip _____ Phone #: _____ Email: _____

Mailing Address (if different from above): _____

Emergency Contact Name & Phone Number: _____

Are you the parent or Guardian of a child under the age of 18? Yes No

Does the child live with you? Yes No

Please check each of the following items you are currently enrolled in: Medicaid/BadgerCare Plus

Childcare Assistance FoodShare Heating Assistance Housing Assistance

WIC W-2 NWTC – IDA Other _____

Household Income: list all household members income

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

Household Member	Employer	Monthly Net Income	Weekly Hours	Current Hourly Wage
		\$		
		\$		
Total 3 month Income:		\$		

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

Household Member	Source	Amount per Month
		\$
		\$

Basic Household Information

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

Names	Birth Date	Relationship to Applicant	SSN	Ethnicity

Vehicles Owned or Titled in Household Members Name

Year	Make	Model	Mileage	Plate	Color	VIN

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 Door-Tran may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.

Signature of Primary Applicant: _____ Date: _____

Signature of Spouse (if applicable): _____ Date: _____

Signature of Agency Witness: _____ Date: _____

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)

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/Secondary applicant

Date

Witness (Door-Tran Representative)

Parent or Guardian (if client is under 18)

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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)

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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: _____
(spouse, parent or legal guardian, if applicable)