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

Dear Veteran,
The County Veterans Services Office, County of Door, and Door-Tran are working together to provide transportation to US Department of Veterans Affairs (VA) clinics in Milwaukee, Appleton, Cleveland, Green Bay, and other medical facilities outside of Door County.

Thursdays are primary service days; therefore trips are planned as follows:

Green Bay appointments must be scheduled between 9:00 a.m. & 2:30 p.m.
Cleveland appointments must be scheduled between 10:00 a.m. & 2:30 p.m.
Appleton appointments must be scheduled between 10:00 a.m. & 2:30 p.m.
Milwaukee appointments must be scheduled between 11:30 a.m. & 2:30 p.m.

Please note – when possible, appointments should not begin or end after the timeframes listed above.
Other days and destinations may be scheduled based on vehicle and volunteer driver availability.

The van will depart from the Aging & Disability Resource Center (ADRC) in Sturgeon Bay at a set time based on rider needs. Please arrive early to ensure you are boarded by departure time. Riders are expected to meet the van at the ADRC and may park in the parking lot. Other pick up locations may be set along the van's route. Consider packing a lunch or snack to have at the VA or Clinic. The van will not be making extra stops and there is no eating or drinking in the county vehicles.

Prior to receiving services, the following must be received by Door-Tran:

- Completed Rider Registration
- Consent for Release of Confidential Information form
- Agreement/Disclaimer form
- Consent Form for Electronic Storage and/or Electronic Transmission
- Liability Waiver & Release for Electronic Storage and/or Electronic Transmission

Upon receiving your application, we will contact you to let you know we have it and discuss any upcoming rides you may have. Please do not hesitate to call Door-Tran staff with any questions or to schedule a ride at 920/743-9999.

Thank you,

Kim Gilson
Volunteer Coordinator

VETERAN VOLUNTEER TRANSPORTATION PROGRAM
RIDER INFORMATION

LAST NAME:_____FIRST NAME:_____

ADDRESS:_____ APT._____

CITY:_____ ZIP CODE:_____

MAILING ADDRESS IF DIFFERENT:_____

HOME PHONE: (____) _____ PHONE: (____)_____

E-MAIL: _____ MALE:___ FEMALE:___OTHER:_____

DISABILITY ☐ Yes ☐ No WHEELCHAIR REQUIRED ☐ Yes ☐ No

DATE OF BIRTH _____/_____/_____(**REQUIRED**)

Household Members _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP:_____

HOME PHONE: (____)_____ BUSINESS/CELL PHONE: (____)_____

DEMOGRAPHIC INFORMATION:
Our funding sources require we ask the following information. Answering these questions will in NO WAY affect your eligibility for the Veteran Volunteer Transportation Program. Thank You.

Annual Income Level	X Here	Ethnicity	X Here	Ethnicity	X Here
< $12,760	☐	White	☐	Asian, Pacific Islander	☐
$12,760 to $19,140	☐	Multi-Racial	☐	Black / African American	☐
$19,140 to $25,520	☐	Other	☐	Hispanic or Latino	☐
>$25,520	☐			American Indian / Alaskan Native	☐

I certify this form 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 service will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that service is contingent upon availability of funds, volunteer drivers, and a County vehicle.

Signature:_____ Date:_____

Return this form to: Door-Tran, 1009 Egg Harbor Rd, PO Box 181 Sturgeon Bay, WI 54235
Please call 920/743-9999 or toll-free 877/330-6333 with any questions or for more information.

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

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)

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

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)

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 the age of 18)*

AGREEMENT/DISCLAIMER

As a rider in the Volunteer Transportation Program, I hold harmless Door-Tran and United Way of Door County, Inc., its authorized agents, volunteers, and employees from all claims, actions, costs, damages or expenses of any nature whatsoever arising out of or resulting from any delays, tardiness, failure to make an appropriate or scheduled pick up, absence of vehicle or termination of the program. I also agree to release Door-Tran, United Way of Door County, Inc. and the volunteer from liability claims and demands for personal injury; for loss, theft, or damage to personal property; loss of income; consequential damages resulting from delays, tardiness or absence of a vehicle on particular days; and, for termination of the program.

I have received a copy of the Rider Policies and Waiver Booklet. I have read and understand these policies and will abide by them. I have retained a copy.

_____ _____

Rider Signature Date

_____ _____

Rider Signature Date

Door-Tran

Veteran Transportation Program Rider Policies

REGISTER TO RIDE

To participate in the Veteran Volunteer Transportation Program, each rider must review, sign and submit:

- Rider Information
- Consent for Release of Confidential Information
- Consent for Electronic Storage/Transmission
- Liability Waiver for Electronic Storage/Transmission
- Agreement/Disclaimer

Rider information will be used primarily for reporting purposes, service approval, and in the event of an emergency. Information will be kept confidential. Door-Tran must receive County Veterans Service Office (CVSO) approval prior to the first trip.

GENERAL RULES

ALL riders and drivers are required to wear seatbelts. No smoking, eating, and/or drinking is allowed in the vehicle. Riders must maintain a safe and clean environment. Weapons not otherwise permitted by law, are prohibited by either the driver or the participant during a scheduled ride.

Riders are encouraged to bring along a lunch or snack since the schedule does not allow for stopping and may be a long day due to other rider appointments. Eating and drinking are not allowed in the county vehicles.

SCHEDULING RIDES

Rides must be scheduled with Door-Tran staff at least 48 hours in advance. Rides are scheduled on a first come first serve basis.

DENIAL OF RIDES

Any Door-Tran volunteer or staff member can refuse a ride to anyone based on the following reasons:

Vehicle is full
Rider is disruptive or abusive or under the influence
Inclement weather and/or unsafe road conditions
Passenger refuses to follow program rules
A volunteer driver is not available
Rider is a "no show" three or more times within 12 months

**It is impossible to list all forms of behavior/situations, Door-Tran reserves the right to take appropriate action on a case-by-case basis should a situation of questionable*

conduct occur that is not listed above.

DONATIONS
All drivers are volunteers. They are not to be compensated for their efforts. All tips and donations should be mailed to the CVSO or Door-Tran, noted for transportation use.

WAITING TIME
All riders need to be ready 15 minutes prior to their scheduled pick-up time.

UNSCHEDULED RIDES/STOPS
Drivers are not required to transport riders to any unscheduled stops. Additional stops will not be provided.

PERSONAL CARE ATTENDANT
Personal Care Attendants are allowed to accompany an individual for the purpose of assistance when approved by Door-Tran based on medical verification.

DRIVER ASSISTANCE
Drivers will only assist riders from the door of the vehicle to the outer door of their destination. Drivers are **NOT** permitted to enter any home for any reason or to transfer or carry any rider.

Oxygen Tanks: Riders must be able to handle their own oxygen tank and be able to safely secure the tank in the vehicle.

WHEELCHAIR ACCESS
Riders **must be** secured properly in the vehicle, to include use of all tie downs and belts. Drivers **will not** transfer riders from their wheelchair to a vehicle seat.

CANCELLATIONS / NO SHOWS
Clients MUST call at least 2 hours in advance to cancel a ride. If the rider fails to call in advance, or is not at their scheduled destination when the driver arrives, this is considered a "no show".
Transportation will be denied to an individual who is a "no show" three times within a twelve-month period without good cause.

PROGRAM CONTACT:

Door-Tran
1009 Egg Harbor Rd
PO Box 181
Sturgeon Bay, WI 54235-0181
www.door-tran.org
volunteer@door-tran.org
(920)743-9999 or (877)330-6333