

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



Dear Prospective Rider,

The Volunteer Transportation Program's goal is to meet transportation needs that are not best met using the Half-Price Travel Voucher Program, Door 2 Door Rides, or Door County Connect. Transportation is provided via volunteer drivers who will transport with personal, non-wheelchair accessible vehicles. Transportation extends to Door, Kewaunee and Brown Counties. Transport to medical appointments outside of these areas may be available. Riders are charged a fare based on miles traveled and sliding fees based on household income levels. The Rider Policies have been included with this application packet. Please keep the information for your reference.

If you are a veteran, please notify us, as an additional program may be available to you.

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
- Copies of any household income received in the last three months. Income is used to verify your rider mileage fee based on our sliding fee scale. This is optional.

Upon receiving your registration, 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 Program Coordinator

Please let us know if you or someone you know may be interested in being a Volunteer Driver. Door-Tran provides mileage, cell & meal reimbursements for volunteers.

VOLUNTEER TRANSPORTATION PROGRAM RIDER REGISTRATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT. _____

CITY: _____ ZIP CODE: _____

MAILING ADDRESS IF DIFFERENT: _____

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

EMAIL: _____ MALE:___ FEMALE:___ OTHER_____

DATE OF BIRTH ____/____/____(REQUIRED) PRONOUNS: _____

Household/Family Income: *List all household family members even if \$0 earnings.*

Family Member Name	Relationship	Income Source	Income per Month	Medicaid Eligible? (Y/N)	Disability (Y/N)	Veteran (Y/N)

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

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

DEMOGRAPHIC INFORMATION:

Our funding sources require us to ask for the following information. Answering these questions will in NO WAY affect your eligibility for the Volunteer Transportation Program. Thank You.

Ethnicity:

Asian, Pacific Islander ____

White ____

Black/African American ____

American Indian/Alaskan Native ____

Hispanic or Latino ____

Other _____

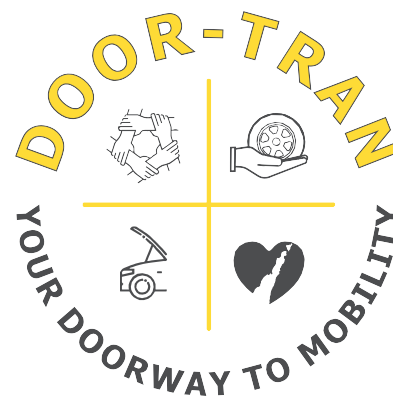
I certify this form has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for service will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that service is contingent upon availability of funds and volunteer drivers. Wheelchair accessible vehicles are not guaranteed.

Signature: _____ Date: _____

Signature: _____ Date: _____ Date of Birth: _____
(spouse, parent or legal guardian, if applicable)

Return this form to: Door-Tran, 1009 Egg Harbor Road, PO Box 181, Sturgeon Bay, WI 54235-0181
Please call 920/743-9999 or toll-free 877/330-6333 with any questions or for more information.

Door-Tran
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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)

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. I have read and understand these policies and will abide by them. I have retained a copy.

Signature of Client

Date

Signature of Secondary

Date

Door-Tran

Volunteer Transportation Program

Rider Policies

Please keep the information for your reference.

The Volunteer Transportation Program is designed to provide transportation to Door County residents who have no other means of transportation available. This Program may only be an option for people unable to afford a taxi using our half-price travel vouchers nor has access to Door 2 Door Rides, the Door County Connect, or Sunshine Resources Inc.

Program approval is completed by Door-Tran staff. Transportation is provided via volunteer drivers who will transport with personal, non-wheelchair accessible vehicles.

This Program is only available for non-emergency travel. Vehicles are privately owned and do not contain the necessary medical equipment or trained personnel to cover emergency situations. Due to personal vehicle use, wheelchair access cannot be guaranteed. Parents/ guardians with children who need a car seat must provide them. In addition, transport for service animals may not be available.

To Get Started: All riders must complete and submit the 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. The verification of household income for three months prior to enrollment before being provided a ride should also be done at this time if the rider may qualify for a lesser fare.

Fares: Riders will be invoiced monthly based on (1) miles they are riding in a volunteer vehicle (loaded miles) plus (2) on a sliding fee based on household income. If a rider does not wish to disclose their income they will be charged at the \$.40 per mile fee. All forms of income will be verified for a three month period at time of program registration by Door-Tran staff and reviewed annually thereafter. A household is defined by anyone living alone or with persons who are blood or marriage related. The mileage scale is as follows:

<i>Federal Poverty Level</i>	<i>Mileage Charge</i>
201% & Above	\$0.40
151% - 200%	\$0.30
101%-150%	\$0.20
100% & Below	\$0.10

Under extenuating circumstances, riders may have the fee waived or reduced. Determination made on a case-by-case basis by Door-Tran. (Complete Fare Waiver/Decrease Request Form)

Drivers are not allowed to accept tips. Payment is required within 30 days of invoice date to ensure future service. Riders that do NOT cancel at least two hours prior to pick-up will be charged a "no

show" fee of \$5.00 unless an acceptable cause is presented to Door-Tran. Mileage charge is based on 1 primary household rider. Any additional household members who ride along will be charged an additional fee of 50% of the mileage charge, not to exceed \$5.00. The number of additional household members riding may be limited based on space availability. 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.

Schedule a Ride: Riders are encouraged to call 48 business hours or more in advance to request a ride. Rides are scheduled based on Volunteer Driver availability and are not guaranteed. Any special needs or requests need to be made at the time of scheduling.

Trip Schedule: The Volunteer Transportation Program is available Monday through Friday for trips that are scheduled to start no earlier than 6:30am and are planned to end by 5pm. When possible, trips should be made within Door-Tran's business hours of 8am to 4pm. Transport is limited to Door, Kewaunee, and Brown Counties. Transport to medical appointments outside of these areas may be available. Travel for employment is limited to a 45 day per calendar year limit. All service will be dependent on the availability of a Volunteer Driver.

Pick Up/Wait Time: Riders should be at the designated meeting place at least 15 minutes prior to their scheduled departure time. Riders are expected to wait for all other riders to have completed their appointments before returning. The vehicle will begin the return trip when all riders are loaded.

DENIAL OF RIDE: Transportation may be denied for a six month period to anyone who is a "no show" three times within a six-month period. A "no show" occurs when a two hour minimum cancellation notice is not given or when a rider does not appear at the pick-up location. Other reasons for denial may be as follows, but not limited to:

- Vehicle is full or volunteer driver is not available,
- Passenger is disruptive, abusive or under the influence,
- Inclement weather and/or snow/ice are not properly removed in the area of travel,
- Unsafe situation for the driver or rider (based on driver discretion),
- Outstanding invoices on Passenger's behalf,
- Passenger refuses to follow vehicle rules such as no smoking eating, and/or drinking, refuses to wear seatbelt; doesn't maintain a clean/safe environment.

It is impossible to list all situations, Door-Tran reserves the right to take appropriate action on a case-by-case basis should a situation of questionable conduct occur.

DRIVER ASSISTANCE: Drivers may assist riders from the door of the vehicle to the outer door of their destination. Drivers may not enter homes or transfer/carry any rider.

PROGRAM CONTACT:

Door-Tran
1009 Egg Harbor Road PO Box 181
Sturgeon Bay, WI 542350181
Email: volunteer@door-tran.org
(920)743-9999 or (877)330-6333
Relay users dial: 7-1-1