

2026 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: info@rideWOTA.org Office Phone: (248) 887-4979

Low Income Qualification for Families ONLY

Salary of household within the last 12 months: _____

Number of _____ members in my family (including myself) I am supporting.

Number of Household Members	150% Poverty Maximum (Annual Income)
1	\$23,475
2	\$31,725
3	\$39,975
4	\$48,225

This table lists the 2026 household income limits at 150% of the federal poverty level by household size.

Minor Consent Form

Please complete the following information on behalf of the minor.

Full Name: _____

Date of Birth: _____ Please circle the appropriate gender: Male or Female

Please list all disabilities below: (Must complete disability forms if applicable)

I/We authorize that my child to allowed to travel **with the following adult(s) named below:**

Adult Name: _____ Relationship: _____

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Absolutely no minors travel alone. All minors (regardless of age) and accompanying adults must have a completed registration form on file.

I/We authorize that I/we are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardians of the above mentioned my child by our signature below.

Parent / Legal Guardian Signature: _____

Date: _____ Full Name (Print): _____