



**CalDOR Payment Card Participant Enrollment Agreement**

DOR Participant Name		Email Address
Street Address, City, and Zip Code		Date of Birth
Mailing Address, City, and Zip Code [If Different from Above]		Cell Phone # [Optional]
District/Branch Name & Code	VR Participant ID#	DOR Counselor

I have reviewed the CalDOR Payment Card Program guidance provided to me by the Department of Rehabilitation (DOR). To help me reach my Individualized Plan for Employment (IPE) goal, I agree to the following terms for proper use of my CalDOR Payment Card:

1. I agree to only use my CalDOR Payment Card to purchase the pre-approved goods and services authorized by my DOR Counselor to help me with my IPE goal.
2. I understand that I am the only person authorized to use my personalized CalDOR Payment Card and will safeguard the payment card and account number when received.
3. I agree to upload all required itemized receipt(s) as soon as possible through the CalDOR Payment Card Participant Portal or Mobile App after I purchase the authorized goods/service.
4. I agree to always communicate with my VR Service Delivery Team members, especially regarding any potential change requests of my IPE goods and services originally authorized, including returns or exchanges for different items if needed.
5. I agree that any amounts from returns or exchanges will be refunded to the CalDOR Payment Card. I agree that I will not accept any cash back for returns or exchanges.
6. In the event my CalDOR Payment Card is lost or stolen, I agree to notify CalDOR Payment Card Services within 24 hours to request a new payment card and submit any supplemental documentation when required.
7. The CalDOR Payment Card is the property of DOR. Upon my DOR case closure or by request of the Department, my CalDOR Payment Card account will be inactivated.
8. I understand I can choose to no longer use my CalDOR Payment Card at any time and return to alternate payment options for my IPE services. I agree to inform my VR Service Delivery Team members as soon as possible so DOR can close my CalDOR Payment Card account.
9. I understand that DOR has full access to review and investigate all transactions applied to the CalDOR Payment Card.
10. I understand that if I misuse my CalDOR Payment Card, it may result in corrective action by DOR including:
  - Repayment to DOR for any unauthorized items I purchase
  - Suspension or cancellation of my CalDOR Payment Card
  - Return to alternate payment options for my IPE services or closure of my VR case

I have read and reviewed this agreement with my DOR Counselor or VR Service Delivery Team member and agree to follow the terms listed above regarding proper use of my CalDOR Payment Card.

DOR Participant Signature 	Print Name	Date
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