



SAGINAW COUNTY COMMISSION ON AGING

... Providing Services, Programs and Opportunities for Older Adults...

Dear Transportation Rider:

The transportation department is requiring all riders to fill out a Master Record. This record gives us vital information on our riders in cases of emergency and information that is necessary for our yearly statistic reports required by the State of Michigan. Enclosed is a return envelope for you to return the Master Record.

It is important that this record be completed and returned before we can provide our transportation service to you.

**WE ARE NOT ABLE TO ACCEPT PERSONAL CHECKS FOR TRANSPORTATION RIDES.
ALL PAYMENTS WILL NEED TO BE CASH.**

Drivers are not able to accept tips/gratuities, according to county policy. Any additional money received is counted as a donation to the Transportation Program.

We do offer Prepaid Punch Cards that you can purchase from our driver. There is a \$20.00 card, which would give you five round trips, and a \$40.00 card, which would give you ten round trips *plus* 1 free round trip. A personal check is acceptable for the Prepaid Cards only.

If you have any concerns or questions, please contact the transportation department at 989-797-6888.

COA TRANSPORTATION POLICY

1. Clients must be 60 years of age or older, no longer able to drive, or have any other means of transportation. Transportation provides rides for Medical Appointments and Grocery Shopping, which is available to the nearest major grocery store to your home.
2. Service is available Monday through Friday, except holidays or county closures. First pick-up can be scheduled at 8:30 am and 4:00 pm as a last return.
3. Clients must arrange rides a minimum of 2 working days in advance of the day transportation is needed but can be scheduled up to 2 weeks in advance. This service does fill up very quickly. **The more notice you call in advance, the more likely you can get an appointment that fits your needs.**
4. If necessary, COA reserves the right to alter, adjust, or cancel its transportation schedule without advanced notice. Transportation may be cancelled due to poor weather conditions.
5. Clients are limited to 2 trips per week.
6. COA drivers are not able to lift, carry, or otherwise physically support clients. Drivers cannot go inside client's home.
7. All wheelchairs and amigos will be safely secured within the vehicle. Riders who utilize these articles will be asked to transfer to a seat if physically possible. This request is made to ensure the safety of the passenger while riding in the vehicle. Safety belts must be worn on the vehicles.
8. **Riders must be ready when the vehicle arrives to pick them up. The driver may arrive up to 10 minutes earlier than your scheduled pick up.** Example: If you were to be picked up at 10a the driver may be at your residence at 9:50a. **Drivers cannot wait longer than 5 minutes.**
9. Repeated failure to call and cancel your appointments may result in refusal of future service.
10. The fee for transportation is \$2.00 per one-way trip. **Roundtrip fee must be paid at the time of first pick-up.** There are punch cards available for purchase. The \$40.00 card will have two free punches on it.
11. Drivers are not able to accept tips/gratuities, according to county policy. Any additional money received is counted as a donation to the Transportation Program.
12. Grocery shopping trips are to be scheduled for Wednesdays or Fridays only. (One cart maximum)
13. COA will not provide transportation to facilities that have their own transportation.
14. COA will not provide transportation to residents in adult foster care homes, assisted living facilities, or nursing homes.
15. The telephone number to schedule an appointment or inquire about the service is 989-797-6888.
16. **All transportation riders must have a completed master record on file before the service can be used.**

SENIOR TRANSPORTATION RIDERSHIP FORM

Name _____ Birthdate: ____/____/____ Age: ____
(Last) (First)

Address: _____ City: _____ Zip: _____
(Street) (Apt#)

Phone: (____) _____ Township: _____

Gender: (____) M (____) F Marital Status: _____ Handicapped: (____) **Yes** Frail/Disabled (____) **Yes**

Race: White (____) Black (____) Hispanic (____) American Indian/Alaskan Native (____) Asian/Pacific Islander (____)

Multiracial? **Yes** (____) If yes, parents race (list all) _____

Income: At/Below poverty? Yes (____) No (____)	<i>Household Size</i>	<i>Poverty Threshold</i>
	1	\$1304.00
	2	\$1763.00

Are you disabled? **Yes** (____) Require the lift? (____) **Yes** Have an aide accompany you? **Yes** (____)

Does anyone living in your home drive? **Yes** (____) Do you live by a Stars bus route? **Yes** (____)

Emergency Contact #1: _____ Phone: (____) _____

Relationship: _____ Alt. Phone: (____) _____

Emergency Contact #2: _____ Phone: (____) _____

Relationship: _____ Alt. Phone: (____) _____

We reserve the right to contact your emergency contact for any concerns we have with your well-being.
List your medical problems or handicaps: _____

Do you plan to use our transportation services for Medical Appointments? **Yes** (____) Groceries (____) **Yes**

Other (please explain): _____

How often: Weekly (____) Monthly (____) Occasionally: (____)

Participant Signature: _____ Date: _____

I have received the Transportation Policy: Yes (____)