



Rider Enrollment Packet

Do you have to get to a medical appointment but have no way to get there? Amador Rides may be able to help you!

Amador Rides provides volunteer transportation for medical, dental, and mental health appointments for people who have no other means of transportation.

Trips are limited to Amador County for services that are offered in county, but out of county trips can be arranged based on individual need and availability of volunteers.

Trips are provided by volunteers using their own personal vehicles.

The attached Enrollment Packet will be used to review your transportation needs and what transportation services are available to you, including eligibility for Amador Transit's Paratransit Dial-a-Ride bus service, fixed-route bus service, and for referrals to other transportation programs offered by agencies such as Common Ground Senior Services and Amador STARS.

Please note that not all trip requests may be able to be met. Eligibility for Amador Rides is only based on the lack of transportation for healthcare related trips.

Eligibility for Amador Transit's Dial-a-Ride service is based on American with Disabilities Act (ADA) guidelines for people who have a functional disability or health related condition that prevents travel on fixed-route transit.

Common Ground Senior Services provides some transportation for people over 60 years of age and Amador STARS provides transportation for cancer treatment.

For more information or help with completing this packet, please contact Mobility Manager, April Miller at 267-8142 or, email mobility@amadortransit.com.

Rider Enrollment Packet

| Rider Contact Information | | |
|--|--|---|
| Name: | | |
| Address: | | |
| City: | | Zip: |
| Date of Birth: | Phone: | Cell #: |
| Gender: | Email Address: | |
| Mailing Address: | | |
| In case of emergency, whom should we contact? | | |
| Name: | Phone: | |
| Relationship: | Cell Phone: | |
| Living Status and Support | | |
| Do you live: <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> Care Home | | |
| Do you receive services from: <input type="checkbox"/> Amador County Social Services/Behavioral Health | | |
| <input type="checkbox"/> Common Ground Senior Services <input type="checkbox"/> Amador STARS <input type="checkbox"/> Sierra Wind & Wellness | | |
| Do you have an In Home Support Service (IHSS) caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the IHSS caregiver provide transportation services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you own a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you able to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Description of your Health | | |
| Please indicate any conditions that may affect your mobility: | | |
| <input type="checkbox"/> Respiratory or Breathing Problems | <input type="checkbox"/> Stroke (Paralysis) | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Broken Bones/Sprains | <input type="checkbox"/> White Cane | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Using Stairs | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Trouble Standing | <input type="checkbox"/> Rising from Seat | <input type="checkbox"/> Other |
| Please indicate all mobility aids that you use: <input type="checkbox"/> None | | |
| <input type="checkbox"/> Wheelchair (collapsible) | <input type="checkbox"/> Walker (light weight) | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Wheelchair (non-collapsible) | <input type="checkbox"/> Walker (with seat) | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Communication | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Power Scooter | Devices | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Other _____ |
| Type: _____ | | |
| If you use a wheelchair, can you self-transfer and walk independently? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Description of your Health, continued

How far can you continuously walk or travel without the help of another person?
Number of blocks or feet: _____

Do you require assistance getting from your door to the vehicle? Yes No

Do you require assistance carrying parcels? Yes No

Will a relative or caregiver accompany you? Always Sometimes Never

Do you have a diagnosed disability or health related condition? Yes No
Briefly describe:

Travel Information

Why do you most often travel? Please check all that apply

Medical office in Amador located at: _____
 Medical office outside of Amador: _____

| | |
|---|--|
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Hospital <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Grocery/Shopping | <input type="checkbox"/> Family <input type="checkbox"/> Barber/Beauty |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Social Activities <input type="checkbox"/> Religious Activities |

How many trips did you take last week? None 1 trip 2 trips 3 or more trips

What methods of transportation did you use most often? Drove a car Taxi
 Friend, Neighbor, Caregiver Drove Family member drove a car Bus

What most influences the method of transportation you use?
 Availability Cost Convenience No Family Help No Friend Help
 Other

Voluntary Financial & Statistical Information

Do you have any financial constraints that limit your ability to access travel to your desired locations? Yes No **If yes, please describe:**

| | |
|---|--|
| Which best represents your monthly income? | <input type="checkbox"/> \$3,000 or less per month <input type="checkbox"/> \$2,000 or less per month <input type="checkbox"/> \$1,000 or less per month <input type="checkbox"/> Other |
|---|--|

Race/Ethnicity: White Hispanic/Latin Native American Asian Black
 Other

Veteran: Yes No **Disabled Veteran:** Yes No Percentage:

How did you hear about *Amador Rides*?

Application Certification

I certify that the information on this application is true and correct. I understand that knowingly falsifying information will result in the denial of service. I understand that all information will be kept confidential, and only the information required to provide the service requested will be disclosed to those who perform the services.

This application will also be used to determine ADA Paratransit eligibility. If you are found eligible, an ADA Paratransit ID card will be issued and you will be able to schedule trips on Amador Transit's Dial-a-Ride program.

Print Name:

Applicants Signature:

Date:

Did someone help you fill out this form? Yes No

If yes, name:

Relationship:

Phone:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

In consideration of my voluntary participation in the Amador Rides Volunteer Transportation Program (Program), I _____, hereby agree to the following:

I hereby release, waive, and agree to indemnify, defend and hold harmless all member agencies and affiliates of the Program, including but not limited to Amador Transit, Common Ground Senior Services, Sutter Amador Hospital, Sutter Health Foundation, Amador County Transportation Commission, Amador County, their Directors, Officers, employees and volunteers from any loss, liability, and damage due to my voluntary participation in the transportation program.

I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing Release of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Signature of Rider

Date

Rider Agreement

Acknowledgements:

- Rider acknowledges that Amador Rides Volunteer Transportation Program is to be used only for medical, dental, and mental health appointments when no other means of transportation are available, or feasible for the rider to use.
- Rider acknowledges that trips are limited to Amador County for services that are offered in the county. Out of county transportation may be arranged on a case by case basis.
- Rider acknowledges that Amador Rides Volunteer Drivers use their own personal vehicles. A van may also be used for some trips.
- Rider acknowledges that all trip requests may not be able to be met.
- Rider acknowledges that wheelchair dependent transport may not be available.
- Rider agrees to assume liability for any minor riding with them and to provide and install any legally required car seat or booster seat for children.
- Rider acknowledges that any person riding along in a caregiving or companion capacity must sign this Release of Liability in the space indicated.

Terms:

- Rider shall satisfactorily complete and sign an application provided by the Program. By signing the application, Rider certifies that all statements made therein are true and correct. Program reserves the right to reject said application for good cause in its sole and absolute discretion. By signing this Release of Liability, Rider certifies that the information herein is fully understood and all terms are agreed upon.
- Rider understands and agrees that the volunteer driver(s) shall not be considered a Program employee and, that volunteers are not permitted to enter their residence.
- Rider and anyone assigned to act on behalf of Rider agrees to defend, indemnify and hold harmless agency program members and any of its elected and appointed officials, employees, contractors or agents from any and all damages or liability including personal injury or death arising from participants' activities pursuant to this Agreement and will be liable for any related costs of defending any legal proceedings or claims arising there from, except for liability or damages resulting from gross negligence, recklessness, or intentionally wrongful conduct.

Rider requests that the following individual(s), who serve(s) in a caregiving capacity or as a companion, accompany him/her during the ride, and gives consent for him/her/them to participate and abide by terms and conditions of this agreement:

(Print first/last name of caregiver or companion, *only if applicable*)

VIDEO AND PHOTO RELEASE

I understand and agree that the Program reserves the right to take and use videos and/or photos of participants, free of charge, to be used for publicity purposes of the Program. I understand that I have the right to refuse having my picture or video taken.

AFFIDAVIT - READ VERY CAREFULLY AND SIGN BELOW

I declare under penalty of perjury that all answers and statements in the attached application are true and correct to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application. By signing this Release of Liability, I certify that I fully understand and agree with the terms and acknowledgements contained herein.

SIGNATURES FOR AMADOR RIDES VOLUNTEER PROGRAM

Participant Signature

Today's Date

Caregiver/Companion Signature (Only if applicable)

Today's Date

Amador Transit Certification for Personal Care Attendant

A personal care attendant (PCA) is someone whose help you require for daily life activities, (eating, dressing, personal hygiene, carry packages, finding your way, etc.) An attendant does not always have to be the same person. If qualified for Amador Transit's Dial-a-Ride Paratransit service, a PCA rides free of charge while a companion pays the same fare.

Do you require the assistance of a personal care attendant? (*Amador Transit drivers are not personal care attendants, nor does Amador Transit provide attendants.*)

Yes No Sometimes

If yes or sometimes, please complete all the information below and sign.

Explain how your attendant helps you:

I certify that due to my disability or health related condition that I require the services of a personal care attendant to assist me and travel with me on Amador Transit bus routes of Dial-a-Ride service.

Signature: _____ Date: _____

**Please return completed enrollment packet to: Amador Transit Mobility Management
11400 American Legion Drive, Jackson, CA 95642 or fax to: 209-267-1462**