

Rural Transit Service, Inc.

1000 Brant- Farnham Road

P.O. Box 212

Brant, NY 14027

Dispatch Sites:

Brant

549-5098

Clarence

565-3323

Concord

592-0088

Orchard Park

662-8378

PLEASE READ EVERYTHING CAREFULLY

Front and back pages

Thank you for your interest in our program.

The Rural Transit Service will provide you with many safe and fulfilling journeys.

All trip requests will be evaluated with MEDICAL and HEALTH purposes being our top priority. Reservations should be made 48 hours in advance and we allow up to two weeks. Hours for calling are 8:30 a.m. – 3:45 p.m. Monday through Friday. We can provide you with a maximum of two trips per week. No rides for medical appointments will be scheduled after 2:00 p.m. Please note the van is not handicap accessible.

If you have any medical appointments that you must attend (dialysis, chemotherapy, etc.) please be sure to have an alternate method of transportation in case of unsafe driving conditions (weather, van problems). We do shut down in bad weather.

You must be a resident of Boston, Eden, Colden, Orchard Park, Aurora, Elma, Marilla or Wales to use the van. All Rural Transit vans have travel restrictions on how far they may travel.

In order to service you we need proof of your eligibility. Please mail us back a paper copy of your proof in the enclosed self-addressed envelope. Your proof may be obtained by:

This information is used to determine eligibility for transportation service and will be kept confidential.

If you are 62 or older:

Drivers license, medicare card or any official document with your name, address and birth date

If you are disabled:

Doctors note, handicap sticker, or any medical document indicating disability

If you are low/moderate income:

A payment stub, W-2 form, medicade form or public assistance form

You are welcome to make a copy of your documentation at our office.

Passengers are asked to contribute for each trip, with all contributions confidential.

\$3.00 Suggested Donation per Trip

(Extra contributions for long distance trips greatly appreciated.)

No one will be denied services because of inability to pay.

**** Rural Transit reserves the right to deny transportation at anytime.****

FOR RIDES PLEASE CALL:

662-8378

www.RuralTransitService.org

This program is funded in part through the Erie County Community Development Block Grant Consortium

In cooperation with the TOWNS of:

AURORA, BOSTON, BRANT, CLARENCE, COLDEN, COLLINS, CONCORD, EDEN, ELMA, EVANS, GOWANDA, HOLLAND, MARILLA, NEWSTEAD, NORTH COLLINS, ORCHARD PARK, SARDINIA and WALES

We want to keep the RTS vans clean and safe for all our riders
so please, NO: DRINKING, EATING OR SMOKING ALLOWED.

RTS REMINDERS:

1. **Always be ready for your ride 15 minutes early.**
2. It is your responsibility to be at the agreed upon destination for your return ride home.
3. Any individuals under 18 must be chaperoned.
4. If a special seat is needed by your child, you are responsible for providing and installing it properly in the van.
5. **You must be able to walk on and off the van on your own.**
6. While we will lend a helping hand, you must be able to carry anything you bring with you on and off the van yourself.
7. You must wear your seatbelt at all times while riding on the van.
8. Immediate notification of a cancellation is a must. We require a 24 hour notice of any cancelation.
9. If we show up to your home and you cancel upon arrival or are not available to get on the van you will be written up.
10. No pets are allowed except for seeing eye dogs.
11. You are responsible for having clean hygiene while traveling on the van.

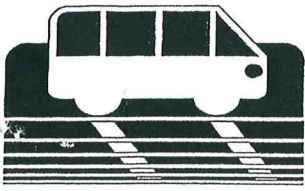
Please remember that the cost of gas continues to rise and we are trying to run a cost effective transportation service in your community. Canceling or not being home when you schedule a trip will have consequences.

When scheduling your rides, if traveling to the grocery store we may ask that you travel with other passengers so that we can combine trips to serve as many as possible and save on gas.

Please remember that every individual who answers our phone lines and drives our vans is a VOLUNTEER. They must be treated with respect. We ask that you do not rush them on the phones, have all your trip information available (location names, addresses and phone numbers are a must). While on the van please be polite and courteous to the drivers. Please remember without volunteer drivers and dispatchers there would be no Rural Transit Service.

We are always looking for new volunteers to join our family. Please call us if you are interested or if you know someone who may be interested.

We thank you for your understanding of our transportation service.



Rural Transit Service Client/Rider Application

DATE: _____

Please Print

For official use only:

Letter _____

DB _____

2L _____

NAME: _____
(One application per person)

STREET ADDRESS: _____

TOWN: _____

POSTAL CODE: _____

PHONE: _____

BIRTHDATE: _____

MARITAL STATUS: _____

HEAD OF HOUSEHOLD: Y or N

ELIGIBILITY STATUS (Please check all that apply):

SENIOR _____

DISABLED _____

LOW/MOD INCOME _____

HOUSEHOLD INCOME:

☐ Under \$35,600

☐ \$45,751 – 50,800

☐ \$58,951– 63,000

☐ \$35,601 - \$40,650

☐ \$50,801 – 54,900

☐ \$63,001 -67,100

☐ \$40,651 - \$45,750

☐ \$54,901 – 58,950

☐ \$67,101 - Over

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

ETHNICITY (Optional): HISPANIC _____

NON-HISPANIC _____

RACE (Optional) - Please check all that apply:

WHITE _____ BLACK _____ ASIAN _____

AMERICAN INDIAN/ALASKAN NATIVE _____ NATIVE HAWIIAN/OTHER PACIFIC ISLANDER _____

OTHER/MULTI RACE _____

(All clients must list an emergency contact)

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____

RELATIONSHIP: _____

PHONE: _____

PLEASE CONTINUE ON BACK OF SHEET

LIST BELOW ANY MEMBERS OF YOUR HOUSEHOLD UNDER 18 YEARS WHO WILL USE THE SERVICE:
(you must be their parent or legal guardian to bring those under 18 years on the van)

NAME / RELATIONSHIP / AGE

DO YOU NEED HELP GETTING IN OR OUT OF THE VAN? YES _____ NO _____

EXPLAIN: _____

DO YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? YES _____ NO _____

EXPLAIN: _____

(optional)

DO YOU HAVE A SOCIAL WORKER/CASE MANAGER? YES _____ NO _____

NAME OF SOCIAL WORKER/CASE MANAGER _____

AGENCY _____

SOCIAL WORKER/CASE MANAGER PHONE NUMBER _____

WHAT WOULD YOU USE THE VAN FOR: (most important to least important)

DO YOU HAVE ACCESS TO A VEHICLE? YES _____ NO _____

CURRENT MEANS OF TRANSPORTATION: _____

DIRECTIONS TO HOME:

Under penalties of perjury, I hereby certify that all of the information provided is true and correct to the best of my knowledge. I understand that Rural Transit Service has the right to deny me service.

DATE

SIGNATURE

PROOF OF ELIGIBILITY MUST BE ATTACHED TO THIS FORM