

UNION COUNTY AGENCY TRANSPORTATION SERVICE (UCATS) NEW RIDER INFORMATION

ELIGIBILITY:

The Union County Agency Transportation Service (UCATS) is a county agency dedicated to transporting county residents.

- All Union County residents, age 60 and over, living independently in the community are eligible to ride UCATS. The trip is funded by Union County Senior Sales Tax Levy and by Central Ohio Area Agency on Aging (COAAA).
- Union County Medicaid recipients are eligible for medical trips per approval of Union County Job and Family Services.
- UCATS is partially funded by federal grants for transporting elderly and individuals with disabilities.
* Eligibility for transportation service is determined by UCATS, with the appropriate supporting documents (completed Disability Record).
- Other county organizations may refer Union County residents for trips, based on contract or Memorandum of Understanding with UCATS.

SCHEDULING:

Trip requests are based on availability. A 24-hour notice for in-county transportation, and three working days (72 hours) notice for out-of-county transportation is requested. All special needs or requests should be discussed at the time the trip is scheduled (i.e., wheelchair accessible vehicle, service animal, attendants, oxygen, etc.).

All transportation arrangements will be made through the UCATS office. Do not arrange with the van drivers. If no phone is available, drivers carry cell phones and may assist passengers in using the phone to call the UCATS office to schedule transportation.

Call UCATS Scheduling: 937-642-5100 or Ohio Relay: 800-750-0750

PICK UP AND DROP OFF:

Transportation service is curb-to-curb, unless due to physical limitations or other factors, prior arrangements have been made for door-to-door assistance.

PICK UP WINDOW AND WAIT TIME:

Passengers are to be ready for UCATS to arrive within a 30-minute window. Drivers may arrive 15 minutes before or after the scheduled pick-up time. Drivers will wait a maximum of five minutes after the actual pickup/arrival time. If it appears there is no activity at the pickup point, the driver will make a reasonable attempt to contact the passenger. Prior to leaving without the passenger, the driver will call the UCATS office to inform the dispatcher that they have a 'no-show'. The driver may leave a reminder on the door that an appointment has been missed.

CAR SEATS:

All children under age 8 and under 80 lbs. are required to be in an approved child safety seat. UCATS does not provide child safety seats. Passengers who have small children must provide their own child safety seat and are responsible for installing it in the UCATS vehicle and securing their child in the seat.

HEALTH CONDITIONS and DRIVER ACCOMODATIONS:

UCATS drivers may assist passengers on and off the vehicle. All special needs or requests should be discussed at the time the trip is scheduled (i.e., wheelchair accessible vehicle, service animal, attendants, oxygen, etc.). If the driver cannot assist the passenger safely, the trip will be cancelled. A passenger may bring an attendant for assistance at no charge. Any questions about the ability to safely transport will be relayed to the UCATS office. A final determination will be made by the UCATS Management Team.

UCATS drivers are trained in CPR and First Aid. They cannot provide medical attention. For emergency medical transportation, call 911.

UCATS reserves the right to refuse transportation to any individual whose behavior creates an unsafe environment for other individuals or the UCATS driver.

VEHICLE RULES:

All passengers are required to be seated in the vehicle and wear seatbelts.

All children must be seated in an appropriate car seat, if applicable, and accompanied by a responsible adult, unless otherwise approved by the referring agency.

Passengers may not bring food or beverages on the vehicle, unless medically required and documented by a physician.

RIGHTS AND RESPONSIBILITIES:

All passengers may expect courteous and professional service, with the right to be treated with dignity and respect, and a right to privacy.

UCATS operates its programs and services without regard to race, color, national origin, or disability in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with UCATS. UCATS is compliant with Americans with Disabilities Act (ADA). Any person who believes his or her rights have been violated under the ADA may file a complaint.

COMPLAINT PROCEDURE:

Please contact the **937-644-1010 extension 2226** or email Nedra.Baetz@jfs.ohio.gov.

You may also write or call:

Central Ohio Area Agency on Aging
3776 South High Street
Columbus, OH 43207

Phone: 614- 645- 7250 or 800- 589- 7277

Long Term Care Ombudsman
246 North High Street/1st Floor
Columbus, OH 43215

Phone: 800- 536- 5891

If you believe you have been discriminated against under the Americans with Disabilities Act (ADA) or Title VI, the complaint forms are available on UCATS web site: <https://www.unioncountyohio/ucats>

PASSENGER REGISTRATION:

UCATS maintains information on file of all passengers in case of an emergency, to ensure necessary accommodations can be made and to save passengers from repeating the required information prior to every scheduled trip. Please fill out a New Rider Registration Form and return it to the UCATS office at 940 London Avenue, Suite 1800, Marysville, Ohio 43040.

UCATS requires a signed Release of Information Statement to report demographic information on riders to funding agencies, request program information (Medicaid, Senior Services, etc.) from funding agencies, and make referrals to other transportation providers, should UCATS be unavailable.

* UCATS is partially funded by Ohio Department of Transportation (ODOT) with Federal funding under 49 U.S.C. Chapter 53 (49 U.S.C. §5310)



NEW RIDER REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Gender: Male _____ Female _____ Number in Household: _____

Monthly Individual Income: _____

Race: White _____ Black/African American _____ Native Hawaiian/Other Pacific Islander _____
Asian _____ American Indian/Native Alaskan _____ Other _____

Ethnicity: Hispanic or Latino _____ Not Hispanic/Latino _____

To ensure appropriate service, check all adaptive equipment that may require assistance:

Cane _____ Walker _____ Oxygen _____ Wheelchair _____ House Ramp _____
Other _____

Please check all physical limitations that may require assistance or sensitivity:

Hearing Loss _____ Vision Limitation _____ Seizure Disorder _____
Confusion _____ Other/Describe: _____

Will the passenger require assistance from our drivers, getting on/off the vehicle?

Yes _____ No _____

If yes, will they require push/pull wheelchair assistance from our driver?

Yes _____ No _____

If push/pull wheelchair assistance is needed, please estimate the total weight being moved

(Total Weight = Personal Weight + Equipment/Wheelchair Weight + Personal Items Weight):

Approximately _____ lbs.

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

Phone: _____

NEW RIDER RELEASE OF INFORMATION

The Ohio Department of Aging monitors the effectiveness of programs offered to Ohio senior citizens. The data collected (age, sex, race, low-income status, Activities, and Instrumental Activities of Daily Living) is forwarded to the Area Agency on Aging and the Ohio Department of Aging. The 1992 Older Americans' Act reauthorization requires this information to be summarized and reported to the Administration on Aging to keep state and federal legislators informed on the effectiveness of senior programs.

All information will be kept confidential and no personal identifying information will be released to the public without written consent, unless required under federal law.

Although all persons receiving services under the Older Americans' Act are asked to provide this information, no person may be denied services for refusing to provide any of the requested information.

The transportation provider discloses information to the Union County Human Services for the purpose of determining eligibility for cash assistance, medical assistance, and/or food stamp benefits, Senior Services Sales Tax Levy, or Ohio Department of Transportation Specialized Transportation for the following reasons: permission to verify information electronically, verbally, and in writing if a client is eligible for transportation.

I have read the Release of Information statement and understand that the information is reported to Administration of Aging, Union County Human Services, and other transportation providers. This authorization shall be in place until revoked by client. I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address: Union County Human Services, PO Box 389, Marysville OH 43040.

Participant Printed Name: _____

Participant's Signature: _____ **Date:** _____

Representative Legal Authority: _____ **Date:** _____