### UNION COUNTY AGENCY TRANSPORTATION SERVICE (UCATS) NEW RIDER INFORMATION

# ELIGIBILITY:

The Union County Agency Transportation Service (UCATS) is a county agency dedicated to transporting Union County residents based on the following eligibility:

- All Union County residents, age 60 and over, living independently in the community are eligible to ride UCATS.
  - These trips are 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 seniors (age 60+) and individuals with disabilities.
  - The eligibility of individuals with disabilities for transportation is determined by UCATS, with the appropriate supporting documents (i.e., a completed 'Record of Disability' form).
- Other county organizations may refer Union County residents for trips, based on contracts or Memorandums 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 it 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'.

#### 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 in 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 <u>Nedra.Baetz@jfs.ohio.gov.</u>

You may also write or call:

Central Ohio Area Agency on Aging	Long Term Care Ombudsman
3776 South High Street	246 North High Street/1 <sup>st</sup> Floor
Columbus, OH 43207	Columbus, OH 43215
Phone: 614-645-7250 or 800-589-7277	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: <u>https://www.unioncountyohio.gov/ucats</u>

#### PASSENGER REGISTRATION:

UCATS maintains information on file of all passengers in case of an emergency, to ensure necessary accommodation can be provided 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 Num	ber in Household:
Monthly Individu	al Income:	
Race: White	Black/African American	Native Hawaiian/Other Pacific Islander
Asian	American Indian/Native Alaska	m Other
Ethnicity: Hispan	nic or Latino Not Hispan	nic/Latino
To ensure approp	oriate services are provided, pl	ease check all adaptive equipment that may
require driver ass	sistance:	
Cane	Walker Wheelchair	Oxygen
Other (Des	cribe):	
Please check phys	sical limitations that may requ	ire assistance/sensitivity:
Hearing Lo	oss Vision Limitation	Seizure Disorder
Confusion_	Other (Describe):	
Will the passenge	r require assistance from our (	drivers getting on/off the vehicle?
Yes	No	
If yes, will this req	quire push/pull assistance fron	n the driver?
Yes	No	
If push/pull assist	ance is needed, please estimate	e the total weight being moved
(Total Weight = Per	rsonal Weight + Equipment/Whe	eelchair Weight + Personal Item Weight):
Approximat	telylbs.	
EMERGENCY C	CONTACT:	
Name:		Relationship:
Address:		
Phone Number:		

#### **NEW RIDER RELEASE OF INFORMATION:**

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

For seniors over the age of 60, the Ohio Department of Aging monitors the effectiveness of programs offered to Ohio senior citizens. The data collected by UCATS may be 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.

Although all persons receiving services from Union County Agency Transportation Service (UCATS) are asked to provide new rider registration information, no person may be denied services for refusing to provide any of the requested information.

I have read the Release of Information statement and understand that this authorization shall be in place until revoked by the client. I have the right to revoke or cancel this authorization at any time by providing notice in writing to UCATS.

Participant Printed Name:		
Participant Signature:	Date:	
UCATS Admin Signature:	Date:	