
**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 Ohio Department of Transportation (ODOT) with Federal funding under 49 U.S.C. Chapter 53 (49 U.S.C. §5310) 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 vehicle 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 call 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 & 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 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:

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.gov/ucats> or contact 937-644-1010.

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.



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 services are provided, please check all adaptive equipment that may require driver assistance:

Cane ___ *Walker* ___ *Wheelchair* ___ *Oxygen* ___ *Power Mobility Device* ___
Ramp ___ *Other (Describe):* _____

Please check physical limitations that may require assistance/sensitivity:

Hearing Loss ___ *Vision Limitation* ___ *Seizure Disorder* ___
Confusion/Memory ___ *Other (Describe):* _____

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

Yes ___ *No* ___ *Explanation* _____

If yes, will this require push/pull assistance from the driver?

Yes ___ *No* _____

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

(Total Weight = Personal Weight + Equipment/Wheelchair Weight + Personal Item Weight).

UCATS vehicle lifts have a weight capacity of 800 lbs.

Approximately _____ *lbs.*

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____

_____ I do hereby authorize UCATS and its agents/employees to release confidential or health-related information about me to the above-listed emergency contact.

Or

_____ I do not authorize UCATS and its agents/employees to release confidential or health-related information about me to the above-listed emergency contact.

Rider's Signature

Date

Rider's Printed Name

NEW RIDER RELEASE OF INFORMATION:

The Ohio Department of Aging monitors the effectiveness of programs offered to Ohio senior citizens. The data collected from the New Rider Registration Form (age, sex, race, low-income status, Activities, and Instrumental Activities of Daily Living) is forwarded to the Central Ohio Area Agency on Aging, Ohio Department of Aging, and/or the Ohio Department of Transportation. 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.

Union County Human Services discloses information to transportation providers 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 the Administration of Aging, Union County Human Services, and other transportation providers. 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 the following address: Union County Human Services, PO Box 389, Marysville OH 43040.

Participant Printed Name: _____

Participant Signature: _____ **Date:** _____