



URBAN/RURAL RIDES: PROCEDURES FOR CLIENTS

1. Fee for Rides

- Fees are based on distance travelled from your home to your destination.
- Urban/Rural Rides will bill the member monthly; ***there will be no cash transactions between drivers and clients.***

2. Reservation Procedures

All rides are to be reserved at least 48 hours in advance by speaking directly to the coordinator/dispatcher.

Drivers will be instructed NOT to take ride reservations other than those arranged through the coordinator/dispatcher.

3. Registration Form

Procedures by applicant:

- a) Complete the registration form.
- b) Once the form is completed and signed, send it to the contact information on the application.

Please note that all incomplete or illegible forms will be returned to the applicant and the application will be delayed.

Forms are to be completed by the applicant, any other person designated by him/her, or by his/her legal representative if the applicant cannot act. All incomplete or illegible forms will be returned to the applicant, which will delay the processing of the application.

Confidentiality of information provided will be respected under the Privacy Act respecting access to documents held by public bodies and the protection of personal information. This information is for the exclusive use of Urban/Rural Rides.

4. Contact info

Capital Region (Fredericton Area) Tel: 506-999-2102 e-mail: gfaurbanruralrides@gmail.com

Fundy Region (Saint John Area) Tel: 506-977-9433 e-mail: fundyurbanruralrides@gmail.com

Greater Miramichi Region Tel: (506) 251-7433 email: miramichiurbanruralrides@gmail.com

Northwest Region (Edmundston Area) Tel: 506-501-9001 email: nwurbanruralrides@gmail.com

Southeast Region (Moncton Area) Tel: 506-962-3073 email: urbanruralrides@gmail.com

Western Valley Region (Woodstock Area) Tel: 506-503-3004 email: wvurbanruralrides@gmail.com

Western Valley Region (Perth Andover Area) Tel: 506-503-3004 email: wvurbanruralrides@gmail.com



CLIENT REGISTRATION FORM

Please print

Identification of the applicant.

Date of Birth: _____

Preferred communication:

Spoken: ___English___French

Written: ___English___French

Surname: _____ Name: _____

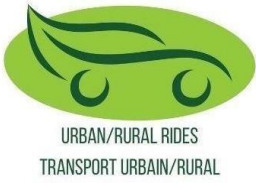
Home Address: _____

Cell phone #: _____ Home phone #: _____

Email: _____

Billing Information (please indicate):

- Invoice client to address above
- Email invoice to: _____
- Invoice a referring organization – **organization must confirm payment arrangements via email to kellyturbanruralrides@gmail.com or by fax to 506-576-2204**
 - Social Development – Case Worker _____
 - Mental Health
 - Vitalité
 - Horizon Health
 - Worksafe
 - APSEA
 - Veteran's Affairs
 - Other _____



The form below is used to help Urban/Rural Rides identify the proper fee model for your specific needs. There is no obligation to answer the questions below but please keep in mind by choosing not to answer, Urban/Rural Rides will not be able to properly assess your situation and identify a fee structure that works for you.

What household income bracket do you fall under?

- \$0- \$25,000 per year
- \$25,001 – \$35,000 per year
- \$35,001 – \$45,000 per year
- Over \$45,001 per year

How many people in your household? _____

Child Surname	Child Name	Child Date of Birth

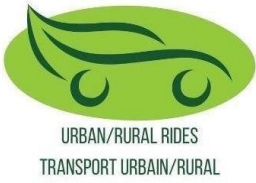
Do your children require booster seats or car seats? Note: it is the client's responsibility to provide and install a legally approved car seat or booster seat appropriate for their child's age, weight and height

YES _____ NO _____

How did you hear about us?

What will be your reasons for using our services?

- Medical needs
- Food needs
- Community programs
- Government programs
- Other: Please provide details: _____



Is your access to transportation made difficult due to a disability? If so is it?

- Physical
- Cognitive and/or developmental
- Perceptual
- Environmental
- Other: Please provide details: _____

Do you require mobility aids to get around? If yes, please specify

- Walker: folding non-folding
- Cane support white
- Crutches
- Guide/companion dog
- Wheelchair
- Other – Please specify: _____

Please note: *The Client is responsible for providing his/her companion, and that person must be present at time of departure and return.*

Are you willing to share rides with other clients? YES NO

Person to be contacted in case of emergency:

Surname: _____	Name: _____
Telephone #: (Home)	Relationship with the Applicant
() _____ - _____	_____
(Cell)	(Office) Extension #
() _____ - _____	() _____ - _____



255 Chemin de la Cote, Grande-digue, NB, E4R 1W9

Fax: 506-576-2204

I certify the information provided is accurate. I understand that any misrepresentation may result in rejection of my application or revocation thereof. I agree to use the Urban/Rural Rides transportation service in compliance with its terms and regulations. I understand that only information necessary for my travel, my safety, and my comfort will be given to the volunteer drivers who will be offering me services.

Signature of applicant

Date



CLIENT AGREEMENT

As a registered customer for the Urban/Rural Rides service, I understand that my participation is voluntary, that Urban/Rural Rides may restrict or limit the destinations, and Urban/Rural Rides is not legally required to provide the service. Therefore, as a passenger, I agree to abide by the following procedures:

1. The coordinator/dispatcher must have at least 48 hours' notice for all transportation requests. This is important because of the time it takes to coordinate transportation needs with the team of volunteer drivers. All requests for transportation are reserved on a first-come, first-serve basis based on availability and prioritizing medical needs.
2. Transport can be booked between the hours of 8:30 a.m. and 4:30 p.m., Monday to Friday. There is no emergency transportation.
3. At the time of booking, please advise the dispatcher if you will be accompanied; the coordinator/dispatcher must be advised at time of booking.
4. Please refrain from eating and drinking in the driver's vehicle.
5. This is a non-smoking service; this includes tobacco, e-cigarettes, vaping, and marijuana.
6. The cost of parking at meters or in city parks is the responsibility of the client.
7. Clients must be ready when the volunteer driver arrives to pick you up and to take you back. Remember, there may be other clients who are waiting for the volunteer driver to pick them up. It is important to be on time.
8. All reservations must be made through the office. (Drivers ARE NOT in charge of any bookings.)
9. Volunteer drivers respect predetermined routes made by the office, so please advise the dispatcher at the time of booking where you need to stop. All additional stops must be approved by the coordinator/dispatcher at the time of booking to avoid scheduling conflicts.
10. Office staff and volunteer drivers should be treated with patience, understanding, and respect. Derogatory or discriminatory remarks are not accepted.
11. Clients should not consume alcohol or psychotropic drugs before or during transport. If the volunteer driver believes you to be under the influence or feels uncomfortable, you will be refused transportation.
12. Clients must inform the coordinator/dispatcher, 24 hours in advance, when the trip is to be canceled. If you fail to do so, you will be charged for the trip.
13. The volunteer driver is not required to carry, lift, or provide special assistance that could harm him/her.
14. In case of school closure due to bad weather, all rides will be canceled.