**CANAL WINCHESTER SENIOR TRANSPORTATION**

**A PROGRAM OF CANAL WINCHESTER HUMAN SERVICES**

**80 Covenant Way, Canal Winchester, OH 43110**

 **Senior Transportation Scheduling – 614-834-4700**

**Email** **aletha.mullins@cwhumanservices.org****anna.ross@cwhumanservices****.org**

# Client Guidelines

The Canal Winchester Senior Transportation Program is possible because of grant funding provided by the City of Canal Winchester, Fairfield, and Franklin County Offices of Aging, Clintonville-Beechwold (CRC), Madison Township, The Village of Lithopolis, LifeCare Alliance and MORPC. Per the mandates and requirements of our funders, the following guidelines and rules must be followed by all clients using the services provided. Our services provided are **curb-to-curb** at no cost to the client. When possible, clients should select physicians or therapy services in or near Canal Winchester.

The Program has two distinct services that include: Daily Transportation and Fun Trips.

**Daily Transportation** **Eligibility** – To participate in daily services which are provided Monday thru Friday and by appointment only, clients must be at least 60 years old and a **PERMANENT** **RESIDENT** within the city limits of Canal Winchester and/or the Canal Winchester School District or a **PERMANENT RESIDENT** in the Village of Lithopolis.

* **Daily Medical Appointments:** Transportation for medical appointments must be within Franklin County or no more than twenty (20) miles from Canal Winchester Human Services, 80 Covenant Way, if located in Fairfield County.  Recurring appointments such as dialysis will be accommodated at the closest location possible to Canal Winchester when there is a choice of location.
* **Daily** P**ersonal Appointments:** Transportation for personal appointments must be no more than ten (10) milesfrom Canal Winchester Human Services.  Transportation requests for trips such as hair and beauty appointments must be within Canal Winchester or locales in proximity (Lithopolis**,** old town Groveport, etc.) to operate as efficiently as possible while also supporting our local businesses. Beauty appointments made at Walmart or Meijer will only be accommodated during our designated group grocery trip days.
* **Grocery Trips:** Trips are provided to the grocery (rotating between Walmart, Kroger, Meijer, and Aldi), and the Community Food Pantry for Market Day clients. Please contact the office to find out the schedule and sign up to participate. Please use reusable bags to put your groceries in for this trip.

**Fun Trips Eligibility -** To participate in these outings clients must live in Fairfield or Franklin County. Clients must also be 50 years of age or older. These trips are posted on our website [www.cwhumanservices.org](http://www.cwhumanservices.org) or listed at the Community Center.

**The following rules and guidelines apply to all clients:**

1. Anyone who wishes to use Canal Winchester’s Senior Transportation Program must first complete and return a signed “Client Information Form” which acts as acknowledgement that the client has read and understands the transportation guidelines as provided to them. Clients will not be allowed to schedule appointments until this information has been received and approved.
2. Clients may be assured that the information provided on the Information Form is kept secure and only made available to staff as needed to ensure quality service to the client.
3. Should an issue or incident occur, clients have the right to file a complaint. The client will be required to complete an incident report which is available upon request. Upon receipt of the signed grievance, the director will make every effort to resolve the complaint to the satisfaction of all parties.

1. Medically necessary appointments will be given priority based on the order in which the client’s request for transportation is made. As the senior transportation office sometimes receives more appointment requests than can be accommodated, please make your transportation reservation as far in advance as possible to help ensure we can accommodate your request.
2. Personal trips (volunteering, entertainment, church, beauty, etc.) will only be accommodated if the schedule permits and only for locations within the general service area as stated above.
3. Repetitive appointments can be made no more than one month in advance.
4. Medical **appointments must be scheduled between 9:00 a.m. and 2:00 p.m**., Monday – Friday. If return transportation is needed, please schedule your appointment early enough in the day so that its estimated completion time is no later than 3:00pm.
5. **All transportation medical appointments must be completed no later than 3:00pm.**
6. **All transportation non-medical appointments must be completed no later than 2:00pm. Except for some senior center activities.**
7. When scheduling transportation, please provide your **name, appointment time**, as well as the **full address** of your destination. If you don’t know the address, you will be asked to call back with the required information before we schedule the appointment.
8. If you know how long your appointment will take (ex: therapy is always an hour), please let us know. This information helps us know how to schedule our drivers for the return trip.
9. **Requests for transportation need to be made two business days in advance and by 4:00 p.m. for our scheduler to add you to our appointment book. Calls made after 4:00 p.m. are on the next business day. There are no exceptions.**

Example 1: If you call on Monday before 4:00 p.m., the first day you would be able to make an appointment would be for Wednesday.

Example 2: If you call on Friday before 4:00 p.m., the first day you would be able to make an appointment would be for the following Tuesday.

1. Should there be any changes or cancellations to transportation appointments please notify the office as soon as possible. Leave a message if no one is available to take your call.
2. To accommodate multiple clients with appointments at similar times and/or locations, please be prepared to be picked up as much as one hour before your appointment time, regardless of the destination. Clients should be ready and waiting at a minimum of 30 minutes before the scheduled pick-up time. **Drivers will only wait 5 minutes after scheduled pick up time before leaving. In that instance you will be required to reschedule your appointment.**
3. Clients agree to notify the driver at the conclusion of his/her appointment to arrange for return transportation. A driver will return to the drop-off location to pick up the client for the trip home as soon as the schedule permits. As the transportation schedule is often very full, you may need to wait for the driver to return to pick you up. Therefore, you are encouraged to take items such as reading materials or a snack.
4. Drivers are unable to make stops beyond what you have scheduled. Only what is on the driver’s schedule is where the driver is permitted to go.
5. Client and driver safety are a top priority for our organization. Therefore, drivers will not be able to transport clients when inclement weather conditions make driving dangerous. **Our services will be cancelled when the Canal Winchester School District has cancelled school for weather-related issues such as snow, ice, or excessive fog.** Weather delays will be handled at the discretion of our staff. Please check the news or school website for closures as we will not call you to inform you of this closure. Also, the Director of CW Human Services has the right to cancel transportation services if we deem that there are unsafe conditions. If this happens, we will give a call to clients to inform them of the cancelation.
6. Clients have the responsibility to maintain their driveway and loading areas. The drivers have the right to deny curb to curb service if our vehicles cannot safely enter or exit the client’s driveway. Services can be denied as well if their presents any other risk to the driver or client.
7. Our transportation is curb-to-curb, which means clients must be able to walk/wheel to and from the vehicle and not require the assistance of the driver. If assistance ***of any kind*** is required, the client must arrange for a caregiver of age 18 or older to accompany the client. The caregiver will assume responsibility for assisting the client to and from the van, up and down steps, opening doors, etc. Caregivers will be required to sign the caregiver form. **Drivers must always stay with their vehicles.**
8. **At all times clients and caregivers must be safely secured by seatbelts or floor-mounted wheelchair straps.** This is a law and there are no exceptions. If a client and/or their wheelchair cannot be properly strapped, transportation will be denied.
9. The Senior Transportation Program has been developed to help with scheduled trips and is not equipped to handle emergency calls. In an emergency, call 911 or a private ambulance firm for emergency transportation. Combative or seriously ill residents cannot be safely transported and will be required to make alternate arrangements.
10. Any relevant medical condition must be communicated to the drivers or schedulers (e.g. anxiety, seizures, pain, mental confusion, etc.).
11. **Wheelchairs must be of standard size**. Oversized wheelchairs **DO NOT** safely fit onto the wheelchair lift and cannot be transported. Motorized and/or 3-wheel chairs may be permitted if the combined weight of the client and the chair do not exceed 500 pounds and the chair measures no more than 30 inches in width or more than 48 inches in length. There are no exceptions as our equipment cannot accommodate anything bigger or heavier.

1. Our drivers are unable to pick up clients who are being released from an overnight hospital stay, convalescent stay such as rehabilitation, respite, etc., or same-day surgical procedure which requires anesthesia and /or a “twilight” state.
2. 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 & 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.

**Should conditions exist which negatively impact client or driver’s safety, Canal Winchester Human Services reserves the right to deny/suspend service at any time. Examples would be disruptive behavior, drinking on the bus, doesn’t follow the programs guidelines or inappropriate conversation.**

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**ACKNOWLEDGMENT OF RISKS, LIABILITY RELEASE**

**AND INDEMNIFICATION AGREEMENT**

* I have read and understand all client rules and guidelines for the use of Canal Winchester’s Senior Transportation Program.
* I understand my information can be shared with the grantor of Canal Winchester Human Services.
* I agree to assume any risks inherent in participating in Canal Winchester Human Services and/or City of Canal Winchester sponsored activities and programs.
* I agree to follow all facility, activity or program rules and regulations, and realize that my right to participate may be terminated for not adhering to said rules and regulations.
* I agree to hold harmless and release Canal Winchester Human Services from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, and economic loss, arising from my participation in the Canal Winchester Senior Transportation Program.
* I have read the Release of Information statement and understand that the information is reported to the Administration on Aging.
* My signature on this form acknowledges that I have received a copy of LifeCare Alliance’s **NOTICE OF USE OF PRIVATE HEALTH INFORMATION**. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by LifeCare Alliance and of my rights with respect to my health information.
* I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

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*Client’s Signature Date*

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*Caregiver Signature Date*

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 *CW Human Services Staff Date*