

## The Ride Program

The Ride Program provides transportation to Venango County residents who do not have a vehicle or are unable to provide their own transportation for employment, post high school education, community service, medical, etc. Individuals requesting these services must have an open case within Venango County Human Services and are not eligible for any Venango County Transportation program. Human Services Staff requesting The Ride Program on behalf of their consumer must:

1. Submit a Ride Program referral to the CSS Department Intake Worker.
2. Intake Worker will contact the consumer to further assess the need and to make sure the ride(s) are:
  - a. not eligible for the Medical Assistance Transportation Program (MATP) or the Community Services Block Grant Transportation Program (CSBG). If they are eligible for either of these programs the worker will refer to the appropriate department.
  - b. A one-time need: A one-time need could be for medical appointments out of the county, employment screenings/orientations, Social Security hearings, etc.
  - c. On-going need: An on-going need would be transportation for employment, schooling (in county only), AA programs, group sessions, family visitations, etc.
  - d. Once the worker assesses the need, an appointment will be scheduled and required paperwork will be processed. The transporting agency will be contacted by CSS and the authorization will be forwarded.

### Rules

1. Rider must demonstrate that they are unable to provide their own transportation either by their own vehicle or a family member.
2. For on-going transportation the rider will be provided 2 months free transportation after which they will be required to purchase a Ride Pass – 10 ride or monthly unlimited. For on-going transportation, the rider may be asked to supply the CSS office with proof of need, i.e. employment schedule, medical need from physician's office, educational facility, etc.
3. Re-assessment of need will be done every 6 months to determine need and if consumer is still open for services with Venango County Human Service.
4. Wheelchair transportation is not provided
5. Riders needing medical life support equipment will not be transported
6. If the rider needs assistance in and out of the vehicle, they must provide their own aide.
7. For all day trips, the consumer must bring a sack lunch.
8. Rider will only be transported to and from their home to destination (work, medical apt.) and the driver will not make side trips.
9. Only the identified rider and aide will be transported. No last minute family or friends will be permitted to ride along without prior approval from CSS.
10. Rider will not be transported if they are under the influence of drugs or alcohol or they are showing signs of distress either mentally or physically. (This is up to the discretion of the driver). Driver will contact the transporting agency to report the incident. The transporter will then notify CSS in writing the reason the ride was not provided.
11. No weapons will be permitted in the vehicle.
12. Smoking is prohibited in the vehicle
13. If the rider becomes disruptive during the transport, driver will either turn around or under extreme circumstances in which the driver feels unsafe for him/herself or other passengers will pull over to a safe location and contact 911. Driver will contact the transporting agency to report the incident. The transporter will then notify CSS in writing the reason the ride was not provided.

## Attachments

The Ride Program Referral

Authorization Form

Sample Bus Passes

**THE RIDE PROGRAM**

Date: \_\_\_\_\_

**Transportation Need:** Medical\_\_\_ Social\_\_\_ Work\_\_\_ Other\_\_\_\_\_

**Out of County Service Area:** Yes\_\_\_ No\_\_\_

**Location:** \_\_\_\_\_

**Special Circumstances such as:** Wheelchair\_\_\_ Walker\_\_\_ Aide\_\_\_ Other\_\_\_

**Appointment Date:** \_\_\_\_\_ **Appointment Time:** \_\_\_\_\_

Consumer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are they a DPW Medical Assistance Recipient? Yes\_\_\_ No\_\_\_

\*\*\*\*\*

Referring Staff Name: \_\_\_\_\_ Ext. \_\_\_\_\_ Agency: \_\_\_\_\_

Referring Staff Supervisor Approval: \_\_\_\_\_

\*\*\*\*\*

Authorized Trip (CSS Staff): \_\_\_\_\_

REFERRED TO: Mustard Seed \_\_\_ Hand in Hand \_\_\_ RSVP \_\_\_ Date Referred \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please forward referral to: Tina Grove – CSS Department 814-432-9767**

The Ride Program

Authorization Form

Rider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Destination:** \_\_\_\_\_

\_\_\_\_\_

**Phone number (if applicable):** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Accepted \_\_\_\_\_

Referral Rejected \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_

Transporting Agency Signature \_\_\_\_\_

The Ride Program

Punch Pass

\$13.50

(1-punch = 1-way trip)

Rider: \_\_\_\_\_

1    2    3    4    5    6    7    8    9    10

Issued by: \_\_\_\_\_

The Ride Program

Monthly Pass

\$42.00

Month: \_\_\_\_\_

Expires: \_\_\_\_\_

Rider: \_\_\_\_\_

Issued by: \_\_\_\_\_