



Getting There Ride Share

PASSENGER INFORMATION

WHO WE SERVE

This program serves seniors, sixty years and older, residing in the following zip codes.

Darlington/Dublin	21034	Jarrettsville	21084
Pylesville	21132	Street	21154
Whiteford	21160	Forest Hill	21050

Individual Rides: Passengers must contact the Getting There Ride Share (GTRS) office by phone at (410) 836-3005 and provide the pick-up time, appointment time, number of passengers and the complete destination address, and estimated return trip time. For medical appointments, the doctor's name, group practice name, and phone number is recommended.

In order to allow time to find a volunteer driver, please request rides **as soon** as the date the ride needed is known. If that is not possible, the call day chart follows:

Call Day (Before Noon)	First Available Ride Day
Monday Morning	Friday
Tuesday Morning	Sat, Sun, Monday
Wednesday Morning	Tuesday
Thursday Morning	Wednesday

FARES – Should be submitted to GTRS office prior to ride

Zone	Fare
Within one zip code	\$5.00/roundtrip
To other zip codes in Harford County	\$6.00/roundtrip
To other jurisdictions in Maryland and surrounding area	TBD (case by case basis)

Our office is located at the Wilson Ministry Center:

Checks should be made payable to:

GETTING THERE RIDE SHARE and mailed to
1024 Main Street
Darlington, MD 21034
410-836-3005

Group Rides: Getting There Ride Share can offer group rides for 3-6 passengers. Costs are free within a 30 mile radius, and to be determined for longer distances. Donations are gladly accepted. Groups must schedule a ride at least one week in advance.

Office hours are Monday, Wednesday, and Friday, 9:00 AM to 12:00 noon and Tuesday, Thursday 12:00-3:00 PM. Messages left on the answering machine are returned within 24 hours. Messages left over the weekend will be returned on Monday.



Getting There Ride Share

Passenger Registration Form

Dr. Mr. Mrs. Ms. FULL NAME: _____

Home Address: _____

Street address & apartment/suite number

City / State/Zip Code

Name of Your Development: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date Of Birth: _____

(Must be 60 years of age or older)

EMERGENCY CONTACT

Emergency Contact: Dr. Mr. Mrs. Ms. _____

Address: _____ City _____

State _____ Zip _____ Email _____ Relationship _____

Home Phone: _____ Cell Phone: _____

Will Anyone Be Traveling With You? yes ___ no ___ If yes, name _____

If yes, contact our office immediately to request additional Passenger Waiver Forms. Each passenger/rider must have a Waiver Form signed and on file in our office before a ride can be scheduled.

Do You Have Any Needs A Driver Should Know While Driving You? (Ex: limited vision, cane or walker use; need assistance walking; problems getting in high step vehicles):

Directions to Your Residence (i.e. new street; shared driveway, etc):

Do you speak/understand English: yes___ no___ If no, language: _____

If no, please give the name of someone we may contact for you who speaks English: _____

Name and Phone Number of Organization, Agency, Church or Person who referred you to GETTING THERE RIDE SHARE: _____

** Emergency Contacts may be included in periodic mailings from Getting There Ride Share*



Getting There Ride Share

Passenger Registration Form continued

In addition, our grantors have asked for the following information to help understand the demographics of our clients served. All names will be kept private. Getting There Ride Share is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin as protected by Title VI of the 1964 Civil Rights Act.

Racial/Ethnicity Data - Please check one of the following:

- White
 Black or African American
 Asian
 Hispanic or Latino
 Native Hawaiian or Pacific Islander
 American Indian or Alaska Native
 Other or Multi-Racial

Current Income level – Based on the chart below, please check one of the following:

- Extremely Low Income
 Low Income
 Low-Moderate Income
 Above Low-Moderate Income

HUD Designated Income Levels as of April 20, 2015 (FY2016 Income Limits)								
	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
Extremely Low Income	\$ 18,550	\$ 21,200	\$ 23,850	\$ 26,500	\$ 28,650	\$ 32,570	\$ 36,730	\$ 40,890
Low Income	\$ 30,950	\$ 35,400	\$ 39,800	\$ 44,200	\$ 47,750	\$ 51,300	\$ 54,850	\$ 58,350
Low to Moderate Income	\$ 46,100	\$ 52,650	\$ 59,250	\$ 65,800	\$ 71,100	\$ 76,350	\$ 81,600	\$ 86,900

Female Head of Household: Yes No

Thank You!



Getting There Ride Share

Passenger Waiver Form

Passenger Waiver:

I understand and expressly assume all the dangers of transportation using **Getting There Ride Share**. I waive all claims arising out of the transport whether caused by negligence, breach of contract or otherwise; and whether for bodily injury, property damage or loss or otherwise, that I may ever have against **Getting There Ride Share**, its successors and assigns, its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that they provide. A copy of the procedures is available upon request.

I will pay for parking or tolls that are required for any trip I request.



Signed _____ Date _____

Please print name _____

Phone number: _____ cell number: _____

Emergency contact: _____

Relationship to passenger: _____

Phone numbers: home: _____ work/cell: _____

Please send form to: Getting There Ride Share, 1024 Main St., Darlington, MD 21034