



To our future transportation client,

Thank you for your interest in our transportation program! It is our focus to help you get to important appointments and places in the community. Enclosed you will find our transportation application, transportation guidelines, how to call and book your ride, and our **Registration Form/Authorization for Release of Information form** (necessary so that in case of an emergency, or if we cannot locate you, we can call your emergency contacts). We need **all** forms in this packet filled out to provide you service. Return these forms to Lifescape, we will call you and confirm your application once they are received. After your application has been confirmed, you may start scheduling rides. We look forward to assisting you with your transportation needs!

Please note:

- You must be 60 or older to ride with us.
- You **must** be able to get in/out of our vehicles with little to no assistance from our driver.
- **Cost of our service:** suggested donation of \$2.00 per ride (\$4 round trip).
 - Monthly donation statement is sent out each month based on number of rides you had the previous month.
- **We can take you to:** *Medical/Community appointments, grocery store, pick-up prescriptions, or health & wellness appointments (only if schedule allows). We prioritize medical and nutritional rides.*
- **Service areas include only:** *Rockford, Loves Park, and Machesney Park. (NOTE: The service area is also limited, call to find out if you are in our service area.)*
- **Our schedules fill up fast! Book in advance, we recommend 2-3 weeks. Same day/week rides may be available, but not guaranteed, please call us to check.**
- We run Monday-Thursday from 8:30am to 3:30pm & Friday from 8:30am-2:00pm
- On **WEDNESDAYS**, we also have group grocery trips. *(Different stores each week)*
 - We also run a regular route for medical appointments on Wednesdays.

If you have any questions, please feel free to call our transportation line at (815) 490-1133.

Sincerely,

Transportation Coordinator

Transportation Coordinator

Transportation Program Guidelines

Please keep for your records!

Scheduling Rides

- Call (815) 490-1133 to request a ride. *Rides are scheduled through the Lifescape office only, not the driver.*
- If the transportation coordinator is assisting another client, your call will go to voicemail. Voicemails are recorded and your call will be returned in the order it was received. If you do not receive a return call within 24-48 hrs, please call a second time.
- **When leaving a voicemail please leave the following information:** name, phone number, date of ride, address of where you are going, length of time needed.
- *Appointments must be between 9:00am-3:00pm Mon-Thurs and Fridays 9:00am-1:30pm.* First pick-up we can provide is 8:30am and last pick-up is at 3:30pm, Friday last pick-up is at 2pm.
- Rides are scheduled on a first come first serve basis. Schedule your ride as early as possible. Rides fill up FAST! We recommend 2-3 weeks ahead, same week/day rides may be available, but not guaranteed, please call us to check. We give priority to medical & nutritional rides.
- **Pick-up times are subject to change due to scheduling needs. We confirm rides the day before.**
- **Wednesday group grocery trips: you must call by 12 P.M on Monday before trip!**
- **Remember:** We may not always be able to schedule your ride, but we strive to assist you the best we can by finding an alternate day, help with rescheduling your appointment, or helping you find alternate transportation.

Your Responsibilities

- **Be on time:** Tardiness may result in loss of your ride. **Driver can only wait 5 minutes!**
 - **It is your responsibility to notify the driver if you will be tardy for your pick up.**
 - It is your responsibility to notify your doctor, dentist, social worker, etc. of your scheduled pick up time. We are not responsible for the tardiness of your service provider. You need to be ready for your return pick up as scheduled.

- **Avoid last minute cancellations:** cancellations must be made 24 hours prior to your scheduled ride. *You will be allowed 3 cancellations before you are given a 30 day suspension from the program. If this continues, there is the possibility of termination.*
- **Be prepared for Emergencies and inclement weather:** Have a back up in case you miss your ride, any delays, cancelations due to inclement weather, or vehicle issues. Be prepared to use an alternate form of transportation.
- **During Winter:** your driveway/walkways must be cleared. If they are not cleared and is not safe for the driver to enter, your ride will be canceled.
- **Grocery Rides:** We ask that you be considerate of the driver & other passengers with number of parcels. **Group trips:** You are only allowed 4-5 bags & 1 case of water.
- **Be respectful of our drivers and other pasengers:** with attitude, behavior, and hygiene. If we have concerns about you the driver will notify the Transportation Coordinator.

Drivers Role

- The drivers' only responsibility is to transport you safely to your destination.
- **The driver can not change your destination or add rides. Any changes must be done with the transportation coordinator and prior to your ride.**
- The driver will call you prior to your pick up to inform you they are on the way.
- The driver is able to help with parcels or offer a hand for stability.
- The driver can come to the door for assistance but **may not** cross threshold.

Caregivers

- Caregivers are able to ride with you. They **must** fill out an application as well. Caregivers under 59 years of age can not ride without you.

Donations and tips

- Suggested donation is \$2 per ride (\$4 round trip). There is a monthly donation statement mailed out based on the number of rides you had the previous month. Donations of any amount are accepted and can also be placed in the donation box which you will find in our vehicles. **Drivers are not allowed to collect tips.**

We are serious about your health and safety. If you do not answer your phone or door, we will call your emergency contacts and/or the police for a welfare check!

Important Numbers

Driver Cell Phones: (815) 262-5961
(815) 289-2129

Scheduling: (815) 490-1133



Transportation Application

705 Kilburn Ave Rockford, IL 61101 Phone: (815) 490-1133 Fax:(815)390-1768

Applicant Information

Full Name: _____
First M.I. Last DOB

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Cell: _____

Email: _____

Demographic Information

Lives With:

- Alone
- Spouse
- Children
- Relatives
- Non- Relatives
- # in Household _____

Do you have a Family or Friend who is a Caregiver, if yes, do they need to accompany you?

Have a caregiver? Yes No Need to accompany me? Yes No, if yes Name: _____

NOTE: If your caregiver needs to accompany you, they MUST fill out an application as well.

Transportation?

- None
- Own Vehicle
- Public Transportation
- Family/Friend
- Other Agency _____

How did you hear about Lifescape?

- Dept. Of Human Services-DHS
- Lifescape Website
- Lifescape Benefit Screening
- Flyer/ Poster
- Presentation
- Word of Mouth
- Other Agency: _____
- Other, Specify: _____

If interested in Wednesday grocery trips, would you like to be added to monthly mailing list? Yes No

Emergency Contacts

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Passenger Independence and Benefit Assessment

Are you at risk of falling? Yes No

Do you use a mobility device? Walker Cane Wheelchair Crutches Motorized Scooter Other:

Do you have any impairments? Sight Hearing Mobility, if so explain: _____

Are you able to get in and out of a vehicle without assistance? Yes No, if no, explain: _____

Are you able to get to your door from a vehicle without assistance? Yes No

Are you able to stand or walk for extended periods of time? Yes No

Is there any other information we should know about? _____

If we are not able to provide transportation, do you have an alternate form of transportation? Yes No

Agreement

I certify that I have read and understand the Transportation Rights and Responsibilities guidelines. I understand that I should schedule my rides well in advance to assure Lifescape can accommodate my request. I also understand that I should be ready for my scheduled rides or risk losing my ride and I understand that to cancel my rides, I must notify Lifescape at minimum 1 business day before my ride.

Safety Response Procedure

If you are not present for your initial pick up, our policy states that we will wait 5 minutes past your scheduled pick up time before we leave. If this is the case, we will do the following to ensure your welfare:

- 1.) Call you by phone
- 2.) If you cannot be reached, we will call your emergency contacts and ask them to check on you.
- 3.) If your emergency contacts cannot be reached, we will contact the police for a welfare check.

WE VALUE YOUR WELFARE AND WILL TAKE APPROPRIATE MEASURES TO ENSURE YOUR SAFETY.

Sign: _____

Date: _____



AgingIS ID #: _____

Client Registration

| | | | |
|---|-----------------|--|--|
| Date: | Staff Initials: | | |
| Client Information | | | |
| Last Name: | First Name: | MI: | DOB: |
| Email: | | | |
| Phone: | | Cell: | |
| Primary Address | | | |
| House #: | Street: | | Apt/Suite: |
| City: | State: | Zip: | County: |
| Demographics | | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | |
| Race: <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White | | | |
| Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Mandarin <input type="checkbox"/> French <input type="checkbox"/> Am. Sign Language <input type="checkbox"/> Other: _____ | | | |
| Low Income: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | # in Household: |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married/Living Separate <input type="checkbox"/> Widowed | | | |
| Health Status | | | |
| Perceived Health Status: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Homebound: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Authorization Statement: I consent to receive services from Lifescape Community Services, Inc. and understand that my personal information and service history will be documented in Lifescape's systems, including third party systems, such as the Illinois Department on Aging's AgingIS database system. I understand that my personal information may be shared with other organizations in order for me to obtain assistance. I also understand that some personal information may be shared with governmental agencies, such as the Illinois Department on Aging, or other organizations for grant reporting purposes. I authorize Lifescape to request and receive any information necessary for me to obtain services, including but not limited to confidential, financial, and medical records. Personal information will never be shared or released without your consent. This authorization remains in effect unless I revoke it by making the request in writing to Lifescape. | | | |
| Signature: | | | |
| Verbal Consent: Verbal Consent was provided for the reason listed below and witnessed herein. | | | |
| Reason for Verbal Consent: | | | |
| Staff Signature: | | | |