

**MJRSC—
THE CARE
NETWORK**
Mifflin Juniata
Regional Services
Corporation

Regional Services
Area Agency on Aging
Call A Ride Services

Call A Ride Service, Inc.
25 Rothermel Dr.
Yeagertown, PA 17099
Tel: 717-242-2277
Toll Free: 1-800-348-2277
FAX: 866-349-0859

C.A.R.S. REGISTRATION

_____ MALE _____ FEMALE _____
First Name MI Last Name

_____ Phone _____
Address

_____ Municipality _____ County _____
City State Zip Code

_____ Ethnicity (not required)
Date of Birth SS#

_____ Contact Phone Number
Emergency Contact

_____ Recipient # _____
Are you ACCESS eligible? Yes _____ No _____

_____ Directions to your home

Proof of Age Documents (must have copy of one on file to be eligible for lottery discount)

Birth Certificate	_____	Armed Forces Discharge	_____
Baptismal Certificate	_____	Age Verification from the SS	_____
Driver's License	_____	PACE Card	_____
Passport/Naturalization Papers	_____	PA ID Card	_____

Are you a veteran? Yes _____ No _____

Do you need language assistance? Yes _____ No _____

Signature: _____

Witness: _____

Date: _____

SPECIAL NEEDS

C.A.R.S. is a shared ride, door to door transportation provider. In order to provide door to door service, you must have a clear, free and safe path from the vehicle to the door of your home.

1. Do you use a wheelchair? Yes _____ No _____
2. Is your home wheelchair accessible? Yes _____ No _____

Check all that apply:

Walker/Lift _____ Cane/Lift _____ Wheelchair _____
Electric Wheelchair _____ Scooter _____ Need Assistance _____

I understand that I am responsible to choose a wheelchair approved to be transported in a motor vehicle and that it must be clean and fully operational with footrests.

Signature: _____ Date: _____

3. Do you need an escort? Yes _____ No _____

Check all that apply:

Blind _____ Dementia _____ Child _____
(children 16 years and younger may require an escort)

I understand that I need to choose an escort that is physically and mentally able to assist me. (Escort requests are approved or disapproved at the discretion of the C.A.R.S. office.)

Signature: _____ Date: _____

4. Do you have a child 8 years of age or younger? Yes _____ No _____

If you said yes, you will be expected to load and unload your child in a safety seat specific to his/her age, weight and according to current PA Motor Vehicle Laws.

Signature: _____ Date: _____

5. Do you use oxygen? Yes _____ No _____

If you said yes, know that you are responsible for maintaining sufficient levels of oxygen for the length of the trip and must have the tank secured, especially if you are in a wheelchair.

Signature: _____ Date: _____

Release of Information:

I give my permission to Call a Ride Service to contact my health care provider or other professional necessary to confirm appointments and medical coverage in relation to trips that I request from C.A.R.S.

Signature: _____ Date: _____

This information is true and correct to the best of my knowledge and may be utilized for funding purposes.

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The following rules are necessary to make your trip safe and enjoyable. Breaking any of these rules could result in suspension or loss of service.

1. Children 16 and younger must be accompanied by an adult. (exceptions may be made by the C.A.R.S. office)
2. All children 8 and under must be in a child safety seat appropriate for their age as required by PA Motor Vehicle Law.
3. No smoking, chewing tobacco, drinking or eating is permitted on the vehicles.
4. All passengers are required to wear a seat belt.
5. Foul language and abusive or dangerous behavior will not be tolerated.
6. Individuals displaying inappropriate behavior due to improper drug or alcohol use will be denied service. Unsafe behavior on the van will not be tolerated.
7. Alcohol, drugs or weapons will not be tolerated on the van.
8. Destruction of any property owned by C.A.R.S. or their contracted carriers will result in loss of service and possible restitution for damages.
9. C.A.R.S. drivers' or subcontracted carriers are not responsible for lost, stolen or damaged personal belongings while being transported. Anything left on the van will be brought back to the C.A.R.S. office, and must be picked up there with appropriate ID.
10. It is not permissible for any client to exit the van at any location other than what is scheduled on the drivers manifest. In all matters, the C.A.R.S. office must be notified.

**If you have read and understand these rules, please sign where designated. **

Signature: _____

Date: _____

CALL A RIDE SERVICE
CANCELLATION/NO SHOW POLICY

Each client is responsible to cancel their own transportation arrangements. If you do not intend to go to your appointment, you must call our office between 8:00 a.m. and 4:00 p.m. You may also use our cancel line by calling 717-242-2277 and select menu option #2 or you may cancel by choosing the cancel option when you receive a reminder phone call.

Cancelling your ride will not prohibit future rides. You will need to notify our office no later than 3 hours prior to your appointment time. Failure to do this will result in a no-show status for that day and for that appointment.

No-Show procedure will be as follows:

Within any 30 day period of time:

1. First no-show: You will receive a notice through the mail of your no-show
2. Second no-show: You will receive notice through the mail documenting no-show status and stating your second no-show and warning.
3. Third no-show: You may be suspended for 30. You will receive a letter and written notice form (if you are MA eligible) by mail stating your no-show status.

Further violation of this policy could negatively impact your future use of the shared ride program. It is extremely important that each client calls to cancel their own appointment. Drivers are not permitted to take a cancel from a client. Calling to cancel will ensure each client future rides and will save time and money for the C.A.R.S. program.

**If you have read and understand these rules, please sign where designated.

Signature: _____

Date: _____