



Dear Friend,

Thank you for your interest in Neighbor Ride. Neighbor Ride is a nonprofit organization providing Howard County's residents, age 60 and older, with reasonably priced, reliable supplemental transportation utilizing community volunteers and resources.

Enclosed is a registration packet that provides you with a Passenger Information Sheet, Waiver Form, Registration Form and an Agreement Checklist.

**These forms must be completed and returned to Neighbor Ride with your Registration Fee. If your income is limited and you qualify for other county services, you may be eligible for subsidized rides and the fees and fares will be waived.**

Once your registration is accepted, you will receive a call letting you know you may begin to schedule rides and a welcome package will be mailed to you.

While every effort is made to find a volunteer driver, there is no guarantee that a driver will be found so passengers should also consider having a backup transportation plan.

On behalf of our Board of Directors, staff, and volunteers, we look forward to serving you.

Sincerely,

*Bruce Fulton*

Executive Director

Neighbor Ride 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.

5570 Sterrett Place, Suite 102, Columbia, MD 21044  
410-884-RIDE (7433) [www.neighborrider.org](http://www.neighborrider.org)

## PASSENGER INFORMATION

### **Who is eligible to use Neighbor Ride?**

Passengers must be 60 years of age, be a resident of Howard County, and must be able to get in and out of a vehicle independently. Call Neighbor Ride for special wheel chair accommodation and registration forms. Proof of residency and age may be requested.

### **How does this service work?**

Passengers are transported door to door by volunteer drivers in their personal vehicles. For liability reasons, drivers may **not** accompany passengers into their homes (except for accompanied shopping rides). Passengers must be physically and cognitively able to conduct their own personal business once they are at their destination.

### **Covid 19 Safety Requirements**

Drivers and passengers are encouraged to wear masks. Passengers without masks can be asked to sit in the back seat and windows will be cracked, weather permitting. Both passengers and drivers will be asked to cancel rides if they have tested positive for Covid. If clients have questions they can contact office at anytime.

### **If a spouse, friend or assistant accompanies me, is there an additional fee?**

There are no additional fees for anyone traveling from the same location and traveling to the same destination. **Note: A Passenger Waiver form for each additional passenger must be on file in the office before the ride can be scheduled. NR cannot transport anyone under 8 yrs. of age.**

### **For what types of rides can I use Neighbor Ride (NR)?**

Passengers may utilize NR for medical appointments, grocery and pharmacy shopping, barber/hair salons, banking and other essential rides. **Passengers are eligible for a maximum of 12 rides per month.**

### **When are rides available?**

NR provides rides daily, depending on the availability of volunteer drivers. Please note the office is closed on all major holidays and **the ride request schedule is adjusted accordingly.**

### **Will NR provide transportation to destinations outside of the county?**

Yes. Our maximum one way driving distance is 35 miles from pick up. Please schedule longer distance and rush hour as early as possible as there are fewer drivers for these rides.

### **When can I schedule my first ride?**

Passengers can schedule their first ride once they submit their paperwork and fees and receive a phone call informing them their submitted paperwork has been completed and their account has been established. A welcome package will be mailed.

### **What if I only need a one-way ride?**

NR accommodates one-way ride requests. The fare is the same as for a roundtrip ride. Trips to bus or metro stations are one-way take only.

### **How do I schedule a ride?**

Passengers must contact Neighbor Ride by phone at 410-884-7433 or through our client Ride Match Portal online **at least three (3) full business days** in advance to schedule trip(s). For example, if you need a ride on Friday, you must call Monday before 2:00 p.m. to schedule. Office hours are Monday through Friday, 9:00 am to 2:00 pm, and Saturday 10:00 am to 1:00 pm. Messages left on the answering machine after 2:00 p.m. and on Sundays are returned the next business day. Passengers must provide the pick-up time, appointment time, number of passengers, destination address, zip code, telephone #, and estimated return trip time. Medical appointments require the doctor's name, group practice name, and phone number. For appointments at hospitals or clinics, passengers need to also provide department.

### **What information is needed before using NR?**

Passengers must complete a **Passenger Registration, Waiver, Agreement form and create a transportation account by sending in \$45 (\$20 is a non-refundable registration fee and \$25 is deposited in your transportation account).**

### **Fee Schedule (effective 1/1/18)**

<b>One-Way Mileage</b>	<b>Roundtrip Fee</b>
Under 3 miles	\$ 8.00
3 – 4.99 miles	\$10.00
5 – 6.99	\$12.00
7 – 9.99 miles	\$16.00
10 – 14.99 miles	\$22.00
15 – 19.99 miles	\$28.00
20 – 35 miles	\$36.00

**\*\* Fares will increase 7/1/22\*\***

### **How do I pay the trip fees?**

Passengers are required to pre-pay for rides. Checks or money orders, (no cash) should be made payable to Neighbor Ride, and mailed to: 5570 Sterrett Pl., #102, Columbia, MD 21044. Note passenger's name on check. **Drivers are prohibited from taking payments.**

**Note:** Passengers on a limited income may qualify for subsidized rides. The GNF application and proof of income must be submitted as part of the application process.

**Credit card payments** can be made to individual passenger accounts via our client Ride Match Portal. To offset the cost of accepting credit card payments, modest convenience fees are added to online payments.

### **What if I am running late or want to make an unscheduled stop?**

Drivers are not permitted to make unscheduled stops. One additional stop of **less than one hour** between the pickup and destination can be scheduled at the time the ride is requested. Drivers may be scheduled for multiple rides, so it is important that passengers meet them at the prearranged time and place for pick-up and return. Medical appointments vary in length; try to estimate for the longest possible visit time.

### **What happens if no driver is found?**

While every effort is made to find a volunteer driver, there is no guarantee that each ride will be filled. Passengers will be called 2 business days before the ride if a driver has not be found to see if the ride is still needed. Passengers will be contacted at 2 pm the day before the ride if no driver is found. Passengers will not be charged for unassigned rides.

### **What if I need to cancel a scheduled trip?**

Please cancel as early as possible so the driver can be notified. Passengers are not charged for cancelled trips. Please note: Repeated cancellations or no shows inconvenience our drivers, and impact our ability to serve our passengers. Repeated cancellations or no shows may result in a suspension or termination of service per our Excessive Cancellation/No Show Policy.

### **How are the volunteer drivers chosen?**

Each driver has attended orientation, passed a criminal background check, a driving record check and a personal reference check.

### **When should I use the emergency line?**

When the NR office is **closed** leave a message on the emergency line **only** for the following circumstances:

- If you need to cancel a ride scheduled to take place within the next 12 hours or over the weekend.
- If you were not contacted by your driver the night before your scheduled ride.

### **What is NR's inclement weather policy?**

To ensure the safety of our drivers and passengers, either the driver or the passenger may cancel a ride. If the driver is willing to drive in questionable weather, the driver will contact the passenger to confirm that he/she still wants the ride. If the ride is cancelled, please contact the NR office. If possible, the NR office will remain open to handle notification of cancellations.

**How will I be able to identify my NR drivers?** Look for the NR sign on the passenger side door of the vehicle and the volunteer's name badge.

### **Other Policies:**

- Smoking, eating & drinking during a ride are prohibited.
- It is against NR policy for our volunteers to accept tips.
- Passengers are expected to pay for tolls and parking on the day of the ride.

### **How can I comment on my experience with NR?**

Survey post cards are mailed to passengers after their first ride and every six months thereafter. We appreciate your comments.

### **May I donate to NR to help ensure services will always be available?**

Absolutely! Your tax-deductible donations are gratefully accepted via check or through our website (neighborride.org). You may also consider a Legacy Gift. Contact our Executive Director, 410-884-7433 for more information.

Neighbor Ride 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.  
9/4/2020



## Passenger Agreement and Checklist

Please initial on each line below.

I understand I must be at least 60 years of age and a resident of Howard County to be a Neighbor Ride passenger.  
\_\_\_\_\_

I understand I must be physically able to independently get in and out of a car and not use a wheelchair. (walkers, rollator, and canes are fine). \_\_\_\_\_

I know I must be physically and cognitively able to conduct my personal business once I am at my destination unless I'm accompanied by family, friend or aide. If anyone travels with me, I understand he/she must have a signed waiver on file in the office. \_\_\_\_\_

I must request a ride at least **three full business days** before the ride date and provide the name, address, phone number and times when requesting a ride. \_\_\_\_\_

When a Volunteer Driver is assigned, I will receive a call giving me the driver's name. Two days before the ride, if a driver has not been assigned, I will receive a courtesy warning call. I understand that while every effort is made to find a driver, there is no guarantee. If no driver is found, I will receive a call the day before the requested ride. \_\_\_\_\_

I understand I will receive a call by my assigned driver by 8pm the evening before the ride. If I do not receive this call I will call the Neighbor Ride office and notify them, leaving a message on the emergency line. \_\_\_\_\_

I understand that I need to send in \$45 with my registration. \$20 is a non-refundable registration fee. The remaining \$25 will be deposited in my account to be used for my transportation. I understand that payments must be made in advance of any ride I take. If I am on a limited income and I qualify for other county services, I may be eligible for subsidized rides and will have all fees and fares waived. I understand I need to fill out the Good Neighbor Fund form on the back of the registration form to receive subsidized rides. \_\_\_\_\_

I understand that I must sit in the backseat and wear a mask and open the window slightly, weather permitting.  
\_\_\_\_\_

I have read and agree to abide by the policies set forth for Neighbor Ride passengers. If I fail to follow any of these policies, services may be terminated.

Signed: \_\_\_\_\_

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



## PASSENGER REGISTRATION FORM

Dr. Mr. Mrs. Ms. NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Number, street name & apartment/suite number

\_\_\_\_\_

City / Town

\_\_\_\_\_

Zip Code

DEVELOPMENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Preferred PHONE: \_\_\_\_\_ Alternate PHONE: \_\_\_\_\_  
(Circle: Home or Cell) (Circle: Home or Cell)

EMERGENCY CONTACT\*: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

### EMERGENCY CONTACT

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Note: This number must be different than the home or cell phone listed for the passenger.**

*\* Emergency Contacts may be included in periodic mailings from Neighbor Ride.*

WILL ANYONE BE TRAVELING WITH YOU? yes no If yes, name \_\_\_\_\_

**Each passenger must have a Passenger Waiver Form signed and on file in our Office before a ride can be scheduled. Extra Waiver on reverse of Passenger Waiver.**

DO YOU HAVE ANY NEEDS A DRIVER SHOULD KNOW? (Ex: limited vision, walker use; need assistance walking; \_\_\_\_\_

CAN YOU STEP UP INTO TALLER VEHICLES? YES NO \_\_\_\_\_

Do you speak/understand English: YES NO If no, language: \_\_\_\_\_

Name of English speaking contact: \_\_\_\_\_

How did you hear about Neighbor Ride? \_\_\_\_\_ Are you a veteran? YES NO

**Demographics:** This information is helpful when Neighbor Ride is applying for grants.

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) \_\_\_\_\_ Yes \_\_\_\_\_ No.

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

**We have an optional online system for clients/family who would like to manage their Neighbor Ride account and rides via a computer. If you would like to use this online system please provide your email address here: \_\_\_\_\_**



## Good Neighbor Fund Application:

**(Fill out this form only if you are on a limited income and you qualify for other county services)**

Housing: (Please circle)

Own home                  Rent home                  Group home / Rehab / Assisted Living

Live in a relative's home (see below)\*

\*If you live with your relative or are claimed as a dependent for the current year's income tax, please list total household income on the form below.

**Please complete financial information for yourself, spouse, or household if applicable;**

**Please attach proof of income (i.e social security statements)**

Monthly Income	Self	Spouse	Household
Wages	\$	\$	\$
SSDI	\$	\$	\$
Social Security	\$	\$	\$
Pension/Retirement	\$	\$	\$
Veteran's Benefit	\$	\$	\$
Trust/Annuity	\$	\$	\$
Other Income	\$	\$	\$

I swear and affirm under penalty of perjury that all the information I gave is true, correct, and complete to the best of my ability, belief, and knowledge. I understand a credit, background check or further documentation (ie: tax return) may be required.

**Applicant's Signature:** \_\_\_\_\_

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



## Passenger Acknowledgement and Waiver

I, \_\_\_\_\_, hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of Neighbor Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Neighbor Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless Neighbor Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that 911 provides. A copy of the emergency procedures and protocols are available upon request from the office of Neighbor Ride.

I further acknowledge and agree that the terms of my prepaid account with Neighbor Ride, and the corresponding funds contained therein, are such that in the event my prepaid account is inactive for any 6 (six) month period and after Neighbor Ride has exhausted reasonable efforts to contact me, all funds in my prepaid account shall be forfeited and shall henceforth immediately become the sole property of Neighbor Ride.

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

Please print name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

**This form is for an additional passenger that may travel with you.**

NR passenger you are riding with \_\_\_\_\_



### **Additional Passenger Acknowledgement and Waiver**

I, \_\_\_\_\_, hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of Neighbor Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Neighbor Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless Neighbor Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that 911 provides. A copy of the emergency procedures and protocols are available upon request from the office of Neighbor Ride.

I further acknowledge and agree that the terms of my prepaid account with Neighbor Ride, and the corresponding funds contained therein, are such that in the event my prepaid account is inactive for any 6 (six) month period and after Neighbor Ride has exhausted reasonable efforts to contact me, all funds in my prepaid account shall be forfeited and shall henceforth immediately become the sole property of Neighbor Ride.

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

Please print name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (must be different than the person you are riding with).

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_