



Dear Friend,

Thank you for your interest in HarGo Rides. HarGo Rides is a nonprofit organization providing Harford 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 HarGo Rides 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,

*Sarah Higgins*

Office Manager

HarGo Rides 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.

## PASSENGER INFORMATION

### **Who is eligible to use HarGo Rides?**

Passengers must be 60 years of age, be a resident of Harford County, and must be able to get in and out of a vehicle independently. At this time, passengers **cannot** be enrollees of Medicare-Medicaid. 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. Passengers must be physically and cognitively able to conduct their own personal business once they are at their destination.

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

There is no additional fee 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. HarGo Rides (HGR) cannot transport anyone under 8 years of age.**

### **For what types of rides can I use HGR?**

At the moment, passengers may only utilize HGR for transportation to and from medical appointments. **Passengers are eligible for a maximum of 12 rides per month - no exceptions.**

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

HGR provides rides daily, depending on the availability of volunteer drivers. Exceptions to this are New Year's Day, Memorial Day, Thanksgiving, Presidents' Day, Fourth of July, Christmas, and Labor Day.

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

Yes. Our maximum one way driving distance is 35 miles from pick up. **Please be aware that out of county rides are harder to fill and you should consider a back up plan should a driver not be found.**

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

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

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

HGR accommodates one-way ride requests. The fare is the same as for a round-trip ride.

**How do I schedule a ride?**

Passengers must contact HarGo Rides by phone at XXX-XXX-XXXX 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 XXXXX. Messages left on the answering machine after XXXXX 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 HGR?**

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 10/19/2024)**

One-Way Mileage	Round Trip Fee
Under 1 mile	\$10.00
1 – 4.99 miles	\$12.00
5 – 9.99 miles	\$18.00
10 – 14.99 miles	\$24.00
15 – 19.99 miles	\$30.00
20 – 35 miles	\$36.00

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

Passengers are required to pre-pay for rides using credit or debit card payments via our client Ride Match Portal. **Checks, cash, and money orders are not accepted. Drivers are prohibited from taking payments.** Note: Passengers on a limited income may qualify for subsidized rides. The GNF application and proof of income may qualify for subsidized rides. The GNF application and proof of income must be submitted as part of the application process.

**What if I'm running late or want to make**

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

**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 contacted at 2pm 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 canceled 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 the HGR office is **closed** leave a message on the emergency line **only** for the following emergency 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 HGR'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 they still want the ride. If the ride is canceled, please contact the HGR office. If possible, the HGR office will remain open to handle notifications of cancellations. **Drives will not be provided on days that Harford County Public Schools are closed.**

**How will I be able to identify my HGR drivers?**

Look for the HGR sign on the passenger side door of the vehicle and the volunteer's name badge.

**Other Policies:**

- Smoking, eating, and drinking during a ride are prohibited.
- It is against HGR 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 HGR?**

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

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

Absolutely! Your tax-deductible donations are gratefully accepted via check or through our website ([www.hargorides.com](http://www.hargorides.com)). You may also consider a Legacy Gift. Contact our Office Manager, Cheryl Gable, for more information.

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1964 Civil Rights Act. 10/19/2024



### **PASSENGER AGREEMENT AND CHECKLIST**

**Please initial on each line below.**

I confirm that I am at least 60 years of age, a resident of Harford County, and not a Medicare-Medicaid enrollee to be a HGR passenger.

I understand I must be physically able to independently get in and out of a car and not use a wheelchair (walkers, rollators, 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 they 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. 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 all of our drivers and office ride coordinators are generously volunteering their time and services and need to be treated with respect. Failure to do so can result in termination of service.

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 HGR Community Fund form on the back of the registration form to receive subsidized rides.

I have read and agree to abide by the policies set forth for HarGo Rides 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, and apartment/suite number

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Preferred PHONE: \_\_\_\_\_ Alternate PHONE: \_\_\_\_\_

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

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

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

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

Note: This number must be different from the preferred and alternate phone numbers listed for the passenger.

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 attached to this packet.

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

CAN YOU STEP UP INTO TALLER VEHICLES? YES NO

DO YOU SPEAK/UNDERSTAND ENGLISH? YES NO If no, language: \_\_\_\_\_

Name and phone # of English speaking contact: \_\_\_\_\_

How did you hear about HarGo Rides? \_\_\_\_\_ Are you a veteran? YES  
NO

DEMOGRAPHICS: This information is helpful when HarGo Rides is applying for grants.  
Are you Hispanic or Latino? YES NO

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

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

\_\_\_\_\_ White



### **HarGo Rides Community Fund Application**

**Fill out this form only if you are on 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	\$	\$	\$
Veterans 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 belief and knowledge. I understand a credit, background check, or further documentation (i.e. tax return) may be required.

**Applicant's Signature:**

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**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### **PASSENGER ACKNOWLEDGEMENT AND WAIVER**

I, [REDACTED], hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of HarGo Rides (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 HarGo Rides' 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 HarGo Rides, 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 HarGo Rides.

I further acknowledge and agree that the terms of my prepaid account with HarGo Rides, 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 HarGo Rides 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 HarGo Rides.

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

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

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

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

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



### **ADDITIONAL PASSENGER ACKNOWLEDGEMENT AND WAIVER**

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

**HGR Passenger you are riding with:** \_\_\_\_\_

I, [REDACTED], hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of HarGo Rides (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 HarGo Rides' 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 HarGo Rides, 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 HarGo Rides.

I further acknowledge and agree that the terms of my prepaid account with HarGo Rides, 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 HarGo Rides 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 HarGo Rides.

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

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

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

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

Phone: \_\_\_\_\_ \*The emergency contact must be different than the person you are riding with.