

WEST CHESTER SENIOR VAN SERVICE

Guidelines for scheduling and use of service

Clients will call 513-759-7208 to schedule their trips

The service runs on Mondays, Tuesdays, Wednesdays, and Thursdays and takes appointments between 8:30 a.m. and 1:00 p.m.

Clients are picked up at their door and escorted or assisted into the van and transported to their appointment location. The driver will give client the best phone number to call when they are ready to be picked up, and the van will return and transport them home

1. Appointments for transportation should be made **as early as possible** at 513-759-7208. A *minimum* 24 hour notice is required for scheduling appointments.
2. Appointments are taken in the following priority:
 - a. Medical
 - b. Nutritional
 - c. Financial
 - d. Social/recreational
3. Clients may leave a voicemail with their appointment request, but should not consider this appointment *scheduled* until they receive a call confirming so. Clients will also receive a confirmation call the business day before their appointment confirming the pickup time.
4. Clients should be ready 15 minutes before scheduled pick up time. Drivers/dispatcher will call if a change in pick up time is needed.
5. A driver is not guaranteed to be ready as soon as client is finished at appointment location. Clients are encouraged to bring reading material to keep them busy until driver is able to return and transport them home.
6. If appointment has been cancelled, client is to call office as soon as possible.
7. If West Chester has to cancel the appointment due to a van being out of service the client will be notified as soon as possible and rescheduled. The Senior Van Service closes with Lakota Schools for inclement weather.
8. There is no charge for this service, but donations are encouraged. Fare boxes are provided for donations, which help pay for gasoline and van maintenance. All workers are volunteers.

9. West Chester has the right to refuse to transport a wheelchair client if there are too many steps, walkways and/or steps which are snow or ice covered, person is too large, or in any condition in which the driver feels it is unsafe to transport.
10. A client in a wheelchair will not be transferred from the wheelchair to a seat unless they are able to stand on their own.
11. Clients must wear seat belts at all times, they must be secured before the driver moves the vehicle.
12. The driver is responsible for loading, securing and unloading all wheelchair clients.
13. General boundaries of service are Bethesda Hospital on the east, Galbraith Road on the south, Mercy Hospital to the West, and Kyles Station to the north.
14. We will only make runs outside of Butler County for *medical appointments*. Clients are encouraged to utilize West Chester businesses and medical care providers whenever possible.

With questions or concerns on these guidelines, please contact
Senior Van Service Coordinator:

Monica Dexter
513-759-3960
mdexter@westchesteroh.org

WEST CHESTER SENIOR VAN SERVICE: CLIENT INFORMATION

CLIENT INFORMATION

| | |
|--|------------------|
| Name: | Date of Birth: |
| Address: | |
| Phone Number: | Alternate Phone: |
| Email: | |
| Limitations: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> None | |

EMERGENCY CONTACT

| | |
|---------------|------------------|
| Name: | Relation: |
| Address: | |
| Phone Number: | Alternate Phone: |
| Email: | |

SERVICES PROVIDED

| | |
|---|---|
| <p>Please check mark categories you intend to use service for:</p> <ul style="list-style-type: none"><input type="checkbox"/> Medical appointments<input type="checkbox"/> Nutrition (grocery trips)<input type="checkbox"/> Financial (bank, etc.)<input type="checkbox"/> Social/recreation (activity center or other) | <p>Please describe any other limitations or concerns that drivers should be aware of:</p> |
|---|---|

DATE: _____



West Chester Senior Van Service

Client Liability Waiver

I understand that the nature of this activity may involve certain dangers and risks, and I voluntarily assume all risks of accident or injury. I hereby release and forever discharge West Chester Township Trustees, and their respective employees, officers, agents, elected and appointed officials, donors, coordinators and volunteers ("West Chester Township") from any and all liability for personal injury, death, or property damage of any kind sustained in any manner arising from my participation in **West Chester Senior Van Service**. I agree to indemnify and hold harmless West Chester Township from any and all claims, liability, loss and expense, including but not limited to damages, legal expenses and costs of defense, and all claims of any nature whatsoever, in any manner, arising from my participation in **West Chester Senior Van Service**. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Further, I hereby agree that any video or photographs taken of me by West Chester Township or their respective agents are owned by West Chester Township. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive all my rights to inspect and approve the finished product. Nothing herein will constitute any obligation on West Chester Township to make any use of any of the rights set forth herein and I hereby grant to West Chester Township and to such other persons or entities that may be designated from time to time, the absolute right and permission to use or license the use, in perpetuity, without compensation, my name, portrait, likeness, voice, image and photograph of me either alone or accompanied by other material, in any manner and in any media for the purpose of promotion of West Chester Township and its respective programs.

Your signature constitutes acceptance of the terms of this legal document.

Participants under 18 years of age must have a parent or legal guardian sign for them.

Date: _____

Full Name of Participant (Printed) _____

Individual Executing Release: _____
Signature

Full name printed (if different from Participant)

Participant address _____

Phone _____

Emergency contact name _____

Emergency contact phone _____ (home) _____ (work) _____ (cell)

E-Mail Address (optional) _____