

This page gives an overview of the recommended time for the various types of trips we offer. Please use this table as a guide when scheduling your trips as we book your return trip at the time of booking. If you feel you need more or less time, we are happy to accommodate.

<u>Purpose for Trip</u>	<u>Recommended Time for Trip</u>
Medical Appointment	90 Minutes
Dialysis	260 Minutes
Food Shopping/Nutrition	90 Minutes
Non-Food Shopping/Personal Errands	90 Minutes
Social Activities/Volunteering	210 Minutes
Social Services	75 Minutes
Work	220 Minutes

***Please provide the medical office's phone number for your visit if it is not your primary doctor/dialysis provider.*

GOING PLACES TRANSPORTATION PROGRAM CLIENT RIGHTS AND RESPONSIBILITIES

- 1. All clients must be registered for the program to use the program. We also ask that clients update their addresses, phone numbers, and emergency contact when they change. This way the most current information for each rider is on file.**
- 2. We strive to accommodate all trip requests we can with the vehicles available on the day of your booking, however, there are times when we cannot. We ask that you adhere to the booking policies of 14 days prior to medical trips, and 7 days prior to non-medical trips. Adhering to these policies will hopefully ensure our ability to accommodate your request, we know sometimes appointment times change, and we will do our best to accommodate with the times available on the schedule for that day. If we cannot take you to a non-medical appointment at the time requested, we hope you can be flexible to work with our dispatch and drivers to find a time to make the trip work for everyone. **Medicaid Clients will only be eligible for non-medical rides.**
- 3. This transportation program is a CURB-TO-CURB service. While our drivers will assist clients getting in and out of the van, and loading groceries and assistive devices into the van, they will not be able to assist you in taking your groceries into your home or assisting you beyond the threshold of the destination. If you do require additional assistance during your medical or shopping trips, our service does allow our clients to bring an additional rider.**
- 4. While we do allow our clients to bring additional riders on trips when needed, we ask that our clients let the dispatchers know at the time of booking. As we have a fleet of vehicles that have different seating**

capacities, knowing about additional riders will help us to accommodate rides being requested on the day of service, and make sure everyone can receive the trips they need.

5. Please call dispatch when there is an issue during your transportation services. If a client calls a driver directly, they have eliminated our knowledge of the situation. This causes issues when clients are looking to be picked up for their return home. **ONCE DISPATCH IS OUT OF THE LOOP, WE CAN NOT ASSIST YOU TO THE BEST OF OUR ABILITY AND WILL LEAD TO ADDITIONAL WAIT TIMES.**
6. We ask all clients to please return to the area or entrance they were dropped off at while waiting for their return trip. If you plan on being at a different location when being picked up to return to your home, please let dispatch and the driver know where they can expect you. If a change in return pickup location is not made aware to dispatch or the driver, this will lead to confusion and delays in services for you and others.
7. Our service is NON-EMERGENCY MEDICAL TRANSPORTATION. We state this as we will not run vehicles on observed holidays and when the weather does not permit us for safety reasons. For clients who rely on our services for LIFE-SAVING TREATMENTS, WE ASK YOU TO MAKE BACKUP PLANS FOR TRANSPORTATION FOR THOSE TREATMENTS OR ALTER YOUR DAYS OF TREATMENT, especially during the winter months where we have seen some extreme weather events occur without warning over the past few years. We hope you understand that safety is our highest priority, and we do not look to risk the safety of our clients and drivers when the weather is unsafe to deliver services.

8. Please adhere to the 4-BAG LIMIT POLICY. As outlined earlier, our drivers are not to assist you getting your groceries into your homes. If you need to bring a cart to assist you with getting your groceries from the van into your home, we welcome you to bring and appreciate it. Continued violations of the 4-bag limit policy could lead to the SUSPENSION and TERMINATION of your ability to use the service in the future.
9. If you are unable to take the trip you have scheduled, please call to inform dispatch that it is no longer needed when you know when you no longer need the ride. The earlier this is done will allow our dispatchers to allow another client to take the time slot for a trip and will also eliminate the waste of time and resources of the drivers and agencies by going to a client's home who is not going that day. CONTINUED AND HABITUAL NO SHOW and/or CANCELS AT THE DOOR could lead to the SUSPENSION and TERMINATION of your ability to ride in the future. *****IF YOU ARE SICK, PLEASE STAY HOME. WE DO NOT WANT TO GET DRIVERS OR OTHER PASSENGERS SICK. IF POSSIBLE, PLEASE ALERT DISPATCH AS EARLY AS YOU CAN YOU NO LONGER NEED A RIDE.***
10. Behavior such as making offensive comments or gestures, discrimination of any type, being rude and disrespectful to other clients, dispatchers and drivers will not be tolerated and will be considered for IMMEDIATE SUSPENSION or TERMINATION of your ability to ride. Everyone has the right to deliver and receive services in a respectful and dignified manner, and we hope that this is the case every time the vans are in service.
11. There is no smoking or vaping allowed on the vans at any time by drivers or passengers. Violation of this rule will be considered for IMMEDIATE SUSPENSION or TERMINATION of your ability to ride.

- 12. Going Places Transportation Program does not provide trips to and from laundromats. Our partner agencies and their staff are responsible for cleaning and maintaining the vans, and potentially soiled or pest-infested linens are not safe for the driver nor other clients using the program. We apologize for any inconvenience.**
- 13. If you have a complaint about the service, you can fill out the complaint form included within this packet and send it to the Erie County Department of Senior Services. If the complaint you want to file has to do with discrimination of any kind, you can fill out the ADA/Title VI complaint form included with this packet and send it to the Erie County Division of Equal Employment Opportunity for review. The phone number to call is (716) 858-7542, or the form can be mailed to:**

**Erie County Division of Equal Employment Opportunity
Title VI/ADA Coordinator
95 Franklin St, Room 931
Buffalo, NY 14202**

GOING PLACES PASSENGER COMPLAINT FORM

DATE:

LOCATION/VAN NUMBER:

HOME ADDRESS:

DESTINATION:

PHONE NUMBER:

BRIEF EXPLANATION OF THE COMPLAINT

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COMPLAINT FOLLOW UP

DATE:

RESPONDENT:

OUTCOME:

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ERIE COUNTY DEPARTMENT OF SENIOR SERVICES TITLE VI & ADA COMPLAINT FORM

Section I:				
Your Name:		Complaint Type: <input type="radio"/> ADA <input type="radio"/> TITLE VI		
Address:				
Telephone (Home):		Telephone (Work/Mobile):		
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?		Yes*	No	
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No	
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability				
Date of Alleged Discrimination (Month, Day, Year): _____				
Agency name complaint is against: _____				
Location of where the alleged discrimination occurred:- _____				
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

Section IV	
<p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, check all that apply:</i></p> <p><input type="checkbox"/> Federal Agency: _____</p> <p><input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____</p> <p><input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____</p>	
<p>Provide information for the contact person at the agency/court where the complaint was filed.</p>	
<p>Name and Title:</p>	
<p>_____</p>	
<p>Agency:</p>	
<p>Address:</p>	
<p>Telephone:</p>	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form by mail, email or in person to the address below.

Erie County Division of Equal Employment Opportunity
Title VI/ADA Coordinator
95 Franklin St, Room 931
Buffalo, NY 14202
deeo@erie.gov

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.