



"Loving Life in the Second Half"

Rider Membership Application

Date: _____

First Name: _____ Middle: _____ Last: _____

Phone: _____ Cell: _____

Current address: _____

City: _____ State: _____ Zip : _____

Name of Community (Retirement / Assisted Living Community, Apartment Complex, Subdivision, etc)

Email address: _____

Date of birth: _____ Do you drive? _____ If no, why? _____

Physical limitations/disabilities: _____

Any assistance devices used (i.e. wheelchair, walker, cane, etc.): _____

Are you married? _____ Who do you live with? _____

Family members living in town: _____ How did you hear about us? _____

Emergency Contact information

THIS MUST BE COMPLETED	
Name: _____	
Relationship: _____	
Home Phone: _____	Cell/Work Phone: _____
Email Address: _____	

RELEASE OF LIABILITY

I hereby release Castle Rock Senior Activity Center, its staff, board of directors, associates and volunteers from all liability for any injury, medical expenses or damages related to services completed by Castle Rock Senior Activity Center and its volunteers. I indemnify and hold harmless Castle Rock Senior Activity Center, its staff, board of directors, associates and volunteers from all claims, demands, losses, cause of action, lawsuits, judgements, including attorney's fees and costs, arising out of, or relating to, activities related to services provided by Castle Rock Senior Activity Center.

I agree to follow and adhere completely to Castle Rock Senior Activity Center program rules and guidelines. The ability to transport members is at the discretion of Castle Rock Senior Activity Center. By signing below, I certify that I have read this document and understand its terms and have read and will comply with the member agreement.

Signature: _____ Date: _____



**Rider
Member
Agreement**

To become a member of our Rider Program at the Castle Rock Senior Activity Center, please **sign** and **return** the following to: 2323 Woodlands Blvd. Castle Rock, CO 80104

- Rider Membership Application
- Douglas County Consumer Intake Form
- Rider Member Agreement Signature page (this page)
- *Please submit a copy of one of the following forms of identification for our records:*
 - Colorado driver's license or identification card*
 - United States military identification or dependent's identification card*
 - United States coast guard merchant mariner card*
 - Native American tribal document*

Questions? Call Castle Rock Senior Activity Center at 303-688-9498

www.castlerockseniorcenter.org

SIGN AND SEND BACK TO US

MEMBER AGREEMENT SIGNATURE PAGE

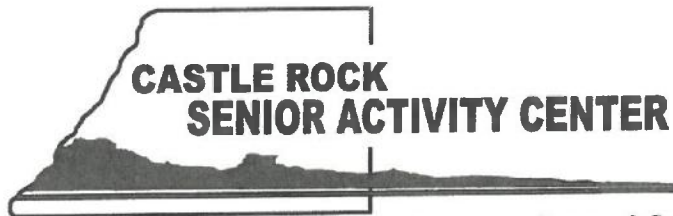
I have read and agree to comply with the Castle Rock Senior Activity Center's Rider Program Agreement. I understand that my involvement in the program is voluntary, and the ability to accept and transport members is at the discretion of Castle Rock Senior Activity Center. I will not make arrangements for these services on my own but will contact the Castle Rock Senior Activity Center when I need a ride scheduled. I understand the Castle Rock Senior Activity Center is a local non-profit and accepts contributions towards services and/or donations that may be tax deductible. I understand that services will not be refused to members who are unable to donate or contribute.

By signing below, I certify that I have read this document and understand its terms and will comply with the member agreement.

Signature: _____ Date: _____

2323 Woodlands Blvd, Castle Rock, CO 80104 303-688-9498

CONTINUED ON THE BACK



"Loving Life in the Second Half"

Rider Policy Manual

(updated 5/18/2023)

Who the Shuttle is intended to serve:

- Seniors and/ or adult disabled persons
- Douglas County residents from the communities of Castle Rock, Castle Pines, Larkspur, Sedalia, Perry Park, Louviers and Franktown (with some limitations).

Rider Guidelines:

- Service to riders is based on availability of vehicles and drivers
- **LOCAL TRIPS** (in and around Castle Rock and up to Lincoln Ave) need to be scheduled at least 24 hours in advance
- **SPECIAL MEDICAL TRIPS** (outside the local area for Medical Only) **MUST BE SCHEDULED AT LEAST 3 – 5 BUSINESS DAYS** in advance
- Medical trips will take priority over other type of trips. Other trips, such as to the grocery store, hair appointments, Wal-Mart, etc. will be scheduled according to availability of vehicles and drivers
- You may be asked to adjust your pickup time so that we can combine trips or transport more than one rider at a time
- Violation of the Transportation Policy Manual could result in suspension or dismissal from the service. Please review the full transportation policy manual for all policies.

Voluntary contributions are always appreciated and are used to expand and provide additional services. Contributions can be dropped in the box in the vehicle, at the Center, or mailed to us. You may contribute by cash, check or contact the Center to charge a contribution. Please know that whether or not you choose to contribute, you are still eligible for services. All contributions will remain confidential.

SUGGESTED VOLUNTARY CONTRIBUTIONS

		One Way Trip	Round Trip
Up to 2 miles	Castle Rock	\$2.00	\$4.00
2-4 miles	Plum Creek/Founders	\$3.00	\$6.00
4-6 miles	Meadows/Silver Heights/Metzler Ranch	\$3.00	\$6.00
6-8 miles	Castle Pines Village/Happy Canyon/Bell Mountain/ Crystal Valley	\$4.00	\$8.00
8-12 miles	Castle Pines /Surrey Ridge/The Canyons	\$6.00	\$12.00
12-16 miles	Perry Park/Larkspur/Louviers/Sedalia Sky Ridge Medical Center/ Lioness Medical Center	\$10.00	\$20.00
Specials:	Parker Adventist/ Tech Center	\$15.00	\$30.00
	Denver Metro area/Aurora/Colorado Springs and other points North	\$20.00	\$40.00

Extra stops and Changes in Destination

Do not ask the volunteer driver to make extra stops, unless medical related (i.e.: Rx pick up, lab work, etc.) You may request at the time of reservation to make up to two stops a day. Drivers' generally do not have time available for unscheduled stops. If you need to make extra stops, please make arrangements in advance with a staff member when you make your appointments. Excessive requests for extra, unplanned stops or other changes affect the prearranged schedule. If you need to change your local destination, you must let a staff member know at least one day before the trip so we can notify the volunteers. Last minute changes are disruptive to the volunteer's time schedule and if a different volunteer is scheduled to take you home he or she may not know where to find you.

Days and Times of Operation

Our service is available Monday through Friday from 8:30 a.m. to 3:00 p.m. Our first pick-up time is 8:30 a.m. Your last possible pick-up time to return at the end of the day is 2:45 p.m. You must be ready and waiting to be picked up at 2:45, no later. If you live in a rural area (i.e., Louviers, Sedalia, Larkspur, Franktown, Perry Park) your pick-up time will need to be even earlier to insure the drivers can get you home by 3:00 before returning the vehicles to the Center and doing the appropriate paperwork before going home for the day. Our normal business hours are Monday – Friday 8:30 a.m. – 4:30 p.m.

The Center is closed for the following holidays: New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, August Maintenance Week, Labor Day, Thanksgiving Day and the following day, Christmas Eve and Christmas Day. Holidays that fall on Saturday will be observed the preceding Friday. Holidays that fall on Sunday will be observed the following Monday. For the safety of our volunteers, staff and riders, we may close the Center during inclement weather; this could occur prior to the start of the business day or during the day. In these cases we will make every effort to get you home.

Staff members are available in the office Monday through Friday from 8:30 a.m. until 4:30 p.m., they will be happy to take your ride requests. Should there be any issues with your request a staff member will call you as soon as he/she detects any issue. If you need to leave a message outside of our business hours you may leave a message on our main number 303-688-9498. Someone will return your call as soon as possible and during regular business hours. *Please remember we need 24 business hours for all local ride requests.

Although we at the Center make every effort to have someone available at this number during regular business hours, sometimes that is not possible. Please leave a message.

Pick-up Times and Wait Policies

Please leave a window of 15 minutes before and after your pick-up time for the volunteer driver. Sometimes a volunteer may arrive early so it is important for you to be ready. When a driver is running early that provides a time cushion for later trips in case there is an unforeseen delay or other circumstance. However, the volunteer may also be a little late getting to you due to traffic, weather, trains, or the tardiness of other clients. It is a good idea to allow enough time before your appointment to account for these rare instances. Only if the volunteer is more than 15 minutes late should you call the Center to advise us of the situation.

Please watch for the Volunteer driver, who can be identified by the vehicle toppers and or signs on the car. If you cannot see the car from your pick up location, please let the receptionist know. Then it can be noted on

Suspension or Termination from Service

The Center makes every reasonable effort to be fair and supportive to its volunteer drivers and riders. These rules are created to make sure that the Center riders know what is expected of them so that our volunteer drivers have a pleasant experience. Volunteers who are frustrated, treated rudely, or who feel they have wasted their time may quit and volunteer elsewhere. Just one resignation will impact many riders. As a result, riders who wish to use our service must adhere to these rules. Failure to do so can result in a warning, a temporary suspension of service, and/or a permanent termination of eligibility to ride. Riders who feel they cannot meet these rules are encouraged to discuss their situation with the Transportation Coordinator before it becomes a problem for the volunteers.

Non Discrimination Policy

All activities of the Center shall be conducted on a non-discriminatory basis with regards to race, creed, color, religion, sex, sexual orientation, gender expression, national origin, age, ancestry, mental or physical disability, medical condition, genetic information, marital status, military status or any other characteristic protected by law.

2022-2023 Basic Intake Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

Assessment Date: _____

Contact & Demographic Information:

First Name: _____ Middle Name: _____

Last Name: _____ Nickname: _____

Date of Birth: _____ Age: _____

Home Address: _____

(Apt/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Mailing Address (if different from above): _____

(Apt/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Location Comments (additional directions for home or mailing address):

_____Gender: Male Female Non-Binary/Third GenderIdentify as: Transgender Cisgender (identify with your gender from birth) Gender not listed: _____Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race, select all that apply:

 American Indian or Alaska Native Middle Eastern or North African Asian or Asian American Native Hawaiian or Pacific Islander Black or African American White Race not listed: _____Do you live: Alone With Others

Number of people in your household (including you): _____

Is your income above or below the amount listed for your household size:

Above At/Below

Household Size	Monthly Income	Annual Income
1	\$1,132.00	\$13,590.00
2	\$1,526.00	\$18,310.00
3	\$1,919.00	\$23,030.00
For each additional person, add \$4,720 to annual income		

Communication & Service Needs:

Health Insurance (select all that apply):

Medicare Medicare Advantage Medicaid Medicaid Waiver

None Other: _____

Would you like to hear about other services? Yes No

If yes, how can we contact you? Email Mail Phone

What services are you interested in? _____

Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.

Signature: _____ Date: _____

For Office Use Only –

(If filled out by assessor or via phone, please have assessor check here and sign below)

Filled Out By: _____ Date: _____

Denver Regional Council of Governments (DRCOG)
Area Agency on Aging (AAA)

Client Grievance Procedure

As a participant in the Castle Rock Senior Activity Center Transportation **program**, your satisfaction with the services you receive is very important. If you are dissatisfied or have experienced an issue with the service(s) you received, you have the right to file a complaint. If you have a complaint, please let your provider know by contacting the following:

Castle Rock Senior Activity Center -
2323 Woodlands Blvd, Castle Rock, CO 80104
Transportation Coordinator or Executive Director at 303-688-9498

Staff will strive to provide a timely response that addresses your concerns.

You may also at any time submit your complaint in writing to either or both of the following:

Denver Regional Council of Governments
Attention: Area Agency on Aging Director
1001 17th St., Suite 700
Denver, CO 80202
303-455-1000

Colorado Department of Human Services, State Unit on Aging (SUA)
Attention: SUA Manager
1575 Sherman Street, 10th floor
Denver, CO 80203
303-866-2800

In your written complaint to either of the above, please provide relevant details regarding the issue or your concerns. The AAA Director and/or SUA Manager or their designees will review your complaint and provide a response to you as soon as reasonably possible.