CASTLE ROCK
SENIOR ACTIVITY CENTER

"Loving Life in the Second Half"

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 Transportation Assessment Form
- Members Agreement Signature page (this page)
- *Please submit a copy 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*

Complete all 3 Pages and →

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 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 donations that are tax deductible. I understand that services will not be refused to members who are unable to donate.

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

Signature:_____ Date:_____

DOUGLAS COUNTY
COLORADO

Transportation Assessment Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. All your personal information is confidential. Please see the attached FAQs for more information.

Registration and Eligibility Section - Must Be Completed Prior to Service

First Name: _____ Middle Name (if applicable): _____

Last Name: _____ Nickname (if applicable): _____

Date of Birth: _____ Age: _____

Only individuals aged 60 and older are eligible.

Contact Information Section

Home Phone: _____ Cell Phone: _____

Email: _____

Home Address Line 1: _____

Home Address Line 2 (Apt/Unit/Floor): _____

County: _____

City: _____ State: _____ Zip: _____

Mailing address is the same as home address ☐

Mailing Address Line 1: _____

Mailing Address Line 2 (Apt/Unit/Floor): _____

City: _____ State: _____ Zip: _____

Demographics Section - Used for Anonymous Reporting to Our Funders

- Gender (select all that apply): ☐Male ☐Female ☐Non-binary/Third gender ☐Transgender ☐Another gender not listed: _____ ☐Refuse to answer question
- Ethnicity: ☐Hispanic or Latino/a/e ☐Not Hispanic or Latino/a/e ☐Refuse to answer question
- Racial Identity (select all that apply):
  ☐American Indian or Alaska Native ☐Asian or Asian American ☐Black or African American
  ☐Middle Eastern or North African ☐Native Hawaiian or Pacific Islander ☐White
  ☐Another identity not listed: _____ ☐Refuse to answer question
- Do you live alone or with others? ☐Alone ☐With others ☐Refuse to answer question
- Is your income above or at/below the amount listed for your household size in the table:
  ☐Above ☐At/below ☐Refuse to answer question

Income Levels Table

Household Size	Monthly Income	Annual Income
1	$1,304	$15,650
2	$1,763	$21,150

Use the table to determine if your income is above or at/below the monthly or annual income listed for your household size. For each additional person, add $5,500 to annual income.

Communication Section

What is your primary language? _____

Service Access and Support Section

- Health Insurance (select all that apply):
  ☐Medicare ☐Medicare Advantage ☐Medicaid ☐Medicaid Waiver(s) ☐VA ☐Private
  ☐None ☐Other insurance: _____ ☐Refuse to answer question
- Can you access this service through another benefit or program? For example, through Medicaid, Medicare, or VA benefits? ☐Yes ☐No ☐Refuse to answer question ☐I don't know
- Do you have reliable outside support for transportation (for example, from family, friends, or a caregiver)? ☐Yes ☐No ☐Refuse to answer question
- Are you homebound? Select "Yes" if any of the following statements are true for you:
  - You need the help of another person to leave your home, or
  - You have a health condition or disability that makes it difficult to leave your home on a regular basis, or
  - You are only able to leave your home infrequently and for short periods of time

  ☐Yes ☐No ☐Refuse to answer question
- Are you isolated from community resources? Examples of community resources include stores, banks, health services, and senior center activities. Select "Yes" if any of the following statements are true for you:
  - You live in a remote area, or
  - You have a health condition or disability that makes it difficult for you to access community resources, or
  - You have financial or technology challenges that make it difficult for you to access community resources, or
  - You cannot drive or use public transportation, or
  - You do not feel welcome in your community due to cultural or language barriers

  ☐Yes ☐No ☐Refuse to answer question

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

Signature:_____ Date:_____

Emergency Contact Section

Name: _____ Phone: _____

Relationship: _____ ☐Refuse to provide contact

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 providers and I give my consent to do so.

Signature: _____

Date: _____

If filled out by someone other than the client (for example a caregiver or assessor, please check here ☐ and sign below)

Filled out by: _____

Date: _____

CASTLE ROCK SENIOR ACTIVITY CENTER

"Loving Life in the Second Half"

Rider Membership Application

Date:_____

First Name:_____ Middle:_____ Last:_____

Phone:_____ Cell:_____

Current address:_____

City:_____ State:_____ Zip :_____

Name of Community (i.e.: 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 LIABLITY

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:_____

CASTLE ROCK
SENIOR ACTIVITY CENTER

"Loving Life in the Second Half"

Transportation Rider Guide

Effective July 2026

2323 Woodlands Boulevard
Castle Rock, CO 80104

303-688-9498

www.CastleRockSeniorCenter.org

"Loving Life in the Second Half"

Welcome

Welcome to the Castle Rock Senior Activity Center (CRSAC) Transportation Program.

Our transportation program helps older adults remain independent by providing safe, reliable rides to medical appointments, grocery stores, nutrition programs, Center activities, and other approved destinations.

This program is made possible through the dedication of our volunteer drivers and funding from federal, state, local, and private grants. Because we rely on volunteer drivers and limited funding, transportation is provided based on volunteer availability, vehicle availability, scheduling capacity, and program priorities. While we make every effort to accommodate every request, transportation cannot always be guaranteed.

We are honored to serve you and appreciate the opportunity to help you remain active, independent, and connected to your community.

Who Can Use the Transportation Program?

You may qualify if you:

- Are **50 years of age or older** (or otherwise eligible under program guidelines).
- Live within the CRSAC transportation service area in Douglas County.
- Can travel independently or with a registered caregiver.
- Meet all program eligibility requirements.

CRSAC may request proof of residency or eligibility at any time.

Making the Most of Our Transportation Resources

The Castle Rock Senior Activity Center Transportation Program is funded through federal, state, local, and private grants and is supported by the generosity of our volunteer drivers. Because these resources are limited, we work to use them responsibly so we can serve as many eligible older adults as possible.

Transportation services are available based on:

- Volunteer driver availability
- Vehicle availability
- Scheduling capacity
- Route efficiency
- Safe driving conditions
- Grant funding requirements

While we make every effort to accommodate ride requests, **transportation cannot be guaranteed.**

If you have transportation benefits available through another program—such as **Medicaid Non-Emergency Medical Transportation (NEMT)**, Veterans transportation services, or transportation provided through your home care agency or insurance plan, encourage you to use those services whenever possible.

Using available transportation benefits helps preserve our limited grant-funded transportation services for older adults who have few or no other transportation options.

If you are unsure what transportation benefits may be available to you, our staff will be happy to help you explore other community transportation resources.

Transportation Services

We provide transportation for:

- Medical appointments
- Physical therapy
- Dialysis
- Grocery shopping
- Nutrition programs
- Pharmacy visits
- Employment
- Volunteer activities
- CRSAC activities
- Other approved destinations

Ride Priority

Because volunteer drivers and vehicles are limited, rides are scheduled in the following order:

1. Medical appointments
2. Nutrition needs
3. Quality of life activities

Transportation depends on:

- Driver availability
- Vehicle availability
- Route efficiency
- Weather and road conditions
- Grant requirements

Submitting a ride request does not guarantee transportation.

Scheduling a Ride

To schedule transportation call:

303-688-9498

Office Hours

Monday–Friday

8:30 a.m. – 4:30 p.m.

Reservation Deadlines

Local Trips

- Schedule at least 3 **business days** in advance.

Special Medical Trips

- Schedule **1–2 weeks** in advance.

Recurring rides must be renewed each month.

Please have the following when scheduling a ride:

- Appointment date
- Pickup address
- Destination
- Appointment time
- Return time (if known)
- Telephone number

PLEASE NOTE - A ride request will not be accepted if these details are missing

Please remember that our drivers are volunteers who generously donate their time to serve our community. While we make every effort to meet your requested appointment times, pickup times may be adjusted to create the most efficient routes and allow us to serve as many riders as possible. We appreciate your flexibility and understanding.

Ride Day

To help keep everyone on schedule:

- Be ready **15 minutes before** your scheduled pickup.
- Drivers may arrive **15 minutes before or after** your scheduled time because of traffic, weather, or previous riders.
- Drivers wait **5 minutes** after arriving.
- If you are not ready, your ride may be considered a **no-show**.

If your driver is more than **15 minutes late**, please call the Transportation Office.

Changing or Canceling a Ride

Plans change—we understand!

Please let us know as soon as possible if you need to cancel.

At least 24 hours' notice is suggested.

Frequent late cancellations or no-shows affect volunteer schedules and may prevent another rider from receiving transportation.

Repeated no-shows, late cancellations or cancellations during confirmation calls may result in temporary suspension from the program.

What Our Volunteer Drivers Can and Cannot Do

Our drivers provide **curb-to-curb transportation**.

Drivers CAN

- Open vehicle doors.
- Offer an arm for balance.
- Help you enter and exit the vehicle.
- Secure walkers, wheelchairs, and other mobility devices.
- Load groceries or personal items into and out of the vehicle.

Drivers CANNOT

- Enter your home.
- Escort you into buildings.
- Lift or carry you.
- Carry groceries into your home.
- Provide personal care.
- Sign medical paperwork.
- Handle money or make purchases for you.

If you need more assistance than our drivers can safely provide, you must travel with a caregiver registered with CRSAC.

Caregivers

Caregivers must:

- Be registered with the Transportation Program.
- Travel with the rider during the entire trip.
- Assist the rider before, during, and after transportation.

Drivers are not caregivers and cannot provide ongoing supervision or personal assistance.

Rider Responsibilities

For everyone's safety, riders are expected to:

- Wear a seat belt.
- Follow driver instructions.
- Remain seated while the vehicle is moving.
- Treat drivers and other riders with courtesy and respect.
- Be ready at the scheduled pickup time.
- Purchase only the groceries or personal items they can manage themselves or with their caregiver.

Drivers may refuse service if rider behavior creates a safety concern.

Medical Appointments

Medical appointments receive the highest scheduling priority.

If your medical procedure requires someone to sign discharge paperwork or remain with you after the procedure, you must arrange for a responsible adult to accompany you or meet you at the facility.

Volunteer drivers cannot sign medical releases or accept responsibility for your care after a procedure.

Service Animals and Pets

Service animals are always welcome. Under the ADA, service animals are defined as dogs that are individually trained to do work or perform tasks directly related to a person's disability.

Emotional Support Animals do not qualify as service animals under the ADA or under this policy.

Service animals must be harnessed, leashed, tethered, or in an approved carrier while in the vehicle, unless these devices interfere with the animal's safe, effective performance of its tasks.

Small pets traveling to veterinary appointments may be transported when:

- Approved in advance.
- Secured in an approved carrier.
- You are able to carry the carrier yourself.

- Space is available.

Severe Weather

Colorado weather can change quickly.

Transportation may be delayed or canceled because of:

- Snow
- Ice
- Flooding
- High winds
- Wildfires
- Unsafe road conditions

If the Center closes because of severe weather, **all transportation services—including medical and dialysis trips—are canceled.**

Please have an alternative transportation plan for critical medical appointments.

Voluntary Contributions

Transportation is provided **without charge.**

Voluntary contributions help us continue serving older adults throughout Douglas County.

Contributions are:

- Optional
- Confidential
- Never required

You will **never** be denied transportation because you are unable to contribute.

Contributions may be made:

- In the vehicle contribution box
- At the Center
- Online
- By mail
- By cash, check, or credit card

Suggested Voluntary Contributions

Distance	Example Areas	One-Way	Round Trip
Up to 2 miles	Castle Rock	$3	$6
2–4 miles	Plum Creek / Founders	$4	$8
4–6 miles	Meadows / Silver Heights / Metzler Ranch	$4	$8
6–8 miles	Castle Pines Village / Bell Mountain / Crystal Valley	$5	$10
8–12 miles	Castle Pines / Surrey Ridge / The Canyons	$6	$12
12–16 miles	Perry Park / Larkspur / Louviers / Sedalia / Sky Ridge / Lioness Medical	$8	$16
Special Medical	Parker Adventist / Tech Center	$18	$36
Long Distance Medical	Denver Metro / Aurora / Colorado Springs	$22	$44

Suspension or Loss of Transportation Services

Transportation services may be suspended or discontinued if a rider:

- No longer meets eligibility requirements.
- Provides false information.
- Repeatedly misses scheduled rides.
- Repeatedly violates program policies.
- Behaves in a threatening, abusive, or unsafe manner.
- Endangers the safety of others.

Whenever appropriate, CRSAC will discuss concerns with the rider before taking action. However, the Center may immediately suspend service if necessary to protect riders, volunteers, or staff.

The Executive Director has final authority regarding rider eligibility and participation.

Non-Discrimination

The Castle Rock Senior Activity Center provides transportation services without discrimination based on race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military status, marital status, or any other characteristic protected by law.

Transportation Office

Castle Rock Senior Activity Center

2323 Woodlands Boulevard

Castle Rock, CO 80104

Transportation Office: 303-688-9498

Office Hours:
Monday–Friday
8:30 a.m.–4:30 p.m.

Website:
www.CastleRockSeniorCenter.org

Quick Reference

To Schedule a Ride

☎ Call **303-688-9498**

Please have the following when scheduling a ride:

- Appointment date
- Pickup address
- Destination
- Appointment time
- Return time (if known)
- Telephone number

PLEASE NOTE - A ride request will not be accepted if these details are missing.

Schedule Ahead

- Local trips: **3 business days**
- Special medical trips: **1–2 weeks**

On Ride Day

✓ Be ready **15 minutes early**

✓ Driver waits **5 minutes**

To Cancel

✓ Please give a minimum of **24 hours' notice** whenever possible.

Remember

- Transportation is **not guaranteed.**
- Medical appointments receive priority.
- Drivers provide **curb-to-curb** service only.
- Volunteer drivers cannot enter your home or provide personal care.