



"This project is made possible in part, under the Federal Older American's Act through a contract with the NWRDC under an Area Plan approved by the Minnesota Board on Aging."

**CLIENT INTAKE FORMS - Please return to WCMCA, 411 Industrial Park Blvd, Elbow Lake, MN 56531 - Please do not send any money with these forms.**

How did you hear about ReadyRide? \_\_\_\_\_

Your name (First, Middle, Last): \_\_\_\_\_

Your birthdate: \_\_\_\_\_ Your age now: \_\_\_\_\_

Are you on Medical Assistance (M.A.) with Prime West Insurance? If yes, please send a copy of the front and back of your Prime West card with these forms and write your PMI number here: \_\_\_\_\_

If you are not on Prime West insurance, you must be at least 60 and the incorporated Fee Schedule will apply.

How many people are in your household? \_\_\_\_\_ What is your **net** monthly income? \_\_\_\_\_

(Your net monthly income is the amount of money you receive each month **after** taxes.)

Do you use any mobility devices (walker, wheelchair, other)? \_\_\_\_\_

Street Address (include any apartment number): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Your phonenumber: \_\_\_\_\_

**Your emergency contact information:**

**1) Name (First and Last/Relationship):**

Address (include any apartment number):

Phone number:

**2) Name (First and Last/Relationship):**

Address (include any apartment number):

Phone number:

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you're not filling in this form, who is and what is their relationship to you?

Does this person have the legal right to answer questions and make decisions for you?

I certify that the information on this application is true and correct to the best of my knowledge:

\_\_\_\_\_  
**Applicant Signature (or proof of power of attorney)**

\_\_\_\_\_  
**Date**

Fee Schedule - Applies if you are not on Medical Assistance with a Prime West insurance card. You must be at least 60 to qualify for the program if you do not have Prime West. Prime West pays for medical rides only.

WCMCA's Older Adults Programs require an annual enrollment fee per program.

Transportation: \$25 | Door-through-Door Transportation: \$35

Door-through-Door Transportation: Drivers offer personal, hands-on assistance by helping passengers through the doors of their residences and destinations, as needed. This type of service includes several levels of assistance from opening doors and providing verbal guidance, to physical support. Persons with severe physical or mental disabilities typically use this service. Ready Ride may be up to 10 minutes early or late from the scheduled pick up time. In addition, to help sustain these services and to comply with grant funders, individuals will be asked to share in the cost of the service, or a portion of the cost, based on ability to pay. These \*cost sharing fees will be based on a self-proclaimed net income as well as household size.

**Household of one; Net income up to...**

| INCOME           | COST PER MILE |
|------------------|---------------|
| Tier 1- \$12,060 | \$.50/mile    |
| Tier 2- \$15,075 | \$1.00/mile   |
| Tier 3- \$18,090 | \$1.25/mile   |
| Tier 4- \$21,105 | \$1.60/mile   |
| Tier 5- \$24,120 | \$2.09/mile   |

Please note – Volunteer drivers use their own vehicles. Therefore, we are currently unable to provide rides for those who are not ambulatory. In addition, to provide for rider continuity of care, if the rider is being picked up at a medical facility and has received general anesthesia, our volunteer driver cannot act as the “discharged to” party. A rider’s friend or family member may accompany the driver to pick up the rider and assume responsibility for them, as acceptable to policies and ordinances in force at the time of the ride.

**Household of two; Net income up to...**

| INCOME           | COST PER MILE |
|------------------|---------------|
| Tier 1- \$16,240 | \$.50/mile    |
| Tier 2- \$20,300 | \$1.00/mile   |
| Tier 3- \$24,360 | \$1.25/mile   |
| Tier 4- \$28,420 | \$1.60/mile   |
| Tier 5- \$32,480 | \$2.09/mile   |

\*Cost sharing fees are subject to change



## RIDER CONDUCT

It is our mission to provide safe, comfortable, and enjoyable ride experiences to all our valued clients. You are the reason why we are here; it is our pleasure to serve you.

All riders are required to wear seat belts. Age-appropriate seat restraints are required for children.

To ensure a level of uniformity in behavior and to assist the program in maintaining its quality service, please read the following brief requirements. Then, sign where indicated. Your participation and cooperation are greatly appreciated.

- Avoid discussing controversial issues with your driver. Many people have very strong beliefs about:
  - Religious positions
  - Political matters
  - Racial issues
  - Social issues such as immigration, gender and sexual orientation, other countries of origin

NOTE: This list is not all-inclusive. As a reminder, we recommend keeping the conversation light and avoiding “hot-button” topics.

- Please call Ready Ride directly to request a ride (218-685-7433); don't call the driver.
- No rides are guaranteed. It is preferred that Riders request a ride by Monday at noon for the following week to be able to better assist the riders and volunteers.
- Use good judgment about eating or drinking in a driver's vehicle. Smoking and vaping are not permitted.
- When requesting a ride through Ready Ride, please notify us if you need to transport a pet with you. Some drivers might be allergic. Service animals are allowed all the time, but please notify Ready Ride if you will be accompanied by a service animal.
- If you are accompanied by a spouse, friend, or support person, we will note that on the ride information. If someone wants to accompany you but is not on the information sheet, simply explain that another person requires permission and callus.
- Ready Ride will supply you with a File of Life card. Please carry this card with you when you use the Ready Ride Service. In case of a medical emergency, we want to be prepared to help you, to the very best of our ability, in the event you experience a medical issue. Additionally, if your File of Life card changes, please update us immediately.

Thank you for reading and, by your signature, agreeing to this general code of conduct.

Your signature: \_\_\_\_\_

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



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WEST CENTRAL MINNESOTA  
**Communities Action**

**WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC.**

411 Industrial Park Blvd, Elbow Lake, MN 56531

218-685-4486 or 1-800-492-4805

Fax: 218-685-6741 or 218-685-6189

### AUTHORIZATION TO RELEASE INFORMATION

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Birth

I authorize the release of information about me to West Central MN Communities Action for the sole purpose of providing my transportation. I understand that this includes the driver that is assigned to providing my transportation. This information will be limited to what is necessary to transport me safely.

\_\_\_\_\_ *Initials please*      *Verbal release given on* \_\_\_\_\_ *Staff initial* \_\_\_\_\_

I authorize the following entities to release and exchange information about me/us for the sole purpose of assisting me in accessing services that will allow me to be healthy, active and remain in my home.  
**(Please check those that apply)**

☐ Social Services

☐ HRA

☐ United Way

☐ Experience Works

☐ Attorney

☐ Public Health

☐ Parole Officer

☐ The Salvation Army

☐ Veterans Service Office

☐ Landlord/Nursing Home/Assisted Living

☐ Other: \_\_\_\_\_

☐ Friend or Family Member (name): \_\_\_\_\_

I/we understand that the information will not be disclosed to other sources unless specifically authorized by law or written consent. I/we understand that I/we may refuse to release this information and the consequences of this refusal have been explained to me.

I/we understand that I/we may revoke this consent at any time (not retroactive) provided that I/ we submit this revocation in writing. Authorization will automatically expire one year from the date of the signature below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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WEST CENTRAL MINNESOTA  
***Communities Action***

**DISCRIMINATION POLICY**

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Gender
- Marital status
- Status regarding public assistance
- Disability
- Sexual orientation
- Age

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Chief Executive Director  
West Central MN Communities Action, Inc.  
411 Industrial Park Boulevard  
Elbow Lake, MN 56531  
1-218-685-4486 or 1-800-492-4805, Ext. 112

I have discussed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:

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

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



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# MINNESOTA CAP60

## NOTICE & CONSENT

We collect personal information about the people we serve and store this information in the CAP60 computer system.

### Why?

- To determine your eligibility in our programs and suggest other programs (based on eligibility).
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

### Your Rights

- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing):

West Central MN Communities Action  
Attn: Missy Becker-Cook, Chief Executive Director  
411 Industrial Park Blvd  
Elbow Lake, MN 56531

For: \_\_\_\_\_  
Print: First and Last Name Date of birth

My signature shows that I understand the language in this document above, that I agree with these terms, and that I permit WCMCA to enter my personal information into the CAP60 computer system.

**SIGNATURE OF CLIENT OR GUARDIAN**

**DATE**



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## YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

### Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

### Do you have to answer the questions we ask?

Generally, the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible to receive.

### With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

### You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

### How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to:

Missy Becker-Cook, Chief Executive Director  
West Central MN Communities Action, Inc.  
411 Industrial Park Boulevard  
Elbow Lake, MN 56531

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

### If you have any questions about the information on this form, ask a staff member.

I understand my rights and have been given a copy for my records,

Client Signature: \_\_\_\_\_ Verbal Consent from Client Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

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

☐ Copy of signed form sent to client



## DEMOGRAPHIC INFORMATION - WHY DO WE ASK THIS?

As explained in the Tennessean Warning and the MN CAP60 consent pages, the two pages prior to this page, we use this information to determine if you might be eligible for other services.

You are not required to answer these questions to receive eligible services from us.

### Are you a veteran of the United States Armed Forces? Circle one: Yes No

#### 1. Ethnicity

**Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)**

- |   |   |
|---|---|
| <input type="checkbox"/> Mexican          | <input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin (Please Choose from the list in Table One) |
| <input type="checkbox"/> Mexican American |   |
| <input type="checkbox"/> Chicano/a        |   |
| <input type="checkbox"/> Puerto Rican     |   |
| <input type="checkbox"/> Cuban            | <input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish origin   |
| <input type="checkbox"/> Unknown          |   |

#### Other Ethnicity Table

| Table One: Other Hispanic, Latino/a, or Spanish Origin  |  |   |
|---|--|---|
| Spaniard<br>Andalusian<br>Asturian<br>Castillian<br>Catalonian<br>Balearic Islander<br>Gallego<br>Valencian<br>Canarian<br>Spanish Basque | La Raza<br>Mexican American Indian<br>Central American<br>Costa Rican<br>Guatemalan<br>Honduran<br>Nicaraguan<br>Panamanian<br>Salvadoran<br>Central American Indian<br>Canal Zone | South American<br>Argentinean<br>Bolivian<br>Chilean<br>Colombian<br>Ecuadorian<br>Paraguayan<br>Peruvian<br>Uruguayan<br>Venezuelan<br>South American Indian<br>Criollo<br>Latin American<br>Dominican |



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## 2. Race

What is your race? (011e or more categories may be selected)

- ☐ American Indian or Alaska Native  
☐ Black or African American

- ☐ White  
☐ Other

- ☐ Asian Indian  
☐ Chinese  
☐ Filipino  
☐ Japanese  
☐ Korean  
☐ Vietnamese

- ☐ Native Hawaiian  
☐ Guamanian or Chamorro  
☐ Samoan  
☐ Other Pacific Islander (Please choose from the List In Table Three)

- ☐ Other Asian (Please choose From the List In Table Two)

### other Race Tables

Table Two: vmer Asian

|   |  |
|---|--|
| <p>Bangladeshi<br/>Bhutanese<br/>Burmese<br/>Cambodian<br/>Taiwanese<br/>Hmong<br/>Indonesian<br/>Loalion<br/>Malaysian</p> | <p>Okinawan<br/>Pakistani<br/>Sri Lankan<br/>Thai<br/>IwoJiman<br/>Maldivian<br/>Nepalese<br/>Singaporean<br/>Madaqascar</p> |
|---|--|

Table Three: vmer Pacific Islander

|   |  |  |
|---|--|--|
| <p>Polynesian<br/>Tahitian<br/>Tongan<br/>Tokelauan<br/>Guamanian</p> | <p>Micronesian<br/>Mariana Islander<br/>Saipanese<br/>Palauan<br/>Carolinian<br/>Kosraean<br/>Kiribati<br/>Pohnpeian<br/>Chuukese<br/>Yapese<br/>Marchallese<br/>Kribatl<br/>Other Micronesian</p> | <p>Melanesian<br/>Fijian<br/>Papua NewGuinean<br/>Solomon Islander<br/>New Hebrides<br/>Other Pacific Islander</p> |
|---|--|--|



## **WCMCA, Inc. Ready Ride** ***Grievance Policy and Client Rights***

### **PURPOSE**

Any WCMCA Ready Ride Client who feels aggrieved for any reason, is urged to take the matter up immediately. The Grievance Procedure has been designed to provide fairness, expediency and reduced cost when resolving program-related complaints. This procedure does not waive anyone's substantive rights. It provides a forum for disputes to be resolved in a way that is mutually beneficial.

### **DEFINITION OF A GRIEVANCE**

A grievance is defined as an official statement of complaint over something believed to be wrong or unfair that may or may not be justified.

### **GRIEVANCE POLICY PROCEDURE**

**Step 1:** The Ready Ride Client shall discuss the grievance with the Transportation Administrative Assistant and attempt to resolve the grievance informally. A copy will be given to the Special Projects Coordinator.

**Step 2:** In the event that the grievance is not resolved in Step 1, the grievance shall be reduced to writing and served on the Special Projects Coordinator within 15 days after the date of the first event giving rise to the grievance. The Special Projects Coordinator shall submit a written decision to the Ready Ride Client, the Transportation Administrative Assistant and the Family & Community Services and Operations Director, within 10 days of the date the written grievance is received.

**Step 3.** In the event the grievance is not resolved, the grievance may be appealed to the Family & Community Services and Operations Director, within 10 days of the decision rendered in Step 2. The Director of Family & Community Services and Operations shall hear the grievance at their earliest possible convenience. Said hearing shall be held no sooner than 10 days and no more than 30 days following receipt of the appeal. The Director Family & Community Services and Operations will submit a decision within 10 days of said meeting.

**Step 4.** In the event the grievance is not resolved, the grievance may be immediately appealed to the WCMCA Chief Executive Officer. The WCMCA Chief Executive Officer will submit a decision within 10 days of receiving the appeal and their decision shall be final.



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## **GRIEVANCE OR COMPLAINTS**

Any individual who feels he or she has been denied the opportunity to participate in this program or has a complaint should follow the procedure above.

Complaints, grievances, or concerns regarding services should be directed to the following West Central MN Communities Action, Inc. Staff in the order outlined above.

John Przybylski, Transportation Administrative Assistant  
West Central MN Communities Action, Inc.  
411 Industrial Park Blvd  
Elbow Lake, MN 56531  
218-685-7038

Heather Molesworth, Director of Family & Community Services and Operations  
West Central MN Communities Action, Inc.  
1910 Aga Drive, Suite 206  
Alexandria, MN 56308  
218-304-3458

Missy Becker-Cook, Chief Executive Officer  
West Central MN Communities Action, Inc.  
411 Industrial Park Blvd  
Elbow Lake, MN 56531  
218-685-4486

## **CLIENT RIGHTS**

Services of this program are provided in accordance with Department of Human Rights Affirmative Action and Non-Discrimination requirements and is for use by all people aged 60 and over, regardless of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in local commission, disability, sexual orientation or age.

1. The right to receive services according to a suitable and current plan.
2. The right to refuse services.
3. The right to know about the capabilities and limitations of services provided by WCMCA.
4. The right to be served by people who are properly trained and capable of performing associated duties.
5. The right to have medical, financial, and personal records kept private.
6. The right to be treated with courtesy and respect and be free from physical or verbal abuse.
7. The right to be allowed access to records and written information from records in accordance with state statutes.

#### CLIENT RESPONSIBILITIES

1. Participate in the development and execution of the service plan.
2. Provide a safe work environment for our staff/volunteers.
3. Notify our office at least 24 hours in advance when scheduled visits cannot be kept.
4. Clients are asked to contribute to the cost of services required through our cost-sharing annual membership. Your contribution of cost helps to support the continuation of the program.

---

**Client Signature**

**Date**

## RiderSignature

I hereby certify that I have received and read the Ready Ride Rider Packet. I recognize and understand that I am to comply with these policies and regulations.

**Right to Refuse:** Failure to follow these procedures may result in loss of eligibility to be a rider with this program. The Transportation Department reserves the right to discontinue service if any of these policies are not followed or the safety and security of the driver or rider is in question.

---

Signature of Rider

---

Date



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| Older Adult Name:  |  | Family Caregiver Name:   | Screen Date:             |
|--|--|--|--------------------------|
| 1.   | <b>Do you need help to do the following?</b><br>a) Walking b) Getting out of bed/chair c) Going to the bathroom d) Bathing e) Dressing f) Eating   | Answers: a, b, c, d, e, f If 2 or more circled<br><b>SCORE = 2</b>                           | <input type="checkbox"/> |
| 2.   | <b>During the last 6 months, have you had a fall that caused injuries? Yes No</b><br><br>NOTE: "Injuries" means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization OR 3 or more of any falls. | <b>IF YES circled SCORE = 2</b>  | <input type="checkbox"/> |
| 3.   | <b>Do you have a family member/friend give you help when you need it? Yes No</b>   | <b>If NO circled SCORE = 2</b>   | <input type="checkbox"/> |
| 4.   | <b>Does your caregiver feel overwhelmed or stressed because of the care they provide you? Yes No</b>   | <b>If YES circled SCORE = 2</b>  | <input type="checkbox"/> |
| 5.   | <b>Have you thought about moving to other housing? (i.e. nursing home, assisted living or other housing with services) Yes No</b><br><b>If YES, where have you considered moving to?</b>   | <b>If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) SCORE = 2</b>   | <input type="checkbox"/> |
| 6.   | <b>Do you live alone? Yes No</b>   | <b>If YES circled SCORE = 1</b>  | <input type="checkbox"/> |
| 7.   | <b>Do you or your family have concerns about your memory, thinking, or ability to make decisions?</b><br><br><b>If YES, are you: Very concerned Somewhat concerned Not concerned?</b>  | <b>If VERY CONCERNED circled SCORE = 2</b><br><b>If SOMEWHAT CONCERNED circled SCORE = 1</b> | <input type="checkbox"/> |
| <b>TOTAL SCORE (Sum of Scores For Items 1 Through 7) =</b>   |  |  | <input type="text"/>     |
| <b>Score and Risk Category</b><br><b>0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and higher = High Risk</b> |  |  |                          |





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## Medical Assistance (MA) with a Prime West Insurance Card

# Ready Ride

## Rider Packet

Please keep this packet for your reference.



# Welcome

Dear Valued Rider,

Thank you for your interest in the Ready Ride - Prime West transportation program. We are excited to have you as a Rider!

West Central MN Communities Action, Inc.



We have provided you with a few forms which need to be completed by you or your authorized power of attorney, then returned to us in the postage-paid envelope. We do need them returned to us before we can begin to request rides for you. This Rider Packet is for you to keep.

Please note: only medical rides (appointments and pharmacies) are covered at no charge under this program.

Please try to request all rides by Monday at noon for the following week or later. This gives us time to try to match your ride request with one of our dedicated, amazing volunteer drivers.

If you ever have any questions, please call or email me. The number for Ready Ride is 218-685-7433. I am available 8:00 am - 4:30 pm, Monday through Friday, excluding federal holidays.

Again, thank you for allowing us to be of service. We look forward to providing you with the level of excellence for which we have become known.

Sincerely,

John Przybylski  
Administrative Assistant – Transportation  
john@wcmca.org



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#### OUR MISSION

Empowering people while providing services and resources that impact individuals and communities.

#### OUR VISION

Partnering to build resiliency in Greater Minnesota.

#### OUR VALUES



##### RESPECT

We trust, honor, and care for all.



##### INCLUSION

We accept all, while striving to eliminate injustice.



##### PASSION

We strive for empathy and compassion.



##### INTEGRITY

We expect honesty and accountability.



##### TEAMWORK

We are stronger when we work together.

### Staff Contact

**John Przybylski**

Administrative Assistant – Transportation

[john@wcmca.org](mailto:john@wcmca.org)

218-685-4486 Ext. 7038

Policies and directives contained herein are subject to change with or without notice at the sole direction of company officials.



IN PARTNERSHIP WITH



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## Rider Conduct

It is our mission to provide safe, comfortable, and enjoyable ride experiences to all our valued Clients. You are the reason why we are here; it is our pleasure to serve you.

Currently, due to the Covid-19 pandemic, a maximum of two riders, including a child, are permitted to ride in our volunteer drivers' vehicles. Facemasks are required for all rides. Riders must sit in the rear seat of the vehicle; no passengers are permitted in the front seat. We will continue to do all that we can to contribute to everyone's safety during these trying times.

All riders are required to wear seat belts. Age-appropriate seat restraints are required for children.

To ensure a level of uniformity in behavior and to assist the program in maintaining its quality service, please read the following brief requirements. Then, sign at the end of the packet where indicated. Your participation and cooperation are greatly appreciated.

1. Avoid discussing controversial issues with your driver. Many people have very strong beliefs about:
  - Religious positions
  - Political matters
  - Racial issues
  - Social issues such as immigration, gender and sexual orientation, other countries of origin

NOTE: This list is not all-inclusive. As a reminder, we recommend keeping the conversation light and avoiding "hot-button" topics.
2. Please call Ready Ride directly to request a ride (218-685-7433); don't call the driver.
3. No rides are guaranteed. It is preferred that Riders request a ride by Monday at noon for the following week to be able to better assist the riders and volunteers.
4. Use good judgment about eating or drinking in a driver's vehicle. Smoking, including vaping, is not permitted.



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5. When requesting a ride through Ready Ride, please notify us if you need to transport a pet with you. Some drivers might be allergic. Service animals are allowed all the time, but please notify Ready Ride if you will be accompanied by a service animal.
6. You must have a valid, current Prime West health insurance card. Authorization for all rides will be subject to verification of current active coverage.
7. Ready Ride will supply you with a File of Life card. Please carry this card with you when you use the Ready Ride Service. In case of a medical emergency, we want to be prepared to help you, to the very best of our ability, in the event you experience a medical issue. Additionally, if your File of Life card changes, please update us immediately.
8. Ready Ride holds the right to deny rides if riders do not follow this code of conduct.
9. Riders must submit a copy of the Prime West insurance card, front and back, to Ready Ride.



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# Rider Process

## Request Rides

1. Call **218-685-7433 (RIDE)** to request a ride.
2. Be prepared to give WCMCA the following information:
  - Your name
  - Date of ride
  - Pick up time
  - Pick up location
  - Return time
  - Return location

NOTE: Modifications to your ride cannot be made via voicemail. Regular riders are asked to carry a File of Life with them when using our service.

**Important:** If you wish another person to accompany you on your ride, no matter their age, we must have a completed Rider Application on file in our computers before that ride takes place. This is to comply with Minnesota state mandates which ensure the protection of our Riders and Drivers should a non-standard ride event occur. There is no additional fee to have an assistant, friend or family member accompany you on your ride.

## Weather

If you are unable to take your ride because of weather conditions, please call the Administrative Assistant - Transportation at 218-685-7433 (RIDE) and they will notify the driver. If we are closed, please call the Special Projects Coordinator and they will contact the driver.

