

CITY OF BEDFORD PARKS & RECREATION DEPARTMENT

SENIOR TRANSPORTATION GUIDELINES

The Parks & Recreation Department offers door-to-door transportation service for Bedford Residents. Service is available for seniors 60 years of age and older and can be used for medical appointments, errands, recreation, and social events.

To register you must submit a completed application and provide proof of residency to the Parks & Recreation Department, 124 Ellenwood Avenue prior to being able to schedule a ride.

Transportation is provided by Senior Transportation Connection (STC) and is available Monday through Friday with pick-up times from 8:00 am to 4:00 pm. Boundary lines are: north – UH Ahuja Medical Center; south – Northfield Plaza; east – City of Solon; west – Marymount Hospital.

- To schedule a ride, call the **STC Call Center at 216-265-1489.**
- Cost is \$2.00 per round trip. Riders are eligible to schedule up to two round trips per week or 4 one-way trips per week.
- Reservations are taken on a first come, first serve basis with priority given to medical appointments.
- Reservations must be made prior to 12:00 pm and at least 72 hours (3 business days) in advance of your travel date by calling the STC Call Center at 216-265-1489; Monday through Friday between 7:30 am and 5:00 pm. An after-hours message line is available. Rides can be booked up to three weeks in advance.
- Please have the complete address and phone number of your destination when scheduling your ride.
- Let STC know if you use a wheelchair, walker, or other equipment and if you need help boarding. The driver will escort you to and from the door.
- If your appointment finishes early, please call the STC Call Center and they will do their best to get you home sooner.
- STC will send an automated call to remind you of your trip the business day before your trip is scheduled to take place.
- **Cancellations are required no later than 7:00 am the day of the trip. An after-hours message line is available. Failure to cancel rides may result in loss of ride privileges.**
- Transportation services are not available to residents in nursing and assisted living facilities. This is for the safety and security of both the riders and drivers.



REGISTRATION FORM

Date:			
Name:		Email Address:	
First	MI	Last	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
City:		State:	Zip Code:
Apartment Complex Name:		Telephone:	Birthdate:
Cell Phone:		Smartphone <input type="checkbox"/> Yes <input type="checkbox"/> No Do you text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last 4 digits of Social Security #:		Do you live in an Assisted Living or Nursing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility:	
Do you attend a Senior Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Senior Center:			
Living Situation: <input type="checkbox"/> Homebound <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Spouse <input type="checkbox"/> Lives with Others			
Income Below National Poverty Level: <input type="checkbox"/> Yes <input type="checkbox"/> No (This information is used for reporting purposes only and is confidential)		Persons in Family	
		Poverty Guideline	
		1	\$12,880
		2	\$17,420
		3	\$21,960
		4	\$26,500
Race: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Information Unavailable			
MOBILITY INFORMATION			
<input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Motorized Wheel Chair <input type="checkbox"/> Assist dog <input type="checkbox"/> Needs Lift <input type="checkbox"/> Scooter <input type="checkbox"/> Other			
Do you have a wheel chair ramp at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Client have a Personal Care Aide)? (PCA) <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', needs to be registered.	
		Speaks Limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frail/Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify):			
Special Pick Up Instructions:			
Special Needs:			

EMERGENCY CONTACT INFORMATION

(Primary) Name:	Relationship:	Telephone: Alternate Telephone:
Address:		
City:	State:	Zip:
(Secondary) Name:	Relationship:	Telephone: Alternate Telephone:
Address:		
City:	State:	Zip:

MAIL TO:

Bedford Parks & Recreation Dept.
124 Ellenwood Ave.
Bedford, OH 44146

Phone: (440) 735-6570

Office Use Only

Date Registered _____

Registered by _____

Provider _____

Funder _____

Fare Type _____

Special Notes _____
