

Transportation Sign-Off Form

Name of Individual: _____

Please check the applicable box, read, sign and return this form to your adult day service program as soon as possible.

Drop Off Guidelines- for the above named individual:

1. Can be dropped off from the vehicle and go into the home even if no one is there to receive him/her.
2. Does not require an escort to and from the vehicle but **cannot** be dropped off at home unless there is a visual contact between a home representative and the transportation staff.
3. Needs to be escorted to and from the vehicle by the home representative.

Transportation Standards

- If numbers two or three above are checked and no one is home when the vehicle arrives, the vehicle will continue on its usual route and bring the individual back to the day service site or an authorized location. The home representative is then responsible to transport the individual back home on this day.
- Day service participants are responsible for being ready to board the vehicle when it arrives at their home in the morning. The waiting period for picking up an individual is three (3) minutes. If there is no response from within the home during that time, the vehicle shall continue on its route and will not return that day. It is then the responsibility of the home representative to transport the individual to the program site.
- If there are repeated problems with pick up or drop off of the individual, transportation may be suspended until a corrective plan of action is implemented.
- Transportation is provided on a curb to curb basis. Transportation staff are not responsible for escorting individuals to and from the home. The day service and/or transportation provider's responsibility for the individual ceases when they step off the vehicle.

I have read, understand and agree to follow the transportation standards.

Signature of individual or guardian where applicable

Date

Signature of home representative (if different than above)

Date

Annual Review: A new form must be completed a minimum of every five years. In the interim, this form needs to be reviewed by the IDT annually. If there are no changes, complete the information below. If there are changes a new form must be completed and signed.

Review Date	Signature of IDT Representative
1.	
2.	
3.	
4.	
5.	