

## **Ashland Christian Emergency Services**



**Hanover Senior Rides Program  
P.O. Box 114, Ashland, VA 23005**

**(804) 543-6115    [www.aceshanover.org](http://www.aceshanover.org)**

### **Rider Registration Package**

Dear Rider:

Welcome to the Hanover Senior Rides Program.

This program was established to help seniors age 60 and older who can no longer drive and need transportation in order to stay in their homes. The rides may be for medical appointments, grocery shopping and for personal business. While the focus of the program is on seniors, we also provide transportation for persons, regardless of age, who may have a medical condition that requires frequent rides to physical therapy, chemotherapy, dialysis or other medical programs.

ACES operates the Hanover Senior Rides program for residents who live in central Hanover County area (Zip codes 23005, 23059, 23060 and 23069). Riders must be ambulatory and able to walk with the assistance of a cane or a collapsible walker. There is no charge for the ride, but we do ask you to consider donations to ACES to help sustain the service. Whenever you are given a ride, we will provide a donation envelope for any donations that you or your family may wish to make.

All of our ride coordinators and drivers are volunteers who give their time to operate this program. Our drivers use their own vehicle to provide the rides. Each driver is required to have a good driving record, a criminal background check, and must take a safety driving course. Our drivers are well qualified and insured by the State Division of Risk Management. We expect all of our volunteers to treat our riders with upmost respect and, in return, we ask you to be respectful of our volunteers and their time.

**Rides must be requested 7 to 14 days in advance of your appointment so we will have time to schedule the trip and secure a volunteer driver.**

Please carefully read the Hanover Senior Rides Eligibility Rules, complete the Rider Registration form and return it to Hanover Senior Rides, P O Box 114 Ashland, VA 23005. Thank you.

## **Hanover Senior Rides – Rider Eligibility Rules**

**Please read our guidelines below and please sign the agreement at the end.**

The **Hanover Senior Rides** program is for persons age 60 or older who need transportation to (1) medical appointments, (2) grocery shopping or (3) personal business (such as banking). While our focus is on seniors, we may also provide rides for persons who have a medical condition that requires frequent medical treatments such as physical therapy, chemotherapy or dialysis. We are glad to serve you, and it's important that you understand how our organization operates so we can provide you with the best service possible. **We ask you to please be considerate of our volunteers for their time and their willingness to serve you!**

### **Hanover Senior Ride Services**

**All of the Hanover Senior Rides Drivers are volunteers.** Not only do they donate their time, but they use their own vehicles and pay for their own gas to transport people in our community who need rides. Please **Do NOT** give money or tips to the drivers. See *Donations* below.

**Our Ride Coordinators are volunteers.** They are on call Monday through Friday: 9:00 a.m. – 5:00 p.m. They donate their time, energy, and expertise to schedule your transportation appointment.

### **Regarding Animals:**

**When a Driver comes to your home, please contain your animals in a separate room. (A dog that seems friendly to you may misunderstand why a stranger is in the house and become aggressive.) Service animals may be acceptable after a review by the Hanover Senior Rides Program Director or the ACES Senior Rides Transportation Director.**

### **Eligibility- For Hanover Senior Ride Services**

If you are receiving Medicaid Benefits – please contact your benefits manager or case worker. Medicaid includes transportation services and you are not eligible for rides through the Hanover Senior Rides Program.

To qualify for the Hanover Senior Rides service, you must be (1) 60 years of age or older and (2) Independently ambulatory and continent. (The Drivers cannot transport incontinent or wheelchair clients.)

### **Guidelines for Riders:**

Please be considerate of the drivers who volunteer to provide your transportation by following these guidelines:

- 1. For MCEF:** Your pick-up location must be in one of the following Hanover Country zip code areas: 23111, 23116 and a portion of 23069.
- 2. For ACES:** Your pick-up location must be in one of the following Hanover County zip code areas: 23005, 23059, 23060 and a portion of 23069

3. A standard time for a trip from pick-up to return is **2 hours**. If you think your trip may be longer, please let the Ride Coordinator know when you call.
4. Please try to make the time for your appointments between **9:00 a.m. and 2:00 p.m.** Monday through Friday. We want to avoid rush-hour traffic.
5. All grocery and other shopping trips must be to stores **within 5 miles** of your home.
6. Our drivers are not permitted to lift heavy objects. (No cases of water or drinks on shopping rides.)
7. All arrangements for your transportation are to be made through our Coordinators. For Mechanicsville: (804) 357-9360; For Ashland: (804) 543-6115  
**Please do not call the driver at home. (The driver will call you to verify.)**
8. **You are responsible for any tolls and parking fees associated with your ride.**
9. You need to call at least 7 days ahead of your appointment, but not more than 30 days ahead. If you leave a voice mail message, PLEASE SPEAK SLOWLY and state the following:  
Name  
Phone Number  
Date and time you need transportation, the location of medical appointment, personal business appointment, or grocery store.
10. We can only provide transportation for you **once in seven days**. More frequent trips put too much demand on our volunteer drivers. We can provide a maximum of two grocery shopping rides per month. Occasional exceptions can be made.
11. **In the event of inclement weather**, when the Hanover Schools are closed, the office is closed. No transportation will be provided for a scheduled appointment. The driver will contact you and let you know if he/she will be able to provide transportation that day.
12. Please be ready 10 minutes before the time of pick-up and be on the lookout for the driver in the event that they are having trouble finding your home.
13. Drivers should only make additional stops when it's a necessary part of the ride – such as stopping at the client's bank as part of a trip to the grocery store or stopping at a pharmacy after a medical visit. When you request the ride, please tell the ride coordinator if you need additional stops.
14. Please call us, **immediately**, if you have a change of plans and don't need the scheduled ride.
15. All Virginia laws of the road, including seat belt laws, must be observed to protect our clients as well as our drivers.
16. **Please understand that we will make every reasonable effort to provide the requested ride with one of our volunteers. However, if that is not possible the ride will be scheduled through our transportation partner, UZURV.**
17. ***Although this is a free service for you, our organization is supported through the donations of the people in the Mechanicsville and Ashland areas and a contribution is always appreciated in order to keep these services available. Your driver will provide a donation envelope after your ride for your use.***

Please keep these guidelines and refer to them before calling Hanover Senior Rides at (804) 357-9360 for MCEF or (804) 543-6115 for ACES to request an appointment.

## **Hanover Senior Rides - RIDER REGISTRATION**

**Please fill out the form COMPLETELY**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church Affiliation \_\_\_\_\_

How did you hear about Hanover Senior Rides? \_\_\_\_\_

Why are you in need of our services? \_\_\_\_\_

Do you use a cane or walker or other device for mobility? \_\_\_\_\_

Do you have a chronic health condition such as asthma or diabetes that may at times require immediate attention? \_\_\_\_\_

Are you currently receiving Medicaid benefits? \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acknowledgement of the Hanover Senior Rides Eligibility and Guidelines and Release from Liability: I have read the Hanover Ride Services Eligibility requirements and agree to abide by them. I understand that failure to do so could result in my removal from the Ride services.**

As a receiver of the volunteer services, I believe said Hanover Senior Rides program of any liability due to accident or illness while in the care of their volunteer. Please note failure to abide by the above noted guidelines will result in being removed from our services. I also give my permission to utilize any photos taken while participating in the Hanover Senior Ride services.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

*Please return your application to the appropriate agency listed below*

MCEF  
P.O. Box 604  
Mechanicsville, VA 23111

ACES  
P. O. Box 114  
Ashland, VA 23005