



Thank you for your interest in *Senior Ride Charleston*.

I am enclosing an Application for Transportation Service for you to fill out. Please mail the completed application form and a check for the combined membership and personal transportation account in the amount of \$110.00 for an Individual membership, made payable to *Senior Ride Charleston* back to us in the envelope provided.

Thank you again for your interest in *Senior Ride Charleston*. We provide ride services in most of the Greater Charleston area within Charleston County. (Downtown Charleston, North Charleston, Mt Pleasant, West Ashley, Daniel Island and James Island)

After your application is approved, processed and you are ready to schedule rides we will mail you a welcome package. Please carefully review the welcome package for important information about how to schedule your rides. We will also call to follow up and answer any questions you may have.

Please contact us at 843-225-2715 if you have any questions.

P.O.Box 2065
Goose Creek, SC 29445
[SerniorRideCharelston.org](http://SeniorRideCharelston.org)



**Senior Ride
Charleston**
Because you have places to go

Individual Membership Information

Your *Senior Ride Charleston* provides safe and reliable transportation for adults 60 and older and individuals with visual impairments at least 21 years old. *Senior Ride Charleston* is a non-profit, 501c3 organization, that provides member riders a transportation service offering mobility, comfort, security and affordability with the convenience of a standard automobile.

Areas served within Charleston County:

- City of Charleston
- James Island
- West Ashley
- Daniel Island
- Sullivan's Island
- Isle of Palms
- Town of Mount Pleasant
- City of North Charleston



Membership Benefits Include:

- Door-to-door (upon request) rides with no restriction on ride purpose 24/7/365.
- Rides delivered by fully screened and trained drivers who provide the highest level of customer service with the utmost in respect for all member riders.
- No money is exchanged at the time of the ride and no tipping is allowed. The cost for the ride is charged to the member's Ride Account.
- Gift Certificate Program - Friends and family may give you a lift by purchasing *Senior Ride Charleston* gift certificates for Birthdays, Mother's Day, Father's Day or any occasion.
- Each-One-Reach-One-Referral-Program - Refer a new member or volunteer and receive a \$20.00 ride credit when the new member joins or the volunteer becomes active.
- Car Donation Program - Receive a tax credit or trade your car to *Senior Ride Charleston* for ride credits to cover the cost of your rides.
- Quarterly Newsletter - "Staying Connected"

Membership requirements:

- Reside within established service areas.
- Meet the age requirements: 60 or older for seniors -- 21 or older with visual impairment.
- Ability to transfer oneself in and out of a standard automobile with no more assistance than a steady hand.
- Complete and submit membership application with appropriate fees.
 - Annual Membership Fee: Individual Membership Fee \$60.00, Family Membership Fee \$110.00.
 - Open your "Ride Account": Individual Membership \$60.00, Family Membership \$110.00.

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Senior Ride Charleston Rates		
Rates Effective: October 1, 2016	<i>Day</i>	<i>Night</i>
	7:00 a.m - 7:00 p.m	7:00 p.m - 7:00 a.m
Standard Pickup Charge	\$ 4.25	\$ 7.00
Ride Request <u>before 4:00 p.m.</u> the day before the ride is to be delivered.	\$ 1.60 / per mile	\$ 1.60 / per mile
Same Day Ride: Please complete explanation of "Same Day Rides" on page 3.	\$7.00 /pick up \$ 3.20 / per mile	\$ 3.20 / per mile
Your total ride cost is calculated by adding your pickup charge to your mileage charge.		
Notes :		
<ul style="list-style-type: none"> • Office hours are Monday thru Friday 8:00 a.m. to 4:00 p.m. • Please phone in your ride requests during office hours. • To help us serve you better, please schedule your rides as far in advance as possible. Please never wait to schedule a ride. • Rides with more than one stop are possible for an additional charge: \$1.50 for each additional stop after the first. Rides that include multiple stops and exceed 1 hour will be charged an additional \$15.00 per hour prorated charge. • A \$75.00 hourly prorated wait time charge is applied when a driver must wait 15 minutes beyond the scheduled pick up time. • You may cancell a ride at no charge up to an hour before the ride, however, cancellations made within an hour of the ride will be charged \$10.00. Please make any cancellations as much in advance as possible. • Tipping is not permitted. 		

Setting Up A Ride Account

Regaining your independence begins with an Annual Membership Fee (\$60.00 for individuals and \$110.00 for a family membership) and opening a Ride Account (Individual Membership \$60.00, Family Membership \$110.00). All rides are charged to your Ride Account so no money is exchanged at the time of the ride.

Members receive a monthly statement detailing the previous month's rides, other charges and all payments made to the Ride Account.



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Planning & Scheduling Your Rides

- * Always schedule rides as far in advance as possible. Please never wait to schedule a ride.
- * The longer you wait to call increases the chance that the schedule could be fully booked on that day or during the specific time period in which case we may be unable to provide your ride.
- * To schedule rides please call during the office hours of Monday - Friday 8:00 a.m. - 4:00 p.m.
- * Phones are answered after hours only for in-progress ride issues, short-notice cancellations, ride changes, Same Day Ride requests, etc.
- * To schedule a ride please provide a street address for your destination. For doctor's offices please provide the practice or doctor's name, address and phone number.
- * Scheduling a ride before 4:00 p.m. a day in advance ensures that your mileage rate will be the lowest. To help us serve you better always schedule your rides as far in advance as possible.

Same Day Rides Explained

- * Rides requested for the same day.
- * Rides requested after 4:00 p.m. for the following day – if the following day is a Tuesday, Wednesday, Thursday or Friday.
- * Rides requested after 4:00 p.m. Friday for a ride on Saturday, Sunday or Monday.
- * Same Day Ride charge is double the standard pick up charge and mileage rate.

While we understand that it's not always possible to plan trips a day in advance, please understand that Same Day Ride requests are the most difficult for us to fulfill.

To cancel a ride

Please try to provide at least one day notice when canceling a ride. Rides can be cancelled at no charge up to an hour before the time of the ride, however, cancellations made within an hour of the ride will result in a late cancellation fee of \$10.00.

Night rides

For your security and convenience, *Senior Ride Charleston* is available 24 hours a day, seven days a week; however, the pickup charge increases to \$ 7.00 for rides between 7 p.m. and 7 a.m.

Scholarships for Low Income Riders

If you have difficulty paying for rides, assistance is available through a Scholarship Program for low-income riders. This program is set up to assist a member in establishing your Ride Account and with annual membership fees. Please contact the office for more information and to request a simple, confidential form to determine if you qualify.

Customer Closing a Senior Ride Charleston Ride Account

A customer may close an account at any time. The member can either donate the refundable Ride Account balance to the *Senior Ride Charleston* or receive a check for the refundable portion.

*Note: Scholarship Fund monies, Referral Credits and proceeds from the Car Donation Program are not refundable.



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Individual Application For Transportation Services

Name: _____

Address: _____

(Apartment, Unit, or Suite) _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Mobile): _____

Email: _____

Mailing address if different _____

Years at this address: _____ Is this your year round address? Yes No

If no please provide your additional addresses: _____

Bill to name and address if different from member: _____

Relationship: _____ Phone: _____

Email: _____

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First Emergency Contact:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Mobile): _____

Email: _____

Second Emergency Contact:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Mobile): _____

Email: _____

How did you hear about *Senior Ride Charleston*? Select all that apply :

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Speaker | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Flier | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Agency on Aging | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Internet | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Other (Specify) : _____ | | | |



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Referral: If referred please provide the name of the person who made the referral:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Mobile) _____

Email: _____

Would you like us to send information about *Senior Ride Charleston* to a friend, relative or a business?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



Senior Ride Charleston respects your privacy and will keep all customer information confidential. The following information allows us to provide better service to our customers and helps us better understand the circumstances that customers face when they apply to use the *Senior Ride Charleston* for rides.

Gender: Female Male

Date of Birth: _____ / _____ / _____
mm/ dd / yy

Marital Status:

Married Divorced Single Widowed Partnered

Living Arrangements:

Living Alone Live with Spouse Live with Children
 Live with Friend or Partner Live with Other Family



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Ethnic Background: (Please select one)

- | | | |
|--|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American/Alaska Native |
| <input type="checkbox"/> Other (specify) _____ | | |

Special Needs: (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Blind w/cane |
| <input type="checkbox"/> Blind w/Seeing Eye dog | <input type="checkbox"/> Balance Issues | <input type="checkbox"/> Bladder or Bowel Control |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Deaf | <input type="checkbox"/> Driver Assistance Required |
| <input type="checkbox"/> No High Vehicle | <input type="checkbox"/> Personal Assistant | <input type="checkbox"/> Some Hearing Loss |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Walker | <input type="checkbox"/> Full-Sized Vehicle Required |
| <input type="checkbox"/> Wheelchair | | |

- Household Annual Income:** < \$24,999 \$25,000 to \$49,999
 \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 +

Have you ever been active duty in the U.S. Armed Forces, Military Reserves, or National Guard?
 Yes No

Do you have a current driver's license? Yes No

Do you currently drive? Yes No

Do you own a vehicle? Yes No

Would you like information on any of these programs:

- Senior Ride Charleston* Gift Certificates, Information for friends and family about giving you the gift of rides.
- Senior Ride Charleston* Car Donation Program – Donate your car for Ride Credit or a Simply Donate a car for a tax deduction.



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Have you ever been convicted of a felony or pleaded no contest to a felony?

Yes No

If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

Senior Ride Charleston will not necessarily deny membership to any applicant solely because the person has been convicted of a crime. However, *Senior Ride Charleston* may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the use of the *Senior Ride Charleston* transportation program by the individual.

If the yes block is checked, *Senior Ride Charleston* reserves the right to perform a background check on the prospective member rider with the individual assuming responsibility for the cost of the background check.

Senior Ride Charleston Ride Account Agreement

A *Senior Ride Charleston* Ride Account is how you keep track of the rides you have taken each month, any additional charges (such as cancellation charges or Annual Fees), the payments you have made and any additional credits you have received (such as Birthday Gifts or Gift Certificates). Each month you will receive a statement that will detail all activity in the previous month on your Ride Account.

Senior Ride Charleston is a nonprofit organization. Because ride fares cover only half the true cost of rides, *Senior Ride Charleston* may include family members and any others you have listed as contacts in its fundraising campaigns, including the Annual Appeal and The Shucking for Seniors Oyster Roast. Participation in these campaigns is voluntary. A contact's decision not to participate will not affect the quality of your service or your eligibility to use *Senior Ride Charleston* for rides.

Your signature below indicates that you agree to the following policies :

1. Pay balance due as shown on your monthly Ride Account statement within 30 days of the statement date.
2. A member's ride privileges may be suspended if the member's ride account is 30 days or more past due.
3. The Annual Membership Fee will be automatically debited on the anniversary of your membership;
4. Member contacts may receive a limited number of mailings (via regular mail or e-mail) for the *Senior Ride Charleston* fundraising events/campaigns, as well as up to four quarterly *Senior Ride Charleston's* Newsletters. Their names will not be shared with any other party or organization.

Member Name: _____

Signature: _____ Date _____