

## **PRICE COUNTY SENIOR SERVICES** **TRANSPORTATION POLICIES & PROCEDURES**

The purpose of the transportation program is to assist elderly, blind and disabled individuals to medical appointments and provide door-to-door errand service.

### **Our Mission**

The mission of the Price County Senior Services is to enable older citizens in Price County to have, find and make use of a wide range of community resources that will help them experience the aging process with self-sufficiency, self-determination, security and dignity.

### **Major Function**

The major function of the Senior Services is to carry out the Older Americans and Wisconsin Elders Act. The major focus is to strengthen the organization and delivery of programs and services to older persons and their families at the county level. The Senior Services purpose is: (1) to assure that older persons in the county have the same opportunity as other citizens to realize their full potential and then participate in all areas of community and family life; and (2) to advocate for older persons to achieve their basic human needs with dignity and integrity.

**Price County Senior Services Division**  
**104 South Eyder Ave.**  
**P.O. Box 88**  
**Phillips, WI 54555**

**Phone: 715-339-2158**

**Fax: 715-339-4018**

**Email: [kris.mabie@co.price.wi.us](mailto:kris.mabie@co.price.wi.us)**

## TABLE OF CONTENTS

General Policy Rules and Regulations.....	3-4
Self-Pay Elderly or Disabled Recipients.....	5
Price County Veterans .....	5
Shopping/Errand Service & Recipient Responsibilities.....	6
Volunteer Driver Information.....	7-8
Confidentiality Policy.....	9-10
Harassment Policy.....	11
Drug Free Environment Policy.....	12
Etiquette & Behavior For Relating To Persons w/Disabilities.....	13-14
Forms.....	15-29
Volunteer Driver Application.....	14-15
Acknowledgement of Insurance Responsibility.....	16
Hold Harmless Agreement.....	17
Medical/Physical Release.....	18
Private Vehicle Registration.....	19-20
Driver’s Statement of Medical Condition.....	21-22
Incident & Collision Report.....	23-24
Volunteer Driver Incident Report.....	25
Volunteer Statement of Understanding.....	26-27
Driver Conduct.....	28-30

## **GENERAL POLICY RULES & REGULATIONS**

1. Requests for transportation needs shall be made directly by the party needing transportation services. Special consideration may be made for those incapable of making their own arrangements.
2. Requests for transportation service shall be made at least 3 working days prior to any needed service.
3. At all times, we will do our best to accommodate transportation requests on short notice. However, if drivers are not available, we have no responsibility to provide transportation.
4. Only authorized destinations and stops will be observed.
5. Medical trips shall have priority.
6. Elderly and disabled citizens have first priority.
7. The Senior Services Transportation program does not provide emergency transportation. (Emergency – means a life threatening situation)
8. Transportation is not provided on Saturdays, Sundays or holidays with the exceptions of dialysis clients and hospital releases. In these cases, transportation will be provided if a driver is available.
9. Drivers will not be responsible to transport individuals who are potentially harmful to themselves or others.
10. Seat belt use is required by all drivers and passengers.
11. Children age 12 and under will be placed in the rear of the vehicle. Child restraint (car seats) will be properly used for all children under 4 years of age. Those who are ages 4-8 must use the appropriate child restraint equipment approved by the State of Wisconsin.
12. If the client needs physical assistance he or she **MUST** have a relative or friend ride along as an ESCORT. The Escort will not be charged the fee. However, prior authorization must be received from the Senior Services Supervisor.
13. Riders are responsible for keeping track of their own packages. The Senior Services is not responsible for lost articles.

## **GENERAL POLICY RULES & REGULATIONS (continued)**

14. Drivers shall not be responsible for the following:
  - a) Lifting physically impaired individuals,
  - b) Reminding individuals to bring medical records,
  - c) Going with persons to set up further appointments,
  - d) Assisting physically impaired individuals to restrooms.
  
15. Price County Senior Services will not tolerate verbal or physical conduct by any volunteer and/or rider which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile environment.
  
16. The Price County Senior Services volunteers and/or riders are prohibited from the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of the Price County Senior Services facilities and/or during any of the programs offered by Price County Senior Services. Drug testing may be done at the discretion of Senior Services.
  
17. All volunteers of the Price County Senior Services have a set of ethical responsibilities by which they are bound to the rider, the community and themselves. The Price County Senior Services riders act in good faith, expecting their circumstances are personal matters to remain confidential and Price County Senior Services is obligated by law and ethics to reciprocate. Confidentiality of rider information is maintained for the protection of the rider and for the Senior Service Unit.
  
18. Smoking is prohibited in the vehicle when riders are present. This rule also applies to clients and a client's escort.

## **SELF-PAY ELDERLY OR DISABLED RECIPIENTS**

1. Transportation under this program shall be limited to person's age 60 or older, or disabled, residing in Price County.
2. Consumers will be allowed up to 3 scheduled trips per week provided a driver is available and other sources of transportation such as family and friends are not available.
3. Self-paying consumers transported within Price County will be charged \$0.35 per mile, per person, round trip, billed at the end of the month. The minimum charge for local transporting is \$4.00.
4. Round-trip mileage is to be charged on all trips.
5. If a parking fee is required, it is the consumer's responsibility to pay the cost.
6. When more than one person in the same family has an appointment on the same date and time, the first rider is charged regular rate and all other riders are charged a reduced rate of \$0.10 per mile.
7. If the consumer desires to have someone accompany her/him to the facility, and it is not medically necessary, the accompanying person will also be charged mileage at the rate of \$.35 per mile round trip.

## **VETERANS**

1. All transportation requests for Veterans must be referred to our office by the County Veterans Service Office. The Veterans office will reimburse Senior Services for the full cost of the service, unless the client is covered under Medical Assistance/BadgerCare.
2. Individuals will be allowed up to three scheduled trips per week provided a driver is available and other sources of transportation such as family and friends are not available.
3. Physically handicapped individuals or those using wheelchairs will need to make prior arrangements through the Veterans Service Office for the use of a special motorized vehicle. The Veterans Service Office will be billed for all charges incurred.

## **SHOPPING/ERRAND SERVICE**

This service is provided for individuals age 60 or older to shop and do errands (example: laundry, lawyer/business affairs, etc.) in their own local areas.

Park Falls - If you are within a 5-mile radius of downtown Park Falls, the BART Bus is available for your transportation needs – 1-844-682-9664. If you live outside of this area and need to shop or do errands, please call 715-339-5240 for information.

Phillips - If you are within a 5-mile radius of downtown Phillips, the BART Bus is available for your transportation needs – 1-844-682-9664. If you live outside of this area and need to shop or do errands, the shopping service is available on Tuesdays from 8:00 am until 12:00 pm. Please call 715-339-5240 for information.

Prentice Shopping – Currently available once or twice a month on Mondays from 8:00 am until 12:00 pm

The fee for the shopping service is \$4.00.

Assisted Shopping Service is available to assist or even to do the shopping for those who cannot. The fee for assisted shopping is \$10.00.

## **RECIPIENT RESPONSIBILITIES**

1. You must call the Transportation Coordinator at 339-5240 at least 2 days before the scheduled appointment to make arrangements for a volunteer driver.
2. Have the doctor or medical provider verify your medical travel by signing your paperwork at the time of your visit.
3. “No Shows” for scheduled trips are grounds for termination from the program. You are expected to call the Transportation Coordinator immediately upon notice of changes in your scheduled appointment or your ability to keep your appointment.
4. If you have a complaint, you must request a complaint form and submit the completed form to the Senior Services office for review.
5. Only authorized destinations and stops will be observed. Please do not request unnecessary stops from the volunteer drivers.
6. Do not call volunteer drivers at their homes requesting transportation. All transportation authorization must be called in to the Senior Services office.

## **VOLUNTEER DRIVER INFORMATION**

1. The purpose of the volunteer driver is to provide safe and reliable transportation to and from essential services (e.g. medical facilities, dental facilities, etc.)
2. Authorization papers don't always reach you before you make a trip, so we are providing you blank sheets to keep on hand. The recipient can use these to have the doctor or nurse sign, and you can record the information you need to keep. Please attach this to the authorization papers and return to the office.
3. We will pay \$3.00 extra for early trips when you MUST leave home before 7:00 a.m.
4. The mileage reimbursement is whatever the current IRS rate is.
5. We will allow \$7.50 extra for waiting time IF waiting time is more than three hours. This is calculated in three hour increments. Example: If you wait for six hours, you will receive \$15.00 extra, etc. You must record waiting time on authorization papers.
6. You will be paid a minimum of \$4.00, or mileage, whichever is greater.
7. You are NOT to make appointments with individuals – they MUST call the office for reservations, and we will call you if you are to drive.
8. It is the law to use seat belts. All passengers and drivers must have seatbelts securely fastened. If for some physical reason this is refused, please have a seat belt waiver signed.
9. You must have Price County's required insurance coverage: \$100,000 per person; \$300,000 per accident bodily injury; \$100,000 per accident property damage or \$300,000 combined single limit; \$100,000 per accident uninsured motorist or \$300,000 combined. We must have proof of your insurance coverage in our office on file at all times.
10. You must have a valid driver's license for the past 5 years. A copy of your current driver's license must be in our office on file at all times.
11. You must immediately report to the office, any accident, complaint or unusual circumstance, including condition of the client.
12. You must maintain all records required by the Price County Senior Services. You must not accept donations from riders, but encourage them to make any donation directly to the Price County Senior Services.
13. You will protect the rider's right to confidentiality. You will also respect their right to pursue an independent lifestyle, and be non-judgmental in your interactions with them.

14. You will notify the Price County Senior Services at the time you no longer wish to be involved in this program. Either the Price County Senior Services, or you, may terminate the agreement at any time. Upon ending your volunteer status, you must return the handicapped driver sign.
15. Turn in your papers as soon as possible. Your papers must be turned in by the 1st day and the 15th day of each month for payment processing. You will be reimbursed bi-monthly. This does not mean that you will be reimbursed on specific days each month, this only means that you will receive reimbursement twice a month.
16. Keep an operating check of your vehicle before starting out on a trip. Keep needed equipment in your vehicle.
17. Only authorized destinations and stops will be observed unless prior arrangements are made with this office. Stops will be made to enable consumers to eat meals when necessary. However, unnecessary stops should be avoided.
18. If the consumer needs physical assistance or is a minor child, he or she may have a friend or relative ride along as an escort. The escort will not be charged the fee. However, prior authorization must be received from the Senior Services Supervisor.
19. Note: Consumers wishing to make inquiries or complaints regarding the transportation service should do so in writing and should forward them to the Senior Services office. Name, address and phone number should be included.



## **CONFIDENTIALITY POLICY:**

The principal of confidentiality is basic to the maintenance of professional ethics and community respect. All volunteers of Price County Senior Services have a set of ethical responsibilities by which they are bound to the rider, the community and themselves. The Price County Senior Services riders act in good faith, expecting their circumstances are personal matters to remain confidential and Price County Senior Services is obligated by law and ethics to reciprocate. Confidentiality of rider information is maintained for the protection of the rider and for Price County Senior Services.

Volunteers will use the following procedures. For the purposes of these procedures a “rider” is defined as a person registered as a program participant. Registration is accomplished by completion of a Client Registry Form.

1. All volunteers will take responsibility for protecting the confidentiality of all riders. New volunteers will receive instruction in these confidentiality procedures.
2. All written and unwritten information concerning riders of Price County Senior Services are considered confidential.
3. All written information regarding the riders of Price County Senior Services will be maintained in files. No volunteer may remove rider files from the office.
4. When it is necessary for a volunteer and/or staff member to communicate information about a rider to another person or agency, a Release of Information Form will be signed by the rider or their legal representative. The signed release will be kept in the rider’s permanent record. If the rider is unable to give written consent then the volunteer and/or staff member releasing the information will document the circumstances.
5. When rider-related materials, i.e. lists, log and files are used outside the office, volunteer and/or staff members are responsible and must take appropriate steps to safeguard the materials.
6. In emergency situations, when it is not possible to have a form signed, a verbal release may be given by the rider or their legal representative. The staff member who receives the verbal release will make a note in the rider’s file and will obtain the written release as soon as possible.
7. A signed release will not be needed when:
  - a. In general, personal information shall not be used or disclosed by any person or organization without the informed consent of the individual who is the subject or the information.

(continued)

- b. The major exception to this policy is that the information may be used for purposes directly connected with the administration of the program that has collected the information. Such purposes include, but are not necessarily limited to; determining eligibility, providing the services and participating in audits of the program. An example of using personal information in the course of providing service would be a volunteer and/or staff member giving the name and other necessary information about an individual desiring a specific service to an organization that can provide that service.
8. When a Price County Senior Services volunteer and/or staff member is working with a rider and finds it necessary to obtain written information from another person or agency, it will be necessary to obtain a signed release from the rider or representative. This release will indicate that the rider or representative has given permission for release of information to the Price County Senior Services.
  9. When a Price County Senior Services volunteer and/or staff member either receives requested written information or releases written information about a rider to another person or agency, a written or verbal follow-up will be given to the rider. This follow-up will inform the rider as to what information was released or obtained and what progress has been made in helping with his/her individual situation. A record of the follow-up will be kept in the rider's file.
  10. When a volunteer and/or staff member receives unsolicited information from the rider the volunteer and/or staff member may legally need to share that information, e.g., suspected abuse. The volunteer and/or staff member may also ask the rider for permission to make an appropriate referral.
  11. When a volunteer and/or staff member receives unsolicited information about a rider from family members, etc. the volunteer and/or staff member may share in the information with the rider. Professional judgment will determine what to share.
  12. The fact that a situation has been made public through any of the news media does not alter the fact that this person still has confidentiality privileges with Price County Senior Services. For example, if a rider has been having difficulties with a given problem and is arrested, Price County Senior Services confidentiality procedures will be maintained.

**I have read and understand the above Confidentiality Policy:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POLICY ON HARASSMENT:**

It is the policy of Price County Senior Services that it will not tolerate verbal or physical conduct by any volunteer and/or rider which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile environment.

- 1) All forms of harassment are prohibited but it is Price County Senior Services' policy to emphasize that sexual harassment is specifically prohibited. Each supervisor has a responsibility to maintain the workplace free of any form of sexual harassment.
- 2) Other sexually harassing conduct in the workplace, whether committed by volunteers and/or riders, is also prohibited. Such conduct includes:
  - a) Sexual flirtations, touching, advances, or propositions;
  - b) Verbal abuse of a sexual nature;
  - c) Graphic or suggestive comments about an individual's dress or body;
  - d) Sexually degrading words to describe an individual; and
  - e) The display in the workplace of sexually suggestive objects or pictures, including nude photographs or illustrations.
- 3) Any volunteer who believes that the actions or works of a rider or a rider who believes that the actions or works of a volunteer constitute unwelcome harassment has a responsibility to:
  - a) Tell the individual that their action or words are unwelcome and are considered harassment;
  - b) Report or complain as soon as possible to the appropriate Price County Senior Services employee and/or supervisor.
- 4) All complaints of harassment must be investigated promptly in a manner that is as impartial and confidential as possible.

I have read and understand the above policy and signing below constitutes an agreement to adhere to this policy.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DRUG FREE ENVIRONMENT POLICY:**

1. The Price County Senior Services volunteers are prohibited from the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of the Price County Senior Services facilities and/or during any of the programs offered by Price County Senior Services.
2. Any violation of the prohibitions will end your eligibility to be a Volunteer of Price County Senior Services, Transportation Program.
3. The volunteer acknowledges by signature below that he/she has:
  - a. Been given a copy of this policy statement;
  - b. Reviewed this policy statement, and;
  - c. Understood the policy statement.

A copy of the policy will be maintained in the volunteer's Personnel File.

I have read and understand the above Policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADOPTED BY THE PRICE COUNTY SENIOR SERVICES ON THIS DATE:**

\_\_\_\_\_

## **ETIQUETTE & BEHAVIOR FOR RELATING TO PERSONS WITH DISABILITIES:**

1. Remember that a person who has a disability is a person – like anyone else.
2. Relax. If you don't know what to do or say, allow the person who has a disability to help put you at ease.
3. Do not assume anything. If you have a question about what to do, how to do it, what language or terminology to use, what assistance to offer, ask the person with the disability. That person should be your first and best resource.
4. Offer assistance, quietly and tactfully, if it seems needed, but don't overdo it or insist on it or make a scene. Respect the person's right to reject help or to indicate the kind of help needed.
5. If, for whatever reason, you cannot assist in the way that is asked, be open in discussing this with the person with the disability. You have a right to set limits on what you can and cannot do. Your relationship with a person with a disability should be, like any other relationship, a reciprocal one.
6. If there is time and opportunity, explore your mutual interests in a friendly way. The person probably has many interests besides those connected with the disability and the job.
7. Talk about the disability if it comes up naturally, without prying. Be guided by the wishes of the person with the disability.
8. Appreciate what the person can do. Remember that difficulties the person may be facing may stem more from society's attitudes and barriers than from the disability itself.
9. Be considerate of the extra time it might take for a person with a disability to get things said or done. Let the person set the pace in walking or talking.
10. Speak directly to a person who has a disability. Don't consider a companion or interpreter to be a conversational go-between.
11. Don't move a wheelchair, crutches, or other mobility aids out of reach of a person who uses them.
12. Never start to push a wheelchair without first asking the occupant if you may do so.
  - a. Before deciding whether or not to push a wheelchair up or down a step, curb, or other obstruction, ask the person if and how he or she wants you to proceed; and be respectful of your own limitations.
  - b. Don't lean on a person's wheelchair when talking; it is an invasion of personal space. Don't pat a person in a wheelchair on the head; that is patronizing.

13. Give whole, unhurried attention to the person who has difficulty speaking. Don't talk for the person, but give help when needed. Keep your manner encouraging rather than correcting. When necessary, ask questions that require short answers or a nod or shake of the head.
14. Don't pretend to understand a person with a speech difference when you do not. Don't be afraid to let the person know that you do not understand. Be patient, not only with the person with the disability but also with yourself.
15. Speak calmly, slowly, and distinctly to a person who has a hearing problem or other difficulty understanding. Stand in front of the person, speak directly to the person, and use natural gestures to aid communication. When full understanding is doubtful, try writing notes.
16. When dining with a person who has trouble cutting meat or buttering rolls, offer to help. Explain to a person who has a visual problem where dishes, utensils, and condiments are located on the table.
17. Do not pet or otherwise distract dog guides; they are working and must not be distracted.
18. Be alert to possible existence of architectural barriers in places you may want to enter with a person who has a disability. Watch for inadequate lighting, which inhibits communication by persons who have hearing problems.

**VOLUNTEER DRIVER APPLICATION**

This application will be used to establish your eligibility as a volunteer driver for Price County Senior Services. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to Price County Senior Services Manager, PO Box 88, Phillips, WI 54555

**ALL APPLICANTS MUST READ AND SIGN IN THE SIGNATURE BOX**

If less than 2 years at this address, previous address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

\* Do you have a current and valid Wisconsin State Driver's License? (Please attach copy)  
 Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

\* How long have you had a driver's license? \_\_\_\_\_ Years \_\_\_\_\_ Months

\* Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\* If licensed in Wisconsin State less than five years, list licenses previously issued:

License #/State: \_\_\_\_\_

\* Are there any restrictions on your driver's license?  Yes  No

If restricted, state type and date of restriction: \_\_\_\_\_

\* Have you ever had your driver's license suspended, revoked, or refused?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

(continued)

\* Name of your Automobile Insurance Company (Please attach a copy)

\_\_\_\_\_

\* Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you?  No  Yes  
If Yes:  Cancelled,  Refused,  Non-renewal

If yes, please explain and list company and agent name and phone:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\* Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs?  Yes  No  
If yes, please explain (date, charge, jurisdiction, etc.): \_\_\_\_\_

\_\_\_\_\_

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application warrants a criminal history background check, and/or verification of my motor vehicle record as authorized by my signature below.**

**For Drivers Only.** My signature below authorizes Price County Senior Services to obtain, at its sole discretion, my employment and non-employment driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes Price County Senior Services to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a Price County Senior Services volunteer driver.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ACKNOWLEDGEMENT OF INSURANCE RESPONSIBILITY**

I, \_\_\_\_\_, acknowledge and understand that my volunteer driver status at Price County Health & Human Services is solely a volunteer service and should not be considered or misconstrued as any form of employment by or for Price County or Price County Health & Human Services Department.

I further understand that I am not covered under any insurance policy procured by Price County, including but not limited to: personal or professional liability, errors & omissions, workman's compensation, unemployment compensation or any automobile liability coverage.

Volunteer Driver Signature	Date
----------------------------	------

Senior Services Supervisor Signature	Date
--------------------------------------	------

Department Director Signature	Date
-------------------------------	------

**HOLD HARMLESS AGREEMENT**

THIS AGREEMENT is made by and between the Price County Health & Human Services Department and \_\_\_\_\_ who agrees to hold harmless and indemnify Price County and the Price County Health & Human Services Department for any and all injuries to person or property which may occur during such Volunteer Driver Services, or as a result of such Volunteer Driver Service, and from any suits or actions at law or equity which may arise from such injuries, whether solely against the said Price County or Price County Health & Human Services Department or jointly and severally against more than one party to the Agreement, and from any acts or omissions which may result from such Volunteer Driver Services or be proximately caused or related to such Volunteer Driver Services, as well as any damage or injury caused by any action, inaction or omission of \_\_\_\_\_ during such Volunteer Driver Services related thereto.

ALL parties agree that it is the purpose and intent of the Agreement to protect Price County and Price County Health & Human Services Department from actions and lawsuits in connection with or arising out of the Volunteer Driver Program.

**Price County Health & Human Services Department**

**By:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteer Driver**

**By:** \_\_\_\_\_ **Date** \_\_\_\_\_



**MEDICAL/PHYSICAL RELEASE:**

\_\_\_\_\_ I verify \_\_\_\_\_ I do not verify

That (name): \_\_\_\_\_ is physically capable of operating a personal automobile for the purpose of providing volunteer transportation for individuals eligible for this service.

In addition, I have reviewed all prescription and/or over-the-counter medications currently being taken by the above individual. I have no concerns regarding their use while he/she is operating a motorized vehicle.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**Please return this form directly to:**

Price County Senior Services  
104 S. Eyder Ave.  
P.O. Box 88  
Phillips, WI 54555

Phone: 715-339-2158  
Fax: 715-339-4018

*Promoting and Protecting the Health and Well-Being of Price County Residents Throughout the Life Span*  
104 South Eyder, P.O. Box 88, Phillips, WI 54555-0088  
Phone: 715-339-2158 Fax: 715-339-4018 Email: [hhsd@co.price.wi.us](mailto:hhsd@co.price.wi.us)  
Price County is an Equal Opportunity Employer and Provider

**PRIVATE VEHICLE REGISTRATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vehicle(s) #1 Make: \_\_\_\_\_ Year: \_\_\_\_\_ Air Bag/s: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Seating: \_\_\_\_\_

License #: \_\_\_\_\_

#2 Make: \_\_\_\_\_ Year: \_\_\_\_\_ Air Bag/s: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Seating: \_\_\_\_\_

License #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required by Price County. (\$100,000 per person; \$300,000 per accident, bodily injury; \$100,000 per accident, property damage or \$300,000 combined, single limit; \$100,000 per accident, uninsured motorist or \$300,000 combined)

(continued)

Further, I agree to forward a photocopy of my Proof of Insurance card at each renewal period.

Further, I agree to immediately notify the Price County Senior Services in the event that the above insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for Price County.

Further, I agree not to transport any passengers as part of the volunteer driver program if these insurance requirements are not met, or if my Wisconsin vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle(s) I use to transport passengers is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition.

Further, I agree to hold harmless and indemnify the Price County Senior Services, the Manager, and the passenger(s) against any or all claims arising all or in part from my negligence.

Further, I authorize the Price County Senior Services to make periodic checks of my driving and criminal record.

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DRIVER’S STATEMENT OF MEDICAL CONDITION:**

Below is a checklist of certain conditions, the drugs commonly prescribed and their potential side effects on driving. Check any that apply to you and describe below your condition, level of medication, the effects it has on your driving, and any other comments relative to how your physical or emotional condition and/or drugs taken influences your ability to drive safely. Then sign in the space below.

If you have no physical or emotional conditions that impair your driving and are currently taking no drugs that impair your driving, simply sign and date this page below. The information you provide will be kept confidential as required by the Privacy Act. Based on the information provided, Price County Senior Services may request a physician’s release prior to authorizing volunteer driving.

<b>CHRONIC CONDITION</b>	<b>DRUG TYPE</b>	<b>SIDE-EFFECTS ON DRIVING</b>
_____ Arthritis	Analgesics	Drowsiness, inability to concentrate
_____ Allergies	Antihistamines	Drowsiness, confusion
_____ Common Cold	Antihistamines	Drowsiness, blurred vision, dizziness
_____ Diabetes	Oral Hypoglycemic	Drowsiness, inability to concentrate
_____ Hypertension	Anti-hyperactives	Drowsiness
_____ Rheumatism	Analgesics	Drowsiness, inability to concentrate
_____ Weight control	Stimulants	False feeling of alertness, over excitability
_____ Heart Condition	Blood thinners	Drowsiness, blurred vision
<b>EMOTIONAL STATE</b>	<b>DRUG TYPE</b>	<b>SIDE-EFFECTS ON DRIVING</b>
_____ Anxiety	Sedatives	Drowsiness, staggering
_____ Depression	Stimulants	False feeling of alertness, over excitability
_____ Fatigue	Stimulants	False feeling of alertness, over excitability

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Driver’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**INCIDENT & COLLISION REPORT:**

\_\_\_ **Accident**      Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_ **Incident**      Injuries:  Yes  No      Medical Treatment:  Yes  No  
911 Called:  Yes  No      ER Visit:  Yes  No  
Admitted:  Yes  No

Provider Name: \_\_\_\_\_ Driver Name: \_\_\_\_\_

Driver Sent for Drug and Alcohol Testing:  Yes  No      Test Results: \_\_\_\_\_

Client Name: \_\_\_\_\_      Ambulatory: \_\_\_\_\_

Non-Ambulatory: \_\_\_\_\_



Accident/Incident Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company Name, Contact, Policy # \_\_\_\_\_

(Attach Additional Documentation) Driver Report: \_\_\_ Dispatcher Report: \_\_\_ Other: \_\_\_



**FOLLOW-UP:** Date: \_\_\_\_\_ Driver Status: Terminated \_\_\_\_\_ Suspended \_\_\_\_\_  
Re-trained \_\_\_\_\_ Other \_\_\_\_\_

**Narrative:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client or Advocate Re-Contacted:**      **Date:** \_\_\_\_\_

**Narrative:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

No follow-up required, investigation closed: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**REPORT TO TRANSPORTATION COORDINATOR IF YOU OBSERVE:**

- 1. Change in appearance: hair uncombed, dirty; soiled clothes; clothing inappropriate for weather.**
- 2. Condition of home:**
  - a. Little or no food
  - b. Strong odors Neglected pets
  - c. Stove burner left on, or other obvious safety hazards in the home.
- 3. Little or no understanding of what is being said; confused; inappropriate response; not oriented to person, place, time; forgetful; repetitive; constant reminiscing.**
- 4. Depression:**
  - a. Recent loss or death of a relative, friend, or pet
  - b. Remarks such as "I don't care... What's the use
  - c. Complaints of not eating/sleeping
  - d. Anxious, uncomfortable, fidgety appearance
  - e. Anger; hostility directed at self, you, or another; suspicious
  - f. Relies on tranquilizers/alcohol
  - g. Recent personality changes
- 5. Physical losses:**
  - a. Loss of hearing, sight
  - b. Inability to move easily
  - c. Chronic (continual) illness
  - d. Numerous medicine bottles/prescriptions
  - e. Any other changes in health
- 6. Change in the usual support system; loss of dependable helper such as friend or neighbor.**

**PHONE: 715-339-2158**

**FAX: 715-339-4018**

**E-MAIL: kris.mabie@co.price.wi.us**





## VOLUNTEER DRIVER INCIDENT REPORT

1. Driver Name: \_\_\_\_\_
2. Date of Incident: \_\_\_\_\_
3. Time of Incident: \_\_\_\_\_
4. Location of Incident: \_\_\_\_\_
5. Name of Rider/s Involved: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. Phone #: \_\_\_\_\_
8. Seat Belt, Car Seat or Booster Seat in Use:  Yes  No
9. Name & Phone Number of Witnesses to Incident:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Explain in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Volunteer Driver Signature: \_\_\_\_\_

Please fill out this form completely and mail to:

Price County Senior Services  
104 S Eyder Ave  
PO Box 88  
Phillips, WI 54555

*Promoting and Protecting the Health and Well-Being of Price County Residents Throughout the Life Span*  
104 South Eyder, P.O. Box 88, Phillips, WI 54555-0088  
Phone: 715-339-2158 Fax: 715-339-4018 Email: hhds@co.price.wi.us  
Price County is an Equal Opportunity Employer and Provider

## **VOLUNTEER STATEMENT OF UNDERSTANDING:**

The purpose of the volunteer driver is to provide safe and reliable transportation to and from essential services (e.g. medical facilities, dental facilities, etc.)

Volunteer drivers in this program drive their own vehicles and may, or may not, be reimbursed for expenses incurred. Only expenditures that have been requested by the Price County Senior Services will be considered for reimbursement.

The rider being transported by a volunteer driver is a person who has been determined by the Price County Senior Services to have no appropriate means of personal transportation available.

The Price County insurance requirements are as follows: \$100,000 per person; \$300,000 per accident, bodily injury; \$100,000 per accident, property damage or \$300,000 combined, single limit; \$100,000 per accident, uninsured motorist or \$300,000 combined. I understand that I must meet these standards for motor vehicle insurance, policy or bond.

I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is cancelled, I will immediately notify the Price County Senior Services of such changes or cancellations.

I have a valid driver's license for the past five (5) years. I will provide a copy of my valid driver's license. I understand that the Price County Senior Services will be requesting a State Patrol Identification History Check.

I have had no at-fault vehicle accidents in the past three years and agree to have the Price County Senior Services verify my driving record. I will notify immediately and provide the Price County Senior Services with a copy of:

1. A report in the event I am involved in a vehicle accident.
2. Any traffic citation that I may receive while this agreement is valid.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter". If requested, I will provide a statement from my physician stating that I am capable of participating in this program.

My vehicle is mechanically sound and is equipped with seat belts which I will use and enforce use by my passengers. Children age 12 and under will be placed in the rear of the vehicle and child restraint (seat chairs) will be properly used for all children under 4 years of age and those who are ages 4-8 must use the appropriate child restraint equipment approved by the State of Wisconsin.

I will maintain all records required by the Price County Senior Services. I will not accept donations from riders, but will encourage riders to make any donation directly to the Price County Senior Services.

I will protect the riders' right to confidentiality. I will also respect their right to pursue an independent lifestyle, and be non-judgmental in my interactions with them.

I have been provided with information about Price County Senior Services, the purpose of the Volunteer Transportation Program, and my role as a driver and responsibilities.

I will notify Price County Senior Services at the time I will no longer wish to be involved in this program. Either Price County Senior Services, or I, may terminate this agreement at any time.

I have read and understand the above statements.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **DRIVER CONDUCT:**

1. All volunteer drivers will act in a professional manner at all times.
2. Reports of volunteer driver misconduct will be the cause for immediate suspension from client service. Confirmation of misconduct shall be cause for removal of the volunteer member involved from serving clients. The Manager may be required to report all incidents to the state or federal funding agencies.
3. If the state funding agency/s, and/or the Price County Senior Services receives complaints regarding any volunteer driver transporting riders, and/or it is determined that the volunteer driver is not performing the service in a safe, reliable, or responsible manner and corrective action has not resulted in improved performance, the Manager will remove the volunteer driver from service to riders.
4. If any volunteer is suspended from service due to complaints or a determination that the person is not performing the service in a safe, reliable and responsible manner they will not return to service until the Manager has developed a Plan of Improvement.
5. Volunteer shall perform the following minimum levels of service:

### A volunteer driver **shall not:**

1. Make sexually explicit comments, or solicit sexual favors, or engage in sexual activity;
1. Solicit or accept controlled substances, alcohol, or medications from riders;
2. Solicit or accept money from riders;
3. Use alcohol, narcotics or controlled substances, or be under their influence, while on duty. Prescribed medication can be used by a driver as long as his/her duties can still be performed in a safe manner and the Price County Senior Services has written documentation that medication will not impact the ability of the driver;
4. Eat or consume any beverage while operating the vehicle or while involved in rider assistance;
5. Smoke in the vehicle when rider/s are present. This rule also applies to clients and a client's escort;
6. Wear any type of headphones while on duty;
7. Be responsible for passenger's personal items.

A volunteer driver **shall:**

1. Wear, or have visible, easy to read proper organizational identification;
2. As appropriate to the needs of the rider, exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination;
3. Properly identify and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up is not apparent, or with attending facility staff;
4. Assist the passengers in the process of being seated, including the fastening of the seat belt, when necessitated by the rider's condition;
5. Confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt);
6. Provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition;
7. Provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs;
8. Be clean and maintain a neat appearance at all times;
9. Be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.); and,
10. Respect passenger's rights to confidentiality.

**I have received a copy of the above Driver Code of Conduct and will abide by the contents:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This policy dated 1/1/21 includes but is not limited to the above and supersedes any previous transportation policy.**

(Aging common/Transportation/transportation policies/2021/2021transportationpolicy)