Age Well
Orange County's partner in aging

Hello,

Thank you for your interest in the South County Senior Non-Emergency Medical Transportation Program. The South County Senior Non-Emergency Medical Transportation Program is funded by the County of Orange, Office on Aging, through monies received from the National Tobacco Settlement Revenue (TSR) and Measure M2. The program was developed to provide seniors with transportation to their non-emergency medical appointments including but not limited to dialysis, physical therapy, dentistry, vision, hearing, prescription pick-ups, testing, and x-rays.

To qualify for the program participants must be at least 60 years of age and reside within the South Orange County designated service area: Aliso Viejo, Dana Point, Irvine, Laguna Woods, Laguna Niguel, Laguna Hills, Laguna Beach, Lake Forest (Foothill Ranch), Mission Viejo (Ladera Ranch, Coto de Caza), Newport Beach, Corona Del Mar, Rancho Santa Margarita (Trabuco Canyon, Dove Canyon), Silverado/Modjeska Canyon, Rancho Mission Viejo, San Clemente and San Juan Capistrano.

Please find the included Enrollment Form, Liability Waiver, Code of Conduct, Cancellation & No-Show Policy, and Grievance Form. **Enrollment Form, Liability Waiver, Code of Conduct, and Cancellation & No-Show Policy must be completed and returned to our office by mail or in person, prior to utilizing the service.**

Applications missing signatures will not be processed and will be returned to sender.

Applications may not be submitted digitally.

- Non-Emergency Medical Transportation will be provided within the designated service area: Irvine / Newport Beach and south through San Clemente. Destination addresses that fall outside of the designated service area are limited to a maximum trip length of 15 miles from the client residence to the medical facility.
- Clients are limited to a maximum of 16 one-way trips (8 roundtrips) per month.
- This is not individual transportation; we try to serve as many seniors as possible. Because of high demand, you may share your ride with one or more seniors traveling in your same area.
- In addition to medical facilities within our service area, this program also serves Kaiser Lakeview and Kramer Medical Offices Anaheim, UCI Orange, St. Joseph's Orange, and the VA Long Beach Veterans Hospital.
- Rides must be scheduled at least five business days in advance and will be given on a first come, first served basis.
- Riders will be charged $2.00 per one-way trip and must have exact change.
- Program hours are Monday through Friday, 7:00am - 6:00pm

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- We do not operate on: New Year's Day (observed), MLK Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day (observed), Thanksgiving (Th, F), Christmas (observed)
- Companions/PCA ride free of charge companions must be ambulatory.
- In order to participate in this program, you must complete the attached forms and paperwork and return to:

Age Well Senior Services Transportation
23101 Lake Center Drive, Suite 325 Lake Forest, CA 92630

Your enrollment form will be reviewed, and the eligibility determination will be mailed to your home address. If you have any questions, please refer to our **FAQ** or contact us Monday - Friday, from 8:00am and 5:00pm at **(949) 855-9766**.

Sincerely,

Amie Reynoso| Transportation Director
Age Well Senior Services
23101 Lake Center Drive, Suite 325 | Lake Forest CA
Contact: 949-855-9766

Notifying the Public of Rights under Title VI

- Age Well Senior Services operates its Non-Emergency Medical Transportation without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Age Well Senior Services.
- For more information on the Age Well Senior Services' Civil Rights program, and the procedures to file a complaint, contact (**949) 855-9766** or visit our Administrative Office at 23101 Lake Center Dr. #325 Lake Forest, CA 92630. For more information, visit our website at www.MyAgeWell.org
- Si necesita informacion en Español, llame al numero (**949) 855-9766**
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COMPLAINT AND GRIEVANCE PROCEDURE TRANSPORTATION DEPARTMENT

The complaint and grievance procedures are designed to provide an opportunity for participants to express their concerns or dissatisfaction with the services and allow for an appropriate resolution of any such complaint or grievance. For grievances filed by non-English speaking participants, a bilingual staff member or volunteer will be available to facilitate the grievance process.

Complaint Procedure

Complaints can be directed to the Transportation Director at the administrative office:

Age Well Senior Services, Inc.
23101 Lake Center Drive, Suite 325 Lake Forest, CA 92630
Transportation Director Phone: 949.382.6085

- The Transportation Director is responsible for ensuring the complaint reaches resolution.
- If the Transportation Director is the subject of the complaint, the complaint shall be directed to CEO, Steve Moyer.
- Upon receiving a complaint, the Transportation Director/CEO will document the client's complaint and notify appropriate parties.
- The Transportation Director/CEO will acknowledge to complainant receipt of the complaint within two business days of receipt.
- The Transportation Director/CEO will send a written summary of the complaint resolution to complainant within three business days of the original complaint.
- The Transportation Director shall send a written summary to the CEO for review.
- The Transportation Director/CEO shall notify OoA Program Administrator of client's complaint and plan of action within five working days of receipt of complaint.
- Complaint Resolution Form will be placed in the client file.

Grievance Procedure

- A grievance is any complaint that cannot be resolved to the participant's satisfaction within the complaint system, and which has been brought to the grievance level for further action.
- A participant may use the grievance process to appeal any unsatisfactory complaint resolution. A grievance must be made in writing to the Transportation Director.
- If the Transportation Director is the subject of the grievance, the grievance shall be redirected to CEO, Steve Moyer.

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- The Transportation Director/CEO will acknowledge receipt of the grievance within two business days of receipt.
- The Transportation Director/CEO shall notify OoA Program Administrator of client's grievance within five working days of receipt.
- The Transportation Director, in consultation with the CEO, will conduct the necessary investigation and resolve the grievance. The period for completion of this is twenty (20) working days from the day the grievance is received.
- When the grievance is resolved, the Transportation Director/CEO will ensure completeness of the Complaint/Grievance report.
- A copy of the report will be sent to the participant at the conclusion of the 20-day period. The completed report shall contain a resolution to the problem and the basis for the resolution, as well as procedures for filing a protest of findings with the Office on Aging's Director of Aging.

Office on Aging Appeal

If a participant is dissatisfied with the decision from the grievance process, she/he can contact the Orange County Office on Aging in writing and request that they conduct a "grievance review."

Participants should send their request for a "Grievance Review" to the following address:

Office on Aging
Director of Aging
1300 S. Grand, Building B Santa Ana, CA 92705

After receiving the written request, the Office on Aging will follow their procedure for making a decision and following up with the participant.

Monitoring Grievances

Procedures for monitoring grievances are:

- Each grievance must be recorded in writing.
- Age Well Senior Services will maintain a log of all grievances submitted that includes the grievance resolution.
- The Transportation Director will review all complaints and grievances.
- The CEO, at his/her discretion, may review complaints and grievances and may allow oral rather than written submissions by the complainant.
- All files containing reports of complaints and grievances will be maintained by Age Well Senior Services for a minimum of 5 years.

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Confidentiality of Information

Names of complainants are confidential and are protected from unauthorized disclosure without specific written approval of the participant or guardian, unless the person is authorized by law to receive it.

Persons representing the news media will not be given any information or leads to the identification of the participant including photographs, unless the participant has given written consent.

ENROLLMENT FORM FOR TSR/M2 SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION

Please print clearly. All fields must be filled out completely. You must sign both required fields prior to mailing the form back for processing. Incomplete forms will be returned.

Last Name: _____ **First Name:** _____ **Date:** _____

Date of Birth: _____ **Male** ☐ **Female** ☐

Street Address: _____ **Apt.:**_____**City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

1. **Have you ever applied for OCTA Access? Yes** ☐ **No** ☐

   If yes, were you issued an ID? Yes ☐ No ☐ If yes, ID#: _____

2. **If yes, are you able to utilize OCTA Access? Yes** ☐ **No** ☐
3. **Do you have any physical or functional limitations? Yes** ☐ **No** ☐
4. **Do you require a mobility device or special equipment for transport? Yes** ☐ **No** ☐

   If yes, please check all that apply:

   Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐ Oxygen ☐ Other _____

   If yes, are you able to enter/exit the vehicle without your mobility device? Yes ☐ No ☐

   Are you able to transfer from a wheelchair to seat without assistance? Yes ☐ No ☐

5. **Will a personal care attendant or assistant be traveling with you? Yes** ☐ **No** ☐
6. **Do you require door-to-door assistance? Yes** ☐ **No** ☐
7. **Please list your primary doctor(s) name and address:**

_____

_____

_____

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8. How often do you anticipate needing to use the transportation service?

Weekly ☐ Monthly ☐ Other ☐ _____

9. Emergency Contact Name: _____

Relationship: _____ **Phone Number:** _____

10. How do you get to your medical appointments now?

_____

11. Do you own a vehicle and are you able to drive? Yes ☐ No ☐

My signature verifies all information in this application to be true:

_____ _____

APPLICANT SIGNATURE (Required) **Date**

The following information is gathered for statistical data only and does not affect eligibility:

1. How did you hear about the program? _____

2. Ethnic Background?

Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Other ☐

3. Monthly Income per individual: *Required Less than $1,485/month ☐ Over $1,485/month ☐

SOUTH COUNTY SENIOR TRANSPORTATION WAIVER

I hereby acknowledge that the transportation is a service provided by Age Well Senior Services and the County of Orange, Office on Aging. I hereby waive the right to make any claims against Age Well Senior Services and the County of Orange, Office on Aging or their officials, employees and volunteers, for any injuries, damages, charges, or expenses, including attorney's fees, which might be sustained as a result of my participation in the Age Well Senior Services Transportation Program. I also acknowledge that Age Well Senior Services reserves the right to refuse transportation service.

PLEASE PRINT CLEARLY

Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:**_____ **Zip:** _____

CLIENT SIGNATURE (Required): _____

Legal Guardian Signature: _____

(Copy of certification required with application)

Please return completed forms to the Age Well Transportation Department located at the address at the bottom of the form. Transportation services can be scheduled after all forms have been submitted and approved.

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TRANSPORTATION DEPARTMENT PARTICIPANT CODE OF CONDUCT

Treat all fellow participants and staff with kindness, courtesy, and respect. Violent, illegal, or disruptive conduct will not be tolerated. Reported violations of the rules below will be investigated completely. Service suspension or termination may apply to anyone found to be in violation. Some of these behaviors will result in immediate termination from service.

Threats and violence: Threats, physical violence, or verbal outbursts will not be tolerated.
Language: Use of abusive, obscene, threatening, harassing, insulting or suggestive language will not be tolerated.
Substances: Participants may not consume or be under the influence of any alcoholic beverages and/or illegal drugs. Smoking and vaping in vehicles is prohibited.
Prohibited Items: Hazardous materials, weapons of any kind, explosives, corrosive liquids and flammable materials are not allowed on any AWSS vehicle.
Cleanliness: Please help us keep vehicles clean. Refrain from eating and drinking in vehicles. Please do not leave trash.
Personal Hygiene: Proper clothing is required: shoes, shirt, pants/skirt, must be worn.
Packages: Participants must be able to carry any packages unassisted. Packages must be under complete control of the AWSS participant.
Seat Belts: Participants are required to use lap and shoulder belts for their safety. Our drivers may assist if needed.
Entering and Exiting Vehicles: Participants must wait until the vehicle is at a complete stop and the **driver indicates it is safe to enter or exit** the vehicle. Passengers must exit motorized scooters and transfer into a seat.
Care Attendants: Participants must be able to care for themselves while riding. Individuals needing assistance (memory impairment, incontinence, wheelchair bound, etc.) may participate with the aid of a self-provided care attendant. Care attendants ride free of charge.
Service Animals are Welcome:

- Service animals must be leashed or harnessed and be kept with their owner.
- Service animals must be under the complete control of the participant.
- Service animals cannot occupy seats and must remain on the floor, making sure not to block the aisle, path of travel, access doors, or lift.
- Aggressive or dominant behavior of service animals will not be tolerated, and service may be refused if an animal is disruptive or threatens the health and safety of others.

Participant Consent

I agree to conduct myself in accordance with the above Code of Conduct and I acknowledge that AWSS services may be refused if I am found to be in violation.

Print Name: _____ Signature: _____ Date: _____

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SNEMT CANCELLATION & NO-SHOW POLICY

Age Well Senior Services values the ride of every customer, and to meet the growing demand for transportation among older adults and to provide quality service, a No-Show policy will be enforced. No Shows and excessive cancellations will be monitored and managed to ensure that the service is provided efficiently.

Clients who have a pattern of missed trips adversely impact other users. If these scheduled rides are canceled in a timely manner, the route can be rescheduled to pick up other clients. To protect the interests of the older adult riders, Age Well Senior Services has developed a No-Show policy to identify clients who abuse the system by establishing a practice of not using the rides they have scheduled.

To cancel or re-schedule please call (949) 855-9766 **at least 24 hours** (one business day) in advance.

1. **A No Show is defined as:**

- When a client fails to appear for a scheduled trip within 10 minutes after the scheduled pick-up time (Driver must immediately notify dispatch of the No Show); or,
- When a client cancellation is received less than 2 hours prior to the scheduled pick-up time.

2. **No Notification and Management of Client No Shows:**

- Dispatcher attempts notification of client via telephone and informs driver of status.
- Client is charged one No Show and will receive a telephone call from Age Well after the first No Show.
- Client will receive a written letter explaining termination policy after second No Show.
- Three No Shows in a 30-day period may result in a suspension or termination of services.

3. **Each client's No Shows will be tracked monthly and recorded in client file.**

Print Name:_____

Signature:_____ **Date:** _____

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