

# TRANSPORTATION INFORMATION FORM

SCUSA Transportation  
1000 N First Street, Suite 15  
Albemarle NC 28001 (704) 986-3790 FAX: (704) 982-5735

Passenger Name \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Passenger Lives with \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

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(This section to be filled in by SCUSA office)

Driver's Name \_\_\_\_\_ Driver's Phone \_\_\_\_\_

Approximate pickup time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
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**1. For afterschool care, please fill out #1, #7, #8 and #9:**

Afterschool care Agency: \_\_\_\_\_

Are there any special needs, assistance?: \_\_\_\_\_  
\_\_\_\_\_

**2. Directions to passenger's house (use street address, county road name and number, etc)  
PLEASE BE SPECIFIC WITH NAMES & DIRECTIONS.**

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

Is pickup/discharge different from above? \_\_\_\_\_ (yes) \_\_\_\_\_ (no). If yes is marked, please include directions to pickup/discharge location.

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

Can passenger be dropped off at the end of the driveway if taken to the house? \_\_\_\_\_. Should the driver wait/watch until passenger gets in the house? \_\_\_\_\_. Can passenger be left alone at home? \_\_\_\_\_. If no, please list name/phone # of contact person to notify.

\_\_\_\_\_

**3. List any special assistance that the passenger may need. (Example: assistance getting in/out of vehicle).**

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

4. Must someone meet the vehicle? \_\_\_\_\_. If yes, please list all person (s) authorized to do so: \_\_\_\_\_  
\_\_\_\_\_

**CHILDREN WILL NOT BE AUTHORIZED. CHILDREN WILL NOT BE LEFT WITH CHILDREN.**

5. If the vehicle is delayed more than twenty minutes, the transportation staff will telephone the home or emergency number. **For morning pickups, the drivers will wait no longer than 2 minutes (with no response.)**

SCUSA Transportation assumes no responsibility for passengers prior to pickup or after discharge from the vehicle. Children (under the age of 18) shall not be left alone at the discharge site. In the afternoons, driver will wait no longer than 10 minutes beyond the times listed above, and will then take the passenger back to the point of pickup. The family members of other authorized persons listed above will then be responsible for picking up the passenger.

6. The passenger must carry personal identification at all times.

7. How is transportation to be reimbursed?

\_\_\_\_\_ Stanly Industrial Services (ADAP, CAP, VR, other \_\_\_\_\_)  
\_\_\_\_\_ Vocational Rehabilitation  
\_\_\_\_\_ Day Care Agency  
\_\_\_\_\_ DSS (Medicaid / Workfirst, other \_\_\_\_\_)  
\_\_\_\_\_ Passenger Fee  
\_\_\_\_\_ Mental Health Services (Daymark, Monarch, etc.)  
\_\_\_\_\_ Other – please list: \_\_\_\_\_

8. Please give arrangements and phone numbers for passengers in the event the facility or the transportation office closes early for inclement weather or other unexpected events.

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

9. Please give any other information/assistance that you feel may be needed while transportation services are being provided.

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

**ALL PASSENGERS RIDING SCUSA VEHICLES ARE REQUIRED TO WEAR SELT BELTS. “A CHILD LESS THAN EIGHT (8) YEARS OF AGE AND LESS THAN EIGHTY (80) POUNDS IN WEIGHT SHALL BE PROPERLY SECURED IN AN APPROPRIATE CHILD PASSENGER RESTRAINT SYSTEM.” IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN OR SPONSORING AGENCY TO PROVIDE A CAR SEAT ON OR BEFORE THE FIRST DAY OF SERVICE.**

These arrangements are approved by the parties signing below. Passenger or representative or parent/guardian must sign this form. A copy of the agreement will be given to the passenger, driver and Transportation Director.

\_\_\_\_\_  
Passenger/or parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transportation Director

\_\_\_\_\_  
Date