

City of Hopewell Transportation Service
Provided by
Hopewell Department of Recreation & Parks

Purpose: The purpose of the Hopewell Transportation Service is to provide local transportation for senior citizens and adults with disabilities and that are residents of Hopewell. These individuals are transported in Hopewell only for local appointments.

Transportation Eligibility Criteria: The Hopewell Department of Recreation & Parks must ensure that individuals requesting transportation meet the following eligibility criteria:

- Individuals must be age 55 or older or have a physical, mental and or sensory disability.
- Individuals must be residents of Hopewell.
- If the individual needs assistance they must have someone travel with them during the entire trip.
- Passengers under 18 years old must have an aide or someone to ride along with them.

Individuals Responsibility:

- Contact Hopewell Recreation & Parks to make transportation reservations at (804) 541-2355 /53 /56.
- Reservations for transportation will be taken on a first come, first serve basis between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.
- Transportation reservations need to be made 24 hours in advance of needing the service with the exception of medical appointments. Please do not cancel your reservation unless you are sick or have an emergency. If possible, please give a 24 hour notice for cancellations.
- All individuals using the service must call the Center by 12:30 p.m. to be returned home or to their final destination.
- Individuals using the service must call the Center each time they need to go to a different location (**maximum 3 stops**) and can only schedule *one pick up if its from home or residence per day and only one return trip if it is to home or to their final destination per day*.
- Individuals must be ready and waiting for pick up at the designated time.
- Drivers will not get out of the van to ring door bells.
- Individuals must allow 15 minutes either side of scheduled appointment for pickup.
- Individuals are to remain at the location when calling for picking service.
- No alcohol is to be transported on the City vans.
- No animals are to be transported on the vans unless to assist an individual with a disability.

Days of Operation: This service will operate on Monday to Friday from 9:00am to 12:30pm. No service on days that the Center is closed.

Cost: Each person is required to pay .75 cents per stop. Only 3 stops per person are allowed on any one day.

Door to Door Service: the driver will provide door to door service. Drivers are only allowed to transfer wheel chairs on and off the van. They are not allowed to push wheel chairs for any distance or carry packages for riders. Anyone that requires assistance beyond what the driver is allowed must have an aide or someone travel with them at all times.

Holiday and Severe Weather Days: The transportation service will not operate during severe weather conditions, as determined by the Hopewell Department of Recreation & Parks. Contact 541-2401 Ext.663 for Center closing during severe weather. ***Updated 11/12/12**



TRANSPORTATION FORM

DATE _____

1. NAME _____ DOB: _____

Recreation and Parks

AGE _____ M/F _____

100 W. City Point Road
Hopewell, VA 23860². ADDRESS: _____

(804) 541-2353 PHONE: (W) _____ (H) _____

(804) 541-2464 fax

3. EMERGENCY CONTACT: _____ RELATIONSHIP _____

4. PHONE: (W) _____ (H) _____

5. MEDICAL CONDITION: _____

6. MEDICATION: _____

7. DOCTOR: _____ PHONE: _____

CHECK AND/OR EXPLAIN TRANSPORTATION ELIGIBILITY REQUIREMENT

DISABILITY:

PHYSICAL _____ SENSORY _____ MENTAL _____

WHEEL CHAIR: YES OR NO _____ NEEDS ASSISTANCE YES OR NO _____

DEPARTMENT USE ONLY
TRANSPORTATION ELIGIBILITY:

HOPEWELL _____

UPDATED: 5/3/13, AC.



**City of
Hopewell**

100 West City Point Road
Hopewell, Virginia 23860

INDEMNIFY FORM

Registrant's Name: _____

Mailing Address to include zip code: _____

I agree to indemnify and hold harmless City of Hopewell, its officers, employees and agents from and against any, and all, claims and liabilities for injury to persons or property which may be suffered by anyone as a result of, or in any way connected with participation in any activity, program or facility. I agree that the waiver of liability and hold harmless provisions of this application shall be effective to absolve the City of Hopewell and its officers, agents and employees from liability to the maximum extent permitted by Virginia law. If any provision of this application is held void or of no effect by a court of competent jurisdiction, the remainder shall be effective to the extent permitted under Virginia law.

Form will remain on file for all registrations.

Signature of Participant, Parent or Guardian: _____ **Date:** _____

VIRGINIA SERVICE – QUICK FORM

Today's Date ____/____/____

Updated ____/____/____

Client Name & Demographic Information

* Name: _____
(Last) (First) (Middle Initial)

* Address: _____
(Street)

(City) (State) (Zip)

* Phone: () _____ County or City of Residence: _____

Client's Customer ID: _____ Is There a Caregiver? Yes ___ No ___

Birthdate: ____/____/____ Gender: ___ Male ___ Female
(Month) (Day) (Year)

Race Status:

___ White or Caucasian Only ___ Black / African American ___ American Indian or Alaskan
___ Asian Only ___ Native Hawaiian or Pacific ___ Native Only
___ Two or More Races ___ Islander Only ___ Some Other Race Only
___ Combined ___ Race Unknown or Unreported

Hispanic Origin:

___ Hispanic or Latino Origin OR ___ Not Hispanic or Latino Origin OR ___ Hispanic Ethnicity Unknown

Physical Environment

___ No one else lives in my home
___ Yes, I live with someone

Financial Resources

Number of members in immediate family: _____
Total monthly income of immediate family: \$ _____
In Federal Poverty? Yes ___ No ___
Sliding Fee Scale Level? A ___ B ___ C ___ D ___ E ___ F ___ G ___
(If applicable)

For Office Use Only
Services Requested:

Services Provided:

Agency / Provider: _____ PSA No. _____

NOTE: At a minimum, this form must be updated annually in order for a client to continue service.

* Legal Assistance and Elder Abuse Services do not require these fields: Name, Address (Street, City, State, Zip) or Phone Number.