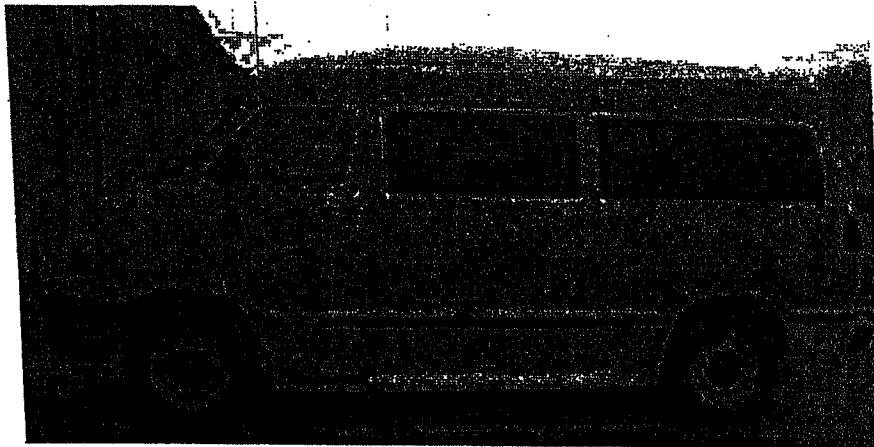
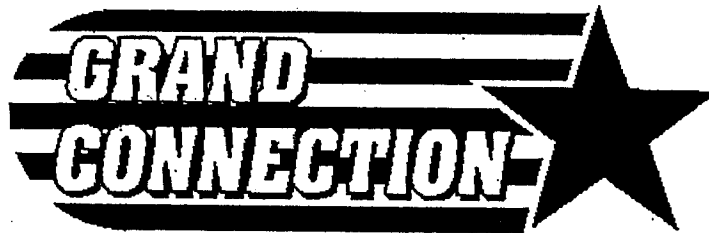


THE GRAND CONNECTION
A Guide to Grand Prairie Transit



(972) 237-8546

Policies and Procedures

The Grand Connection is the City of Grand Prairie's transportation service. This is a door-to-door Paratransit service created to serve the needs of Grand Prairie's senior citizens and individuals with disabilities.

Passengers are taken to medical/dental appointments, work, school and grocery shopping within the city limits of Grand Prairie.

The Grand Connection service currently operates between the hours of 4:00 a.m. to 5:00 p.m., Monday, Wednesday, Friday and 7:00 a.m. To 5:00 p.m., Tuesday and Friday. Service hours will be expanded as demand increases and expansions will be announced prior to their occurrence.

QUALIFICATION REQUIREMENTS

To become eligible, you must be a resident of Grand Prairie and either be at least 60 years of age or have a physical or mental disability.

If you are 60 years or older, you must provide proof of age (a copy of your state issued drivers license, a stated issued identification card or a birth certificate will meet this requirement).

An individual with a physical or mental disability, must have a physician or your licensed health care professional complete and verify Part V of the application.

APPLICATION PROCESS

Complete all applicable sections as described in Part VI of the application. You must sign the application and have a witness

sign the application before it will be processed.

To obtain an application, you may call the Dispatch office at (972) 237-8546. You may leave a message including your name and complete address on the voice mail—an application will be mailed to you. You may visit the us on the web at www.gptx.org or at the Dispatch Office, located in the City's Equipment Services Center at 1821 West Freeway.

Once the application is completed, mail the original completed application and all qualification documentation to:

The Grand Connection
City of Grand Prairie Transit Service
1821 W. Freeway
Grand Prairie, TX 75051

You may also fax the application to us to get a faster start on the approval process, but we must have the original for our records. Our fax number is: (972) 237-8544.

Once your application is received, we will review the application for qualifications. A letter will be mailed to you from a staff member of *The Grand Connection*—this will be your verification of approval for ridership. Upon receipt of the letter, you may begin requesting service for your medical/dental appointments, school, work, grocery shopping or Nutrition Program trips. If you have any questions regarding your letter, please do not hesitate to contact us.

TRAVEL COMPANIONS

Passengers may travel with one (1) companion, if space is available. The companion must travel to the same location as the passenger and will not be permitted to depart the vehicle at a difference location. Companions must be 16 years of age or older, unless an exception is approved by the Transit Coordinator or by the Transportation Services Director in writing (emergency cases only may be approved by verbal approval).

If a passenger requires assistance while traveling, they may have a Personal Care Attendant (PCA) travel with them. The PCA must be 16 years of age or older, unless an exception is approved by the Transit Coordinator or by the Transportation Services Director, in writing (emergency cases only may be approved by verbal approval).

CARRY-ON PACKAGES

Passengers are limited to five (5) carry-on packages. Each Package must be equal to, or be smaller, than a brown paper grocery bag. Driver assistance in loading or unloading is not required, therefore, please plan to carry only items which you can manage independently.

BEHAVIOR/CONDUCT

Smoking, eating or drinking is not permitted on the transit vehicles. Carrying concealed weapons is also prohibited.

Passengers must wear seatbelts at all times. Individuals utilizing wheelchairs must allow the drivers to properly secure the wheelchair with the appropriate securing devices.

Abusive behavior or language will not be tolerated. Each incident will be examined and handled on an individual basis.

TRIP TIMES AND "NO-SHOWS"

The dispatcher will-not call you to confirm the times of your trips, your time will be given at the time you make your appointment. The driver may arrive 15 minutes before or after the scheduled time. For instance, if your pickup time is scheduled for 12:00 p.m., the driver may arrive between 11:45 a.m. and 12:15 p.m., depending on how much time the previous trip pickup required. **The driver is required to wait only 5 minutes after they arrive within the scheduled time window.** If you miss your trip, it will be recorded as a "No-Show" and your return trip will be automatically canceled.

If you fail to show or you do not call to cancel a requested trip before our driver arrives three (3) times within a specific time period, you will be placed on probation. If the abuse continues, you will be placed on a one-year suspension. After the one (1) year, you must re-apply for transportation service requests.

SUBSCRIPTION SERVICE

If you travel to the same place on a routine schedule, you may wish to request a "Subscription Service". This eliminates the need to continuously call your trip request it. It automatically places your trips on the schedule. These are generally established for work, school, Nutrition Program, Dialysis Center or therapy trips as well as other places individuals travel to on a regular basis.

Subscription Service capacity is limited and is offered only on first come, first serve basis. If there is no space available at the time you wish to travel, you will be put on a waiting list until that time slot becomes available.

SCHEDULING TRIPS

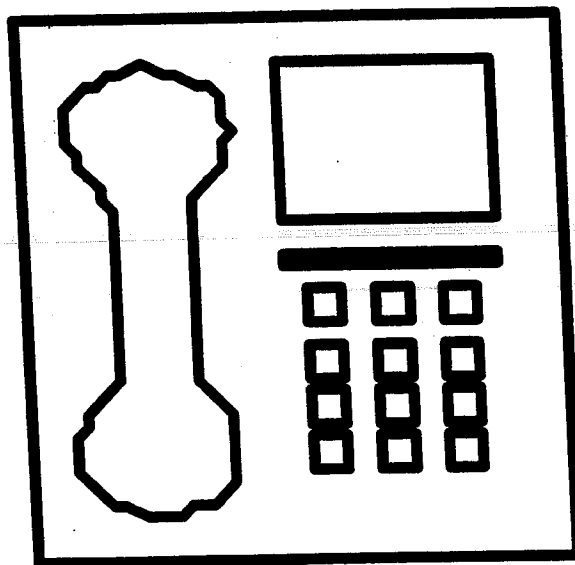
All trips requests must be made at least TWO (2) WORKING DAYS IN ADVANCE of the day you wish to travel. You may call up to two (2) weeks in advance of the trip. Please call the Dispatch line at (972) 237-8546. Give us a detailed message regarding your trip request.

You must give the following information to the Dispatcher when requesting a trip:

- (1) Your name and phone number
- (2) Address of your pick-up point—including the building name of your apartment complex
- (3) Address of your destination—including the Doctor's name, building name/number, suite/room number
- (4) Day and date of travel
- (5) Pick-up time preferred, appointment time, length of time needed and preferred time for a return trip.

6. Any additional information that you would be helpful to the Dispatcher and/or Driver

- (a) Phone number at your destination
- (b) Traveling with a companion/aid
- (c) Mobility aides (wheelchair, walker, cane, etc.)



EMERGENCY INFORMATION

It is very important to keep *The Grand Connection* up-to-date on all emergency contacts. Please advise the Dispatcher immediately of any changes—it is for your safety.

GENERAL INFORMATION

During severe weather, *The Grand Connection* may cancel or delay operations, if it is deemed unsafe to operate. We also do not operate on the following holidays:

New Year's Day - January

Martin Luther King, Jr. Day - January

Memorial Day - May

Independence Day - July

Labor Day – September

Thanksgiving – November

Thursday and Friday

Christmas - December

FARES

There are no fare charges for medical/dental appointments, Dialysis Centers and to the Dallas County Health and Human Services Nutrition Program—503 West Church Street. However, there are fare charges for other requests, as follows:

Grocery Store: \$1.00 each way

School and Work: \$1.00 each way

Books of tickets may be purchased in advance through the transit drivers or the Dispatch office.



GCID # _____



**The Grand Connection
Qualification Application
1821 W. Freeway, Grand Prairie 75051**

Print, complete and mail this application to The Grand Connection at the address in the instructions.

Part I – General Information

Name: _____

Address: _____

City: **Grand Prairie** State: **Texas** Zip: _____

Sex: **M** **F** Social Security Number: _____

Date of Birth: _____ Age: _____

Home Phone: (972) _____

Part II – Emergency Contact

Primary Emergency Contact: _____

Relationship: _____

Phone Number: _____

Secondary Emergency Contact: _____

Relationship: _____

Phone Number: _____

Part III – Health Information

A. Type(s) of Disability: Mark all that apply

- | | |
|---|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Kidney / Renal |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Developmental Disabled | <input type="checkbox"/> Psychiatric disorder |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Respiratory / Breathing |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Spinal injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Head injury / trauma | <input type="checkbox"/> Other (_____) |

B. Mobility Aides (Check all that apply)

- Cane
- Walker
- Guide Dog
- Crutches
- Wheelchair:**
- Manual
- Electric: Large Wheels
- Electric: Small Wheels
- Scooter: Size (_____)
- Other (_____)

C. Type of Transportation needed from The Grand Connection:

- | | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Nutrition Program | <input type="checkbox"/> Medical | <input type="checkbox"/> School |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Grocery | <input type="checkbox"/> Work |
| <input type="checkbox"/> Medicaid (Medicaid Number _____) | | |

D. Where did you learn about the Grand Connection?

Part IV – Release & Indemnification

HOLD HARMLESS AGREEMENT

State of Texas, County of Dallas/Tarrant

I, _____, covenant and agree that for, and in consideration of the City of Grand Prairie allowing me to use the Grand Connection, do indemnify and hold harmless the City of Grand Prairie, its employees, agents, sponsors and volunteers assisting in these activities from any and all damages, claims, or liability of any kind, whatsoever, by reason of injury to property or third person occasioned by any error, omission, violation of the Grand Connection rules and regulations or negligent act by me.

I further do hereby expressly release, discharge, and hold harmless the City of Grand Prairie, its employees, agents, sponsors, and volunteers assisting in these activities from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to me or damage to my property arising or resulting from any use of The Grand Connection rules, regulations, or stated policies.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I verify that the above information is true and correct to the best of my knowledge. I also authorize the personnel of The Grand Connection to obtain verification of any information given in this application and to obtain pertinent medical information necessary for clarification of ridership eligibility.

I, the undersigned, have read and understand the “Hold Harmless Agreement” and “Authorization for the Release of Information” sections above and agree to all the terms and conditions contained in these statements. I voluntarily execute and agree to these statements with full knowledge of their significance.

DATED THIS _____ DAY OF _____, 20_____.

Applicant Signature

Date

Witness Signature

Date