



**Town of Conway, Massachusetts
Board of Selectmen**

P.O. Box 240, Conway, MA 01341

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www.townofconway.com

CONWAY SENIOR ON-DEMAND TRANSPORTATION SERVICE

RIDER PACKET

Volunteers and customers needed for new Conway Senior transportation service.

I am pleased to announce the existence of the Conway senior transportation service. My intention is to allow Conway seniors to more easily age in place and continue to live in this town past the point where they are no longer willing or able to drive themselves where they need to go. After Several years of pursuing different solutions, I have reached an agreement with Tina Cote, the administrator of the Franklin county transit authority(FRTA), who will provide the funding and administrative staffing for this program. This is a pilot program intended to gauge the demand for this service in this town and if this service is utilized FRTA intends in the next fiscal year to buy a wheelchair accessible passenger van and pay its driver for exclusive use of Conway senior residents.

This program is grant funded by FRT and is not costing the Town of Conway anything. For this service to be successful we need residents over the age of 60 to use this service and we need volunteer drivers to take those people where they want to go.

Drivers will be reimbursed by FRT at the IRS reimbursement rate, which is currently \$.67 per mile, plus tolls and parking fees, and can drive the client anywhere within Massachusetts. Drivers must keep mileage logs and submit them to FTA for reimbursement and must have a legal and insured vehicle for this purpose. They must pass an initial fingerprint and CORI background check as well as a FRTA vehicle inspection. FRTA will provide umbrella liability insurance coverage above and beyond the drivers personal insurance limits.

Clients or customers must be Conway residents over the age of 60. They can use this service for any reason and can travel anywhere within Massachusetts, as long as a driver is willing to take them. They will be billed by FRTA at the end of each month \$.40 per mile traveled, but can have their own guest(s) travel with them at no extra charge. All clients must be registered in advance with FRTA and must call FRTA with their ride requests. FRTA will call the drivers on their Conway list and match the rider with the driver willing and able to take them. The more drivers we have enrolled, the more responsive this service will be. With a dozen drivers, we should be able to accommodate same day and even some same hour requests, but the greater the advance notice to FRTA the greater the chance of having a ride when you want one.

Whether you are considering driving or riding, the place to start is with a telephone call or email to either Phil Kantor or Veronique Blanchard, the Conway Town Administrator and you will be sent the initial forms you need to complete. Alternatively, you may pick up the forms at town offices during business hours. Please consider either volunteering as a driver or using this service if you are over the age of 60 and a Conway resident.

Philip Kantor
Chair, Conway Selectboard
413-475-4305
philkantor@conwayma.gov



Franklin Regional Transit Authority 12 Olive St., Greenfield MA 01301
www.frta.org Tel: (413)774-2262

DEMAND RESPONSE APPLICATION

This application will be used solely to determine Demand Response eligibility for Franklin Regional Transit Authority. Transportation is a curb-to-curb service and may be limited depending on where you reside. Please complete this application to the best of your ability, incomplete applications will be sent back to you for completion. ***Please note that a determination of your eligibility will be made by the FRTA within one week of receipt of a completed application.***

Faxed copies will not be accepted.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. _____

Mailing Address: (if different) _____

City or Town: _____ ZIP _____

Telephone Home: _____ Cell: _____

Date of Birth: _____

Please provide us with the name and telephone number of someone we can call in the event of an emergency.

Name: _____ Relationship to you: _____

Telephone Day: _____ Night: _____

Please complete the following to see if you meet the criteria for Demand Response Transportation. Check all boxes that apply:

- ☐ I am a LifePath client, my authorization expires _____. Please take note that you must have transportation eligibility through Lifepath to utilize these services. (Meals on wheels does not determine eligibility). Please provide the name of your Case Worker and their phone extension _____.

- ☐ I am 60 years old or older, **please attach proof of age.** One of the following will be acceptable. Copy of your driver's license, an expired driver's license, birth certificate or a passport.
- ☐ I am a Veteran with a disability rating of 70% or greater, (please attach a letter from the VA, signed by a Veterans Services Officer specifying your disability rating).
- ☐ I currently reside in a nursing home facility, please indicate the duration of your stay _____.

Please indicate what type of mobility device is used (if any):

Wheelchair _____ **Cane** _____ **Walker** _____ **Other** _____

I hereby understand that in order to be eligible to use Demand Response service, I must meet the above criteria. All Demand Response and ADA consumers are required to wear seatbelts in accordance with Massachusetts General Laws *unless* there is documentation of a medical condition that prohibits their use. Refusal to wear seatbelt will be documented by the driver and the FRTA will not be held liable for injury as a result of this.

I agree that if any of the information given to the FRTA is materially false or misleading, the FRTA shall have the right to reconsider my eligibility for services. I certify that the information given above is correct:

Signature: _____ Date: _____

If this application is being filled out by someone other than the person requesting certification, please complete the following:

Name: _____ Relationship to you: _____

Telephone Day: _____ Night: _____

Signature: _____ Date: _____

Once you have been determined eligible for services based on the above information, the FRTA will notify you in writing within one week of receipt of this application with instructions on how to utilize our service and book your trips.

- ☐ I wish to be contacted to find out about the fixed route schedule and how to use the public bus.