

**RED ROSE TRANSIT AUTHORITY
METRO AREA DEMAND RESPONSIVE SERVICES
(ACCESS TO JOBS)
REQUEST FOR TRANSPORTATION SERVICES**

Please consider this request for transportation services under the Red Rose Transit Authority's Metro Area Demand Responsive Services program. It is understood that this door-to-door transportation service may only be used for service to and from employment at times not served by regular bus service. *Transportation for Access to Jobs must be within an estimated six-mile radius of the city. You must complete a separate application for each employer (4-5 business days to process).*

Mr./Mrs./Ms. _____

Name of Applicant (Please type or print)

APPLICATION WILL BE RETURNED

Address (If P.O., Give both addresses)

IF NOT COMPLETE

City, State and Zip

Telephone # _____

Special Vehicle Needs _____

Date of Birth _____

Social Security # _____

By signing this application I acknowledge that the information requested is true to the best of my knowledge and I understand that any information given will be verified if RRTA chooses to do so. I also acknowledge that requests for service under RRTA's Metro Area Demand Responsive Services program must be made least one day in advance of the trip date. Trips may also be scheduled on a recurring basis. It is further understood that the fare for each trip taken will be **\$3.00** payable to the vehicle driver at the time of pick-up and that cancellations must be made at least one hour in advance of the scheduled trip. I also understand that accepting this service I agree to abide by all rules and regulations of this service with the risk of termination if I fail to do so.

Signature of Applicant

Date

Assisting Agency (if any)

Date

Agency Contact (please print)

Telephone

PLEASE HAVE EMPLOYER COMPLETE BACK OF FORM.

Please return to:

**Red Rose Transit Authority
45 Erick Rd
Lancaster, PA 17601
291-1243 (fax 397-4761)**

RED ROSE TRANSIT AUTHORITY
ACCESS TO JOBS CERTIFICATION

EMPLOYER PLEASE COMPLETE

Applicant's name: _____

Shift Rotation?: YES NO If "NO" please note shift(s) working below

Monday	From _____	AM / PM	To _____	AM / PM
Tuesday	From _____	AM / PM	To _____	AM / PM
Wednesday	From _____	AM / PM	To _____	AM / PM
Thursday	From _____	AM / PM	To _____	AM / PM
Friday	From _____	AM / PM	To _____	AM / PM
Saturday	From _____	AM / PM	To _____	AM / PM
Sunday	From _____	AM / PM	To _____	AM / PM

Employer's name: _____

Employer's street address (where employee will be picked up and/or dropped off):

Name of Immediate Supervisor (Please Print): _____

Supervisor's Signature: _____ Telephone number _____

Hourly pay rate? _____ Hours per week? _____

Note: RRTA staff will call to confirm the accuracy of information provided. Service will not be provided until confirmation is complete.

RRTA USE ONLY

Qualification:

1. Is the individual traveling to and/or from work? YES / NO
 2. Is the origin and destination less than 1/4 mile from any bus route? YES / NO
 3. Is the trip for a time/day when the bus is not operating? YES / NO
- OR-
4. If the bus is operating near the destination, is the wait time longer than 1 3/4 hours? YES / NO

If the answers to questions 1,2 and 3 or 4 are yes, then the applicant is eligible for the program.

Bus routes used: To Work _____ & _____
From Work _____ & _____

Round Trip Authorized? YES / NO If yes, when (circle all that apply)? M / T / W / H / F / S / S

Time transportation needed:

Monday	AT _____	AM / PM
Tuesday	AT _____	AM / PM
Wednesday	AT _____	AM / PM
Thursday	AT _____	AM / PM
Friday	AT _____	AM / PM
Saturday	AT _____	AM / PM
Sunday	AT _____	AM / PM

Information verified by: _____ Date: _____

