

Acton Rides- Taxi Rides Program

Thank you for your interest in the Acton Rides - Taxi Rides Program. This is a temporary grant-funded pilot program for eligible Acton residents. The application should take no longer than 5-10 minutes. If eligible, you will be contacted via email or phone when your service has been approved. The Town of Acton has engaged with Annex Transit and Rides by Joanne to provide subsidized transportation for Acton residents during hours that our existing transportation services are not operating such as evenings and weekends.

To get started, please provide us your email address: _____

Who is eligible to participate?

- Adults (50 and over)
 - Individuals with limited driving ability due to disability
 - Individuals with a demonstrated financial need
 - Active duty military members or veterans
- * *Children under 12 must be accompanied by an adult*

This special, time-limited, grant-funded taxi program, will be provided on a first come, first serve basis.

All rides must begin or end in Acton, and capped at a maximum of 25 miles.

How does this program work?

First, residents must complete this application form and your information will be reviewed by Town staff, who may follow-up with you for additional clarification if necessary. You may also contact the Transportation Office by phone 978-929-6611 or send an email to transportation@actonma.gov for assistance with the application. After your registration is complete, you will be notified when you may start scheduling rides through our dispatch service.

Hours of Service for Rides are as follows:

3:00 to 11:00PM Monday to Friday or 7:00 AM to 9:00 PM on Saturday and Sunday.

At this time, we will be limiting subsidized rides to two (2) rides per day, per eligible rider.

Acton Rides - Taxi Rides Program

Data Waiver Notice

Please read the following Terms and Conditions carefully before registering for the Acton Rides- Taxi Rides Program. Your access to and use of Acton Rides - Taxi Rides Program services is based on your acceptance of these Terms. These Terms apply to all users and others who access or use the Acton Rides - Taxi Rides Program. By accessing or using the Acton Rides - Taxi Rides Program, you agree to be bound by these Terms. If you disagree with any part of the Terms, we will conclude that you do not wish to access the service. Please be assured this information will not identify individual Acton Rides - Taxi Rides Program users and will only be used for analytical purposes. The Town of Acton's goal is to better serve your transportation needs and the transportation needs of all Acton residents.

TERMS AND CONDITIONS: By using the services available through the Acton Rides - Taxi Rides Program, certain information relevant to your use will be made accessible to Town of Acton officials or employees that qualifies you to use the service, as well as the contractors. Certain information relevant to your use also will be made available to the Town of Acton Transportation office for analytical purposes, and such information may be subject to disclosure under applicable law, including but not limited to the Public Records Law. This information includes, but may not be limited to, Trip ID, Request Date, Request Time, Actual Pick Up Date, Actual Pick Up Time, Pick Up Street and Zip Code, Drop Off Street and Zip Code, Drop Off Date, Drop Off Time, Service (e.g., WAV, van pool, etc.) and Distance. To the extent permitted by law, the Town of Acton Transportation office agrees to use and maintain this information in accordance with state and federal laws concerning the security, confidentiality, and safeguard of personal information and right of privacy.

I have read and agree with the above Data Waiver Terms and Conditions:

Printed Name

Date

Signature

Release of Claims, Indemnity, and Hold Harmless Agreement

I, the undersigned, in consideration of my participation in the Acton Rides - Taxi Rides Program, and for other good and valuable consideration hereby acknowledged, do hereby agree on behalf of myself, my heirs, and personal representatives, to forever RELEASE the Town of Acton, and its departments, employees, officials, boards, committees, agents, staff, representatives, officers, volunteers, successors, assigns, or contractors (the "Releasees"), from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation, and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries or property damage which I may suffer as the result of riding with Annex Transit or Rides by Joanne, LLC. in connection with the Acton Rides - Taxi Rides Program (the Program).

I also promise to and will INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted against any of the Releasees in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to any person or property damage to any property to the extent caused by me in connection with such participation and use.

I acknowledge my involvement in this voluntary program may expose me or my family members to risks of personal injury or death resulting.

I hereby acknowledge and agree I will not allow myself to attend or participate in any program or portion thereof if I am sick or are displaying symptoms of any contagious illness, or if I have been in close contact with someone displaying such symptoms.

I hereby further agree for myself, my successors, assigns, heirs, and personal representatives not to sue the said Releasees on account of any such claim, demand or liability, etc. released by me in this instrument. I have carefully read this release of liability, and understand and voluntarily agree with it, and accept its terms and conditions.

I have read and agree with the above Release of Claims, Indemnity, and Hold Harmless Agreement:

Printed Name

Date

Signature

Acton Rides - Taxi Rides Program Application

Please fill out the following fields to enroll in the program. All field with an asterisk (*) are required.

General Information

* Name: _____ * Date of Birth: _____

Primary Phone Number _____

* Home Address: _____

* Emergency Contact Name: _____

* Relationship (Spouse, Friend, etc.): _____

* Emergency Contact Phone Number: _____

Program Eligibility Type (Check all that apply - at least one is required)

- ☐ Age 50+
- ☐ Individual with a Disability
- ☐ Financial Need
- ☐ Active Duty Military / Veteran
- ☐ Essential Worker

For those who are applying based on financial need:

We may reach out to you to gather more information. Please be prepared for us to ask for a copy of documentation related to one or more of the following:

- MassHealth membership
- Subsidized Housing paperwork
- Veterans Benefits
- SNAP (Supplemental Nutritional Assistance Program)
- Utility Discounts / Fuel Assistance
- WIC (Women, Infants, Children)
- Other pertinent programs

For other applicants (50+, Disability, Veterans):

We may reach out to you to gather more information. Please be prepared for us to ask for a copy of documentation related to one or more of the following:

- Government issued identification that includes date of birth (e.g. Driver's license, Passport, Real ID)
- Form DD-214 (or similar proof of military service)
- Statements or letters on a physician or medical professional's stationary describing disability
- Statements, records, or letters from a government agency that issues or provides disability benefits
- Statements, records, or letters from a State Vocational Rehabilitation program or counselor
- Proof of employment for Essential Workers

Please check all that apply:

- ☐ Will you require a wheelchair accessibly vehicle?
- ☐ Do you have a child/children who generally travels with you? *Note: if child requires car seat, please provide one, as this program cannot provide and will not transport children without one.*
- ☐ Will you be traveling with a service animal?
- ☐ Will you be traveling with an aide or companion?
- ☐ Do you need special travel accommodations? Assistance getting to/from the door?
- ☐ Do you use a walker?
- ☐ Do you travel with an oxygen tank?
- ☐ Do you have a visual impairment?
- ☐ Do you have a hearing impairment?
- ☐ None of the above

Is there anything else we should know to help better serve you?

How did you hear about this Program (Check all that apply - at least one is required)

- ☐ Town website
- ☐ From the Transportation Dispatcher
- ☐ Newspaper article
- ☐ Senior Center
- ☐ Social Media
- ☐ Word of mouth
- ☐ Other: