



MRCI Transportation- Policies/Protocols

For admission, transportation service determination is based on the following criteria:

Ongoing transportation can be affected by changes in any of the below or by circumstances outside of MRCI’s control.

- The distance between the pick-up/drop off point and the program location.
- Details of road and/or travel conditions and accessibility of pick-up/drop off areas
- Availability of transportation resources
- Concerns affecting health and safety of all persons; to include functioning of all safety equipment (i.e. wheelchair/walker brakes, wheelchair seatbelts, type of wheelchair, etc.)
- Specific issues/concerns (not limited to Medical and/or Behavioral) of the person served.
- Review and availability of public transportation as a viable option.
- Available funding for transportation expenses or services.

If accepted for MRCI transportation, the team will be provided with specifics regarding pick-up and drop-off schedules prior to the first day of services. MRCI will make every effort to provide adequate notification regarding schedule changes. MRCI staff drivers adhere to MRCI’s policy of waiting a maximum of 5 minutes beyond the scheduled pick up time. After waiting the 5 minutes, drivers will continue their route and will not return to pick up persons who missed the MRCI vehicle. Consistent tardiness must be addressed and could result in suspension or termination of transportation services. MRCI transportation provides curb to curb services only. In emergency situations, drivers are trained to make sound decisions as circumstances occur. For safety reasons, MRCI reserves the right to cancel services due to weather or road conditions. Low temperatures may prohibit use of vehicle lifts. MRCI will make every effort to contact individuals affected by route/lift cancellations. Details regarding transporting medications on an MRCI vehicle will follow our MRCI Community Based Medication Policy.

I have read and understand the above policies and protocols:

Client Printed Name _____ Date _____

Client Signature _____

To be reviewed and signed at Intake or Annual Meetings

Residential Signature _____ Date _____

Guardian Signature _____ Date _____