

KONA ADULT DAY CENTER
P.O. Box 1360, Kealahou, HI 96750
(808) 322-7977 Fax (808) 322-0614

TRANSPORTATION POLICIES AND PROCEDURES FOR FAMILIES

(Note: Please complete 2nd page only if requesting transportation assistance)

1. The Kona Adult Day Center provides curb-to-curb transportation assistance to those families requesting such service who reside within the service area, utilizing the Center's 15-passenger van.
2. The Center will not transport clients who are unable to be safely transported or accommodated in the van. **Clients who require special assistance because of frailty or wheelchair dependence are not recommended for the transportation program.** Referrals to community agencies providing wheelchair or lift-capable vans will be made and recommended to families instead.
3. Morning pick-up is between 7:30 a.m. to 9:00 a.m. Afternoon drop-offs are between 2:30 p.m. to 4:00 p.m.
4. The Executive Director or van driver will make arrangements for a.m. pick-ups and p.m. drop-offs with the family. The family will designate a person to be responsible at time of pick-up and drop-off. **This designated person MUST be available to aide client from curb to van/house in a.m. and p.m.**
5. Families are requested to inform the director or driver of any change in transportation arrangements. Any change in morning pick-up **MUST BE CALLED IN TO THE CENTER** the day before or no later than 7:30 a.m. that day. Changes in afternoon drop-off **MUST** be called in by 1:30 p.m. that day.
6. Families are responsible to keep the Executive Director or Van Driver informed of every change in the overall health status of the client. This is necessary in order to enable the staff to provide the best, most appropriate care possible. **For their own safety, clients who are ill or sick will not be transported.**
7. Advance notice will be given to families whenever the van is not available to carry out daily scheduled runs, due to repairs or need for servicing. In such instances, families will be responsible to find alternative transportation arrangement. Assistance will be provided to families who require referrals to other community agencies providing transportation service.
8. No smoking, drinking, or eating is allowed on the Center van.
9. Morning pick-up and afternoon drop-off will be at the home of the client. The Center will not be responsible for dropping clients off at sites away from the home unless prior arrangements are made with the Director.
10. There may be unforeseen circumstances that will prevent the responsible family member from being present at the time of afternoon drop-off. In such situations, the family is responsible for informing the driver or Center ahead of time in order to avoid having the client brought home and left unattended or unsupervised.
11. Transportation fees are \$10.00 one-way or \$20.00 round trip. Transportation fees are separate and added to the monthly tuition billing for those families requesting this service.
12. A responsible caregiver must receive clients with memory loss, dementing illness, known to wander or unsafe to leave unsupervised, at time of drop-off.

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REQUEST FOR TRANSPORTATION ASSISTANCE

I hereby request the Kona Adult Day Center to provide transportation assistance.

NAME: _____

DAYS REQUESTED: _____

PICK-UP TIME/PLACE: _____

PERSON RESPONSIBLE AT TIME OF PICK-UP: _____

DROP-OFF TIME/PLACE: _____

I have received a copy of and understand the Kona Adult Day Center "Transportation Policies and Procedures for Families" and agree to follow these procedures as stated.

I understand that pick-up and drop-off transportation is provided to curb side only and person designated by family will aid client from house to van and curb to house in a.m. and p.m.

Person responsible at time of drop-off: _____

I understand the cost of service will be \$10.00 each way, and that this fee will be included with the monthly tuition billing.

I understand that every effort will be made to provide for the safety and well being of, while transported to and/or from the Center. I furthermore understand that providing care and transportation to impaired adults can involve a certain amount of risk and that the Center will make its best effort to reduce risk of harm or danger. To the extent that the staff at the Kona Adult Day Center has made reasonable efforts to reduce risk or harm and to provide a safe environment, I hereby waive any claim against the Center for injuries arising out of provision of care and service requested by the family.

Name of Legal Guardian or Representative

Signature of Legal Guardian or Representative

Date