

Guaranteed Ride Home Program



Purpose: The Guaranteed Ride Home program will reimburse you for a taxi ride home or to a park-and-ride lot if a situation arises that prohibits you from using an alternative transportation mode to get home. The program is available for commuters who carpool, vanpool, ride the bus, walk or bicycle to and from work. Such situations may include, but are not limited to, returning home due to an illness, emergency, or unscheduled overtime that leaves you without a ride home.

Eligibility and Exclusions: Participants **must** pre-qualify for the Guaranteed Ride Home Program using this form. Applicants must use an approved alternative transportation provider or be a registered walker, bicyclist or carpooler. Current approved providers include ACHD Commuteride Vanpools and ValleyRide Bus Services. **The Guaranteed Ride Home can only be used on days that the participants have gone to work using a form of alternative transportation.** Planned or scheduled trips such as a doctor's appointment or overtime for a project that is known prior to going to work are not authorized Guaranteed Ride Home trips. **Gratuities will not be reimbursed.** Taxi rides will be reimbursed up to six (6) times per calendar year, with a maximum of \$300 per year per applicant, while funding is available.

Registration: Once the Commuteride Office has processed your application, you will be sent a reimbursement form and instructions on the reimbursement process. Return this application to Commuteride, 5714 Fairview Ave., Boise, ID 83706 or fax to 375-2582. Call 345-7665 if you have additional questions.

Procedure for Reimbursement: You pay the entire cost of the taxi ride up front, then complete and return a reimbursement form, including the original receipt. Upon verification of your application and approval of the request for reimbursement, a check will be mailed to your address. **Gratuities will not be reimbursed.**

Restrictions: Taxi rides will be reimbursed up to six (6) times per calendar year, with a maximum of \$300 per year, per applicant, while funding is available. **Reimbursement will not cover rides home due to natural events, such as heavy snowstorms, blizzards, earthquakes, etc.** ACHD Commuteride reserves the right to verify alternative transportation modes on days the guaranteed ride home is used.

For questions or to receive additional Guaranteed Ride Home applications, contact Commuteride at 345-7665, or log onto our website at www.commuteride.com.

Please retain this page for your records

Guaranteed Ride Home Application



Thank you for your interest in the Guaranteed Ride Home Program. In order to register you in this program, we require that you provide all of the following information. **(PLEASE PRINT CLEARLY)**

1. Name _____	Phone (hm/cell) _____
Address _____	City _____ State ____ Zip _____
Employer _____	Phone (wk) _____
Address _____	City _____ State ____ Zip _____

I certify that I am a user of an approved alternative transportation mode:

- Carpool Vanpool # _____ Bus Route# _____ Bicycle Walk

Signature _____ Date _____

We recommend you register in Commuteride's Ridematch system which will provide you with name(s) of other rideshare partners. In doing so, your name will be released to other commuters.

- Yes. Please share my name with others.** **No. Do not share my name with others.**

If yes please provide us with the following information:

Email address _____

Work Hours: _____ am/pm _____ am/pm Flexible by: 15 minutes / 30 minutes **(please circle)**

Major Crossroads nearest HOME _____ & _____

Major Crossroads nearest WORK _____ & _____

If you carpool, please complete the information below for all members of the carpool. Each member of the carpool must register independently to receive the Guaranteed Ride Home benefit.

2. Name _____ <small>(Please Print)</small>	Signature _____
Address _____	City _____ State ____ Zip _____
Phone (work) _____ (home) _____	Employer _____

3. Name _____ <small>(Please Print)</small>	Signature _____
Address _____	City _____ State ____ Zip _____
Phone (work) _____ (home) _____	Employer _____

Return this application to Commuteride, 5714 Fairview, Boise, ID 83706 or fax to 375-2582. A reimbursement form will be mailed to your home address. Call 345-7665 if you have additional questions regarding this program.