



Council on Aging

Beginning on February 21, 2008 the telephone number you call to request a ride will change. Please read the "How to Schedule a Ride" instructions below. Be sure to have your trip information ready before calling.

How to Schedule a Ride:

Call **1.877.743.3852** or **508.752.9283**

Press 2

(If you have a rotary dial telephone, please stay on the line and a Customer Service Representative will be with you shortly).

Give the following information to the Customer Service Representative:

- Name, Address and Home Telephone Number
- Date of your trip request
- If you use a mobility device (wheelchair, walker etc.)
- If someone will be traveling with you to assist you
- Address where you will be picked-up for example:
23 Main Street, Northborough MA

- Exact address and location where you will be dropped off (you will be picked up at the same location for your return trip) for example:
UMass Memorial Campus Main Entrance
15 Belmont Street, Worcester MA

- Appointment time (the time of your appointment)

- Return time (estimate your return pick-up time)
Please note: If you will not be ready at your scheduled return time, call 1.877.743.3852 AS SOON AS YOU KNOW WILL BE LATE AND MIGHT MISS YOUR TRIP. Although a return trip is not guaranteed, staff will make every effort to arrange another ride home for you. (If secondary trip arrangements are made for you, you may be picked up by an RTA Transit Services Van, a Council on Aging Van or a Yellow Cab taxi.)

- Remember drivers do not make change so have the exact fare ready.
- Riders will be given a twenty minute pick-up window. Be ready and waiting where you can see the vehicle arrive during the entire twenty minute window. Once the vehicle arrives the driver will only wait five minutes before moving on to pick up the next passenger.



Northborough Council on Aging WRTA/PBSI Rider Information

General Information

Please call (508)797-5560 or 1-800-499-6384 (TTY-792-3709) if you need this application and future written information in one of the following forms:

Large Print _____ Braille _____
Audio Tape _____ Other _____

1. Applicant's Name _____
Address _____
City/Town _____ State _____ Zip _____
Telephone Number (Home): (____) _____ (Work): (____) _____
Date of Birth: ____ / ____ / ____

Do you travel with a mobility device? ___ Yes ___ No
___ Cane ___ Walker ___ Scooter ___ Wheelchair
___ Service Animal ___ Other: _____

Do you require assistance of another individual to travel? ___ Yes ___ No

Emergency Contact Information: (you MUST complete this portion of the form)

Name _____

Relationship: _____

Address: _____

City / Town: _____ State: _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone (____) _____



Northborough Council on Aging WRTA/PBSI Rider Information
(continued)

Most frequent Health Care Professional/Doctor Office Destinations:

Name: _____

Office Address: _____

Telephone Number: (_____) _____

Name: _____

Office Address: _____

Telephone Number: (_____) _____

Name: _____

Office Address: _____

Telephone Number: (_____) _____

Most frequent destination/trip taken with the Northborough Council on Aging Example: grocery shopping, hairdresser, pharmacy, etc.

1. _____

2. _____

3. _____