Car Service is available for families who have children and adults with developmental disabilities living at home in Brooklyn, Staten Island and the Bronx. This service is for emergency respite, camp/recreation or special medical appointments only.

For families living in Queens with children and adults, car service is available for Recreation only.

PROCEDURES

IMPORTANT – PASSENGER MUST ALWAYS BE ACCOMPANIED BY A RESPONSIBLE ADULT

- After you have completed our application and sent a full psychological evaluation, we will notify you of your eligibility. Then you may call to arrange the trip.
- Call NYSID’s Transportation Coordinator: 917-747-9424.
- Give the following information:
  1. Your family name, address, and telephone number
  2. Your child’s name and type of developmental disability
  3. Name of family member or support person accompanying passenger
  4. Reason for trip request
  5. Why other transportation is unavailable to you
  6. Date and time of pick-up
  7. Destination
  8. If wheelchair: manual, fold-up, or motorized
  9. If round trip, time of return pick-up
- Sign voucher and give back to driver.
- If you need to CANCEL or CHANGE your reservation, call the Transportation Coordinator IMMEDIATELY.
- If your car is late or you have any other complaint, contact the Transportation Coordinator.

Please remember—a family member or support person must accompany passenger. This is a free service for persons who cannot otherwise obtain transportation. No money changes hands. There is NO Tipping.

Have a good trip!
New York State
Institute on Disability, Inc.
Car Service Request

Borough/Code ____________ Intake Person ____________ Date ____________

Agency: ____________________________________________________________

Contact: ___________________________________ Phone: __________________

TAB #: ___________________ Purpose: ________________________________

Clients Name: ___________________ Parent: __________________________

Is the Client in a Wheel Chair? Yes/No If YES, does it fold? __________

Total Passengers: __________ Address: ____________________________

Phone Number: __________________ Date of Pick-Up: ________________

Time of Pick-Up: ______________ Drop-off Location: ________________

Is this a round trip? Yes/No If Yes ____________________________

Date of Pick-Up: ______________ Time of Pick-Up: ________________

Phone Number: __________________ Location (if different from prior Drop-off)

Car Service: __________________ Date Reserved: __________________

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Rev 1/2009