

## About Your Commute

Indicate your usual means of transportation to work.

Circle the number of days for each mode that you use.

**Bus**

Number of days per week 1 2 3 4 5 6 7

Please list the route(s)

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**Carpool / Vanpool** (circle one)

Number of days per week 1 2 3 4 5 6 7

In the carpool/vanpool do you:

\_\_\_\_ Drive

\_\_\_\_ Ride

Names of license-aged persons in your carpool/vanpool:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**Drive Alone**

Number of days per week 1 2 3 4 5 6 7

## CARE Program Rules and Restrictions

- Each member can use up to four taxi rides per year. The four vouchers will be provided upon registration.
- CARE taxis are available Monday through Friday from 7 a.m. to 10 p.m.

### TAXI

- Each taxi trip can be up to 30 miles, one way within the AACOG Region. If the trip exceeds 30 miles, the member pays the difference directly to the driver.
- Taxi rides are limited to the following destinations:
  - From the company's work site to the member's principal place of residence;
  - From the company's work site to the member's personal vehicle (e.g. vehicle located at a Park and Ride lot);
  - Intermediate stops in the event of an emergency (i.e. pick up necessary prescription at a pharmacy; pick up sick or injured child at day care or school).

*All restrictions listed on Program Guidelines.*



# Going Your Way

# Care PROGRAM

## Certified Auto Ride in an Emergency

From VIA and AACOG

# A ride when you need it most



# GUARANTEED



Commuting by bus, carpool or vanpool is environmentally responsible, not to mention convenient and affordable. But what do you do when an emergency comes up and you need to leave work?

VIA Metropolitan Transit and the Alamo Area Council of Governments (AACOG) have the answer: The CARE Program.

## The Certified Auto Ride in an Emergency (CARE) Program is your solution to easy emergency transportation.

For an annual fee, you can receive FOUR FREE cab rides to use during the year (within the AACOG Region\*), whenever an emergency arises.

To qualify for the CARE program, you must commute to work at least three times per week by carpool, vanpool or the VIA bus.

## Here's How it Works:

- Register for the CARE Program annually by completing and mailing the attached form with your \$5 fee.
- Your four ride vouchers will be sent to you along with detailed program guidelines.
- Continue to carpool, vanpool or ride VIA for your commute.
- When an emergency arises and you need to leave work, call a CARE Program service partner (taxi service) to get a FREE taxi ride. Your waiting time should be less than 20 minutes.
- Present your driver's license (for identification purposes) and your voucher to the taxi driver.
- Have the voucher completed and signed by the service provider. This is required for validation.
- You will only have to pay for the taxi driver's tips.

### The CARE Program Really Counts When:



- You get sick or injured on the job
- Your child or a family member gets sick or injured
- You have a family crisis
- You miss your normal ride (e.g. carpool driver left early)
- Your job requires unscheduled, supervisor approved overtime.

\* AACOG Region: Atascosa, Banderita, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson County

## CARE Registration Form

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FROM: \_\_\_\_\_ a.m./p.m. TO: \_\_\_\_\_ a.m./p.m.

Work Hours \_\_\_\_\_

Estimated Distance From Home To Work \_\_\_\_\_

**YES,** send me my first four CARE vouchers. Please read and sign the following:

*I understand the policy of the CARE Program and qualify by carpooling, vanpooling or riding the bus to/from work at least three days per week. I hereby release the Alamo Area Council of Governments and VIA Metropolitan Transit from any liability, claims and demands for personal injury; loss of income; consequential damages resulting from delays or absence of a cab; or termination of the program.*

Signature of member \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form and a \$5 check or money order to:**

**AACOG CARE PROGRAM  
8700 Tesoro Dr., Suite 700  
San Antonio, Texas 78217**