

The Difference 2-17, LLC will provide transportation for members who have chosen services through The Difference 2-17. Transportation is through The Difference Living department, under the auspices of The Difference 2-17, LLC.

Given the increasing number of disabled adults, transportation should be included in the lives of the people who we serve. It is an integral part of one's ability to expand horizons and it adds great value to the personal choices and preferences through the individual's ability to partake, enjoy and thrive in an inclusive community environment.

Van Aides accompany our driver and members of The Difference 2-17.

Below you will find more details and an application. Please read all information provided, fill out the application, and return it via email to info@thedifference2-17.com or in person at The Difference 2-17.

WHERE WE TRAVEL

- ✓ Baltimore City
- ✓ Baltimore County
- ✓ Carroll County
- ✓ Howard County
- ✓ Frederick County
- ✓ Montgomery County
- ✓ Washington, D.C.

GENERAL INFO

- A written and signed application must be submitted prior to transportation access.
- Transportation will follow all County Public School weather related closings and delays. We will post any transportation cancellations on Facebook, text and email.
- Arrival and departure times may vary depending upon traffic, or weather /traffic related conditions. The Van Aide will engage in text if there is a delay
- Members are required to be met at the curbside of their address. Van Aides do not enter homes; each member is met curbside.
- The Difference 2-17 will not be held responsible for any articles either lost or left on the van.
- For any reason if a member poses a danger to the safety of the transportation experience, other members, the driver, or Van Aide, The Difference 2-17 reserves the right to refuse individual transportation.

TRANSPORTATION APPLICATION

MEMBER/RIDER INFORMATION

Name of rider: _____

Age of rider: _____

Address of rider: _____

Does rider require wheelchair accommodations? Yes No

PICK-UP / DROP-OFF

From/To: _____

MEMBER'S HOME ADDRESS

To/From: _____

TD 2-17 LOCATION / ADDRESS

Name of legally or appointed designated person at pick-up: _____

Name of legally or appointed designated person at drop-off: _____

CHECK THE APPLICABLE BOXES

- Pick up only AM
- Pick up only PM
- Drop off only PM
- Pick up and drop off AM/PM

DAYS CHOSEN FOR TRANSPORTATION

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

MEMBER'S TD 2-17 PROGRAM

Start time of program: _____

End time of program: _____

EMERGENCY CONTACTS

In case of emergency (medical emergency, traffic, breakdown, arriving or departing early or late), who should we contact?

Contact 1

Name: _____ Phone: _____

Relationship to member: _____

Contact 2

Name: _____ Phone: _____

Relationship to member: _____

Contact 3

Name: _____ Phone: _____

Relationship to member: _____

TERMS & CONDITIONS

- I understand and agree with the transportation policies of The Difference 2-17.
- I understand and agree that The Difference 2-17 and its Van Aides will make every effort to ensure the safety of each passenger at all times while occupying the vehicle.
- I understand that accidents can occur, that every effort will be made to assure the safety of each passenger, and that the appropriate agency, parent/guardian/caregiver will be contacted should an unforeseen incident/event occur during transport.
- I understand my special needs adult can be removed from the bus immediately if they pose a danger to the safety of themselves or any person riding, occupying the transportation vehicle.
- I understand that a video camera is in use for the entire duration of each journey.
- I will not hold The Difference 2-17, its staff or its members liable for circumstances beyond their control.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Director of Transportation: _____ Contact: _____