

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD  
OF CLAY COUNTY MISSOURI**

**SUPPORTED EMPLOYMENT TRANSPORTATION  
POLICY MANUAL**

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# **DEVELOPMENTAL DISABILITIES RESOURCE BOARD**

## **SUPPORTED EMPLOYMENT TRANSPORTATION POLICY MANUAL**

### **TRANSPORTATION SERVICE RATES**

Rates are quoted to DDRB and approved each year during the annual funding period. Current contract rates are available upon request.

### **SCOPE OF SERVICE**

**Days of Service:**

Monday through Friday

**Hours of Service:**

6:00 a.m. through 6:00 p.m. \*

**\* Vehicles leave Della Lamb at 6:00 a.m. and  
return to Della Lamb at 6:00 p.m.**

**NOTE:**

Any transportation requested outside the established days/hours of service will be the responsibility of the consumer. The consumer must contract directly with a private provider and incur the cost.

## **COST OF SERVICE**

**Cost per Trip : \$2.00 per trip (Effective 1/1/2000)**

Payment must:

- be made to van driver for each trip.
- be in **CASH** (nothing larger than a \$20 bill to make change).

**NOTE:**

**No transportation will be provided unless payment is made.**

## **BOUNDARY LIMITATIONS**

The DDRB Supported Employment Transportation Service Area is defined by Clay County boundary lines. Prior to a job being secured the DDRB must be contacted to determine if transportation is available at the time and place desired.

**NOTE:**

Any transportation requested outside the established service area will be the responsibility of the consumer. The consumer must contract directly with a private provider and incur the cost.

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## RIDER RESPONSIBILITIES

### **Riders must:**

1. Be 18 years of age at the start of services.
2. Be a Clay County resident.
3. Have a permanent residential address.
4. Be determined eligible for services through the Kansas City Regional Office.
5. Be able to get on and off the van with **limited** assistance.
6. Call Della Lamb **weekly** to confirm work schedule for the following week.  
**All appointments must be made between 6:00 a.m. and 5:00 p.m.**  
**All appointments must be made by 10:00 a.m. on the business day before the ride is needed.**

Contact: Dispatch Office    Phone Number: 241-8822

7. Call Della Lamb to cancel rides in these cases:
  - Vacation
  - Illness
  - Change in work hours after weekly schedule is confirmed  
(See Transportation Rules, Page 6, Item #5.)
  - Call as soon as possible **for any reason** transportation services will not be used.

Cancellations may be made at any time by calling 241-8822. If call is made outside Della Lamb's normal business day, please leave message on the answering machine.

8. Call Della Lamb during the normal business day (8:00 a.m. to 5:00 p.m. at 241-8822) to report changes in transportation needs such as:
  - Need pick-up from work before the normal pick-up time due to:
    - Early dismissal from work (employer decision)
    - Personal illness that occurs at work.
  - Advise that another means of transportation was used to get home from work:  
Call after getting home to report that you are safe at home.
  - Change in address, phone number or emergency contact phone numbers:  
consumer/parent/guardian. (See Transportation Rules, Page 6, Item #4.)

## **RIDER RESPONSIBILITIES**

9. Utilize the scheduled ride process outlined in this section. Failure to confirm appointments and cancel rides will result in loss of service.
10. Make payment to the van driver for each trip.
  - Payment must be in **CASH**.
  - Driver cannot accept anything larger than a \$20 bill to make change.
  - Payment must be made for each ride.
  - Payments in advance **WILL NOT** be accepted.

### **NO TRANSPORTATION WILL BE PROVIDED UNLESS PAYMENT IS MADE.**

11. Be ready at time specified for pick-up at residence. Driver will not wait or come back later.
12. Agree to abide by the Rider Responsibilities on Pages 4 and 5 and the Transportation Rules on Pages 6 and 7.
13. Sign and return to DDRB the Della Lamb Passenger Emergency Information form on Page 13 and the Rider Agreement / Signature form on Page 14.

## TRANSPORTATION RULES

### **Riders must abide by these Transportation Rules:**

1. Della Lamb will drop individuals at a **SPECIFIC JOB SITE** within **DEFINED BOUNDARIES** only. Prior to a job being secured the DDRB must be contacted to determine if transportation is available at the time and place desired.
  
2. Residential pick-up points cannot be changed once the route has been established unless the change is permanent.
  
3. Pick-up times at work can be changed to meet consumers' needs. For example, if the scheduled pick-up time is 2:10 p.m. and employee cannot be ready to leave work until 2:20 p.m., then the time will be changed to 2:20 p.m.
  
4. Permanent address changes must be approved by DDRB. The new address will be approved by Della Lamb **if van space is available on the new route**. New Della Lamb Passenger Emergency Information (Page 13) and Rider Agreement/Signature (Page 14) forms must be completed and returned to DDRB prior to the start of services. Della Lamb must be notified of a permanent address change at least one week prior to move.
  
5. A permanent change in work location, hours or days of service must be approved by DDRB. The change will be approved by Della Lamb **if van space is available on the new route**. Della Lamb must be notified at least one week prior to a change in location, hours or days of service.
  
6. Any conduct which interferes with the safe transportation of consumers will not be tolerated. Discipline will be handled by Della Lamb. The first offense will result in a verbal warning. The second offense will result in suspension. The length of suspension will depend on the severity of the offense.

Suspension forms outlining the offense and the action being taken will be given to consumers/guardians by the van driver. DDRB will be notified immediately of any disciplinary actions taken. Multiple offenses may result in the termination of the consumer from transportation service.

## **TRANSPORTATION RULES**

7. Della Lamb driver and/or any Della Lamb employee will not tolerate abuse of any kind. This may result in the immediate suspension and/or termination of the consumer from transportation service.

## **EMPLOYMENT PROVIDER RESPONSIBILITIES**

1. Community job search must be within the boundary limitations and service days and hours approved by the DDRB to qualify for transportation.
2. After other options of transportation have been investigated and evaluated and deemed inappropriate, DDRB transportation may be provided for persons with a regular schedule. DDRB transportation will not be available for individuals on an as needed basis. Alternative options must be discussed with the individual and family and/or guardian before DDRB transportation is offered.
3. Employment Provider must complete the Resident Eligibility Application on Page 12 and return to DDRB for approval to provide transportation service. Any special circumstances should be noted with the application, such as: deaf, seizures, cannot be left at home alone, others.
4. Employment Provider must advise the consumer/guardian about costs of transportation, days/hours of service, rider responsibilities and transportation rules prior to the start of transportation service. The rider and/or guardian signature is required after the Supported Employment Transportation Policy Manual is reviewed.
5. Employment Provider must immediately notify DDRB with start dates and details of transportation required (location of home, work address, hours and days). Della Lamb requires one week's notice to add a new rider.
6. Employment Provider must forward the original copy of the Della Lamb Passenger Emergency Information form on Page 13 along with the Rider Agreement/Signature form on Page 14 to the DDRB before transportation can be authorized.
7. Employment Provider must immediately notify DDRB if individual leaves place of employment (or has extended leave) so that transportation can be canceled with Della Lamb.
8. Employment Provider must immediately notify DDRB of any permanent residential address change for an existing rider. The new address will be approved by Della Lamb **if van space is available on the new route**. New Della Lamb Passenger Emergency Information (Page 13) and Rider Agreement/Signature (Page 14) forms must be completed and returned to DDRB prior to the start of services. Della Lamb must be notified of a permanent address change at least one week prior to the move.
9. Employment Provider must immediately notify DDRB of any permanent change in the location, hours of work and/or days of work for an existing rider. The new location, hours or days of work will be approved by Della Lamb **if van space is available on the new route**. Della Lamb must be notified at least one week prior to a change in location, hours or days of service.

## **DELLA LAMB RESPONSIBILITIES**

1. Process within one week lead-time:
  - new rider request
  - permanent address change for existing rider
  - change in job location, hours and/or days of service for existing rider.
  
2. Advise DDRB and employment provider if transportation should be denied (in case the information is overlooked by DDRB):
  - out of boundaries approved by the Board
  - out of service days and/or hours
  - other circumstances.
  
3. Advise DDRB and Employment Provider if transportation cannot be performed within the one week lead-time because van space is not available for:
  - new rider's home address and destination
  - existing rider's change in home address
  - existing rider's change in job location, hours and/or days of service.
  
4. Contact the consumer/guardian with the time and date of the first pickup. Answer any questions or concerns.
  
5. Communicate on an ongoing basis with consumer/guardian regarding vacations, delays, cancellations or other special requests.
  
6. Stop and load/unload vehicle at the curb side of the residence, traffic laws permitting.
  
7. Collect money from riders, provide documentation with number of rides per consumer and deduct the total amount collected from the monthly billing invoice to DDRB.
  
8. Transportation to and from outlying areas and residential areas with impassable streets may be canceled due to inclement weather. If local school districts are closed, it is likely that Supported Employment Transportation will be canceled. Della Lamb will notify consumer/guardian if transportation is canceled. Cancellation of service is at the sole discretion of the Della Lamb Director of Transportation. Safety is of the utmost concern with inclement weather.

## **DELLA LAMB RESPONSIBILITIES**

9. Enforce Transportation Rules regarding conduct on Pages 6 and 7. Determine what constitutes suspension or permanent expulsion. Communicate actions taken with DDRB and Employment Provider.
  
10. Immediately report to DDRB any problem with a consumer, guardian, family member or Employment Provider.
  
11. Immediately report to DDRB any accident.

## **DDRB RESPONSIBILITIES**

1. Determine eligibility for services based on information provided on the Resident Eligibility Application submitted by Employment Provider.
  - Consumer must be 18 years of age at the start of services.
  - Consumer must be a Clay County resident.
  - Consumer residential address must be permanent.
  - Consumer must be eligible for services through the Kansas City Regional Center.
  
2. Approve only those requests which fall within the boundary limitations and days / hours of service defined and approved by the DDRB. Prior to a job being secured the DDRB must be contacted to determine if transportation is available at the time and place desired.
  
3. Approve all residential address changes to determine if van space is available on the new route.
  
4. Approve all changes in job location, hours and/or days of service to determine if van space is available on the new route.
  
5. Refer transportation request (passenger emergency information form, rider agreement form and start dates and times) to Della Lamb to schedule the ride.
  
6. Communicate with Della Lamb and Employment Provider about problems and any actions recommended by Della Lamb.
  
7. Support Della Lamb decisions regarding disciplinary actions.

# Developmental Disabilities Resource Board Resident Eligibility Determination

Revised 6-26-12

Individual Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Type of Residence \_\_\_\_\_ Phone \_\_\_\_\_

Male  OR Female  Service Coordinator: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person (if different from Emergency Contact) \_\_\_\_\_ Phone \_\_\_\_\_

KCRO Eligible: Yes  No

Medicaid Waiver Eligible: Yes No Type of Waiver: \_\_\_\_\_

Does the individual have a court-appointed guardian? Yes  No

Name of Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date \_\_\_\_\_

**Service(s) Requested:**

- Day Habilitation: *Triality Immacolata*  
Circle One
- Early Intervention: *Triality NEEC CCVI*  
Circle One
- Recreation: *Concerned Care, Inc.*
- Residential: \_\_\_\_\_
- Supported Employment: \_\_\_\_\_
- Transportation: *Della Lamb Ambulatory Wheelchair*  
Circle One
- Workshop: *VSI - Liberty Liberty Annex NKC*  
*JVC RIKC Alphapointe*  
Circle One of the Above

<b>FOR DDRB USE ONLY</b>	
APPROVED	DENIED
<input type="checkbox"/>	<input type="checkbox"/>

County Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form must be completed by the Employment Provider and returned to DDRB**

**DELLA LAMB COMMUNITY SERVICES  
PASSENGER EMERGENCY INFORMATION**

(Please type or print clearly) Date: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City, State, Zip

Destination - **Community Employer Name:**  
\_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City, State, Zip

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

Does the Consumer have a legal guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF SO, please complete full information about the court-appointed guardian:

Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*\*\*\*\*

**Please list three emergency phone numbers in order they should be contacted:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

**Medical/Behavioral Information:**

Does the consumer use a wheelchair or other assistive device(s)? \_\_\_\_\_

Does the consumer have a seizure disorder? \_\_\_\_\_ IF SO, please describe type of seizures, frequency, typical duration and physical appearance to expect:

\_\_\_\_\_  
\_\_\_\_\_

Are there other medical considerations driver should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there behavioral considerations driver should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments or suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RIDER AGREEMENT / SIGNATURE**

**THIS PAGE MUST BE SIGNED AND RETURNED TO:**

**Developmental Disabilities Resource Board  
920 S. Kent Street - Suite "B"  
Liberty, MO 64068**

I have read the Developmental Disabilities Resource Board **Supported Employment Transportation Policy Manual** and agree to abide by the rules and policies as defined in this manual.

I authorize and request Developmental Disabilities Resource Board (DDRB) and Della Lamb Community Services to exchange information regarding the individual named below. The purpose of this information is to coordinate services and supports between agencies. Information to be exchanged includes but is not limited to name, address, contact/emergency phone numbers, record of trips/attendance and notifications of disciplinary actions. The information may be released by written communication, telephone, fax or electronic. This consent to disclose information may be revoked by me at any time in writing. This consent, unless expressly revoked in writing earlier, is effective for up to one year.

**Rider:**

_____	_____	_____
Print Name	Signature	Date

**Guardian: (if applicable)**

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Address	City / State	Zip Code

\_\_\_\_\_

Social Security Number