



# RIVER EDGE SENIOR TRANSPORTATION PROGRAM



## SENIOR TRANSPORTATION SERVICE HOURS

- **Days Available:** Monday through Friday
- **Medical appointments take priority.** As time permits other destinations permitted, including but not limited to local shopping, Hospital and Nursing Home Visits, Regional Shopping and Library visits.
- **Transportation Hours:** 8:00 AM – 4:00 PM with an hour for lunch for the driver
- **No Transportation Service Available:** government holidays and when the Borough and the schools are closed for emergency conditions, or bus maintenance.

## SENIOR TRANSPORTATION PROGRAM PARTICIPATION

- Bus transportation is available to River Edge residents sixty (60) years of age or older.
- The Senior Transportation Program is primarily for Seniors with no other source of transportation. Those Seniors will be given priority with regards to scheduling.
- Those Seniors who have a valid driver's license and own a vehicle, but are temporarily unable to drive, are also eligible.
- Seniors must be able to travel safely and independently as determined by the bus driver or be accompanied by a companion (the use of walkers & canes are acceptable). Transportation is curbside service only. Participants riding the bus must be fully capable of getting on and off the bus independently.
- Seniors in wheelchairs or who have stability issues must be accompanied by a companion.
- Companions must be at least eighteen (18) years of age.

## RESERVATIONS

- To reserve a ride, call 201-599-6277 between 9:00 AM and 12:00 PM
- **Reservations must be made by phone 48 hours in advance of the day service is needed, before 12:00 P.M. Caller must give name, address, destination, and desired pick-up time.**
- **Reservations cannot be made with the bus driver.**
- If no one answers your call, please leave a message. Leave your name, phone number and address in addition to the date, destination, and time of your proposed appointment. The Senior Bus Coordinator will get back to you as quickly as possible.



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## TRANSPORTATION SERVICE AREA

The Senior Bus will transport River Edge residents, for medical appointments and other activities, within a 7-mile radius of River Edge as time permits. Destinations will include but not be limited to the following towns:

- Alpine
- Bergenfield
- Bogota
- Cresskill
- Dumont
- Emerson
- Englewood
- Elmwood Park
- Emerson
- Fair lawn
- Fort Lee
- Garfield
- Hackensack
- Haworth
- Hillsdale
- Leonia
- Lodi
- Maywood
- New Milford
- Oradell
- Ridgefield Park
- Rochelle Park
- Paramus
- Saddle Brook
- Teaneck
- Tenafly
- Westwood

## OTHER MEDICAL APPOINTMENT TRANSPORTATION OPTIONS

You may call Bergen County Special Transportation at 201-368-5955 for medical appointments outside of the River Edge service area. Two weeks advanced notice is required. The office will ask for your name, address, phone, birth date, Social Security number and an emergency contact.



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## BASIC POLICIES

- Pick-up service limited to River Edge residents only.
- Vehicle is wheelchair-accessible; Senior must be accompanied by a companion.
- Seniors must remain seated and wear seat belts.
- No Smoking is allowed on the bus.
- Senior is responsible for all packages.
- Driving time is always approximate due to traffic, weather and road conditions.
- Seniors should be watching for the bus and be ready when the bus arrives.
- In order to accommodate everyone, the driver cannot wait more than 5 minutes past the designated pick-up time.
- Passenger aisles on the bus must be kept clear at all times.
- Eating and/or drinking are prohibited on the bus.
- Consuming alcohol or any illegal substances are prohibited on the bus.
- Seniors must follow bus driver's instructions.
- Seniors must respect and maintain the private, personal spaces and wishes of the bus driver and/or other Seniors.
- Verbal abuse of bus driver and/or other Seniors will not be tolerated. If you have a problem, call the Senior Bus Coordinator at 201-599-6277.
- **Physical abuse or threatening of bus driver and/or Seniors will not be tolerated.**
- Please be advised that the acceptance of gifts, money or any type of gratuity by the bus drivers is strictly prohibited.
- Seniors must follow the Senior Transportation Guidelines.
- **No verbally abusive, threatening or obscene language or physical abuse will be tolerated. The first violation will be reported to Senior Bus Coordinator and a verbal warning will be given. For the second violation, a two-week suspension will result. A third violation will result in permanent revocation of transportation privileges**
- **Physical abuse will result in immediate revocation of transportation privileges.**
- The bus will be stopped, and local police will immediately be contacted if any outbreak of illness or disruptive behavior occurs.



# RIVER EDGE SENIOR TRANSPORTATION PROGRAM



## ACKNOWLEDGEMENT AND ACCEPTANCE OF THE SENIOR TRANSPORTATION PROGRAM RULES AND POLICIES

PLEASE READ, SIGN AND RETURN WITH REGISTRATION FORM, OR COMPLETE AT THE TIME OF YOUR FIRST BUS TRIP

I, \_\_\_\_\_ HAVE READ THE GUIDELINES WHICH I REQUESTED FOR USE OF THE SENIOR TRANSPORTATION PROGRAM; I UNDERSTAND THE GUIDELINES AND I WILL ADHERE TO THEM.

WHEN THE SENIOR TRANSPORTATION PROGRAM RECEIVES THIS SIGNED NOTICE AND THE COMPLETED REGISTRATION FORM, AS WELL AS THE SIGNED SENIOR TRANSPORTATION PROGRAM WAIVER AND RELEASE OF LIABILITY FORM, I WILL BE ELIGIBLE TO PARTICIPATE IN MAKING MEDICAL APPOINTMENT RESERVATIONS AND OTHER TRANSPORTATION OPTIONS AS PROVIDED BY THE PROGRAM.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# RIVER EDGE SENIOR TRANSPORTATION CLIENT REGISTRATION

**PLEASE PRINT ALL INFORMATION**

DATE OF BIRTH:

## CLIENT REGISTRATION

LAST NAME _____	FIRST NAME _____
ADDRESS/APT# _____	CITY, STATE, ZIP _____
HOME PHONE# _____	CELL PHONE# _____

## EMERGENCY CONTACT INFORMATION

CONTACT #1 _____	RELATIONSHIP _____
STREET ADDRESS _____	CITY, STATE, ZIP _____
APT # _____	HOME PHONE# _____
CELL PHONE# _____	WORK PHONE# _____

CONTACT #2 _____	RELATIONSHIP _____
STREET ADDRESS _____	CITY, STATE, ZIP _____
APT # _____	HOME PHONE# _____
CELL PHONE# _____	WORK PHONE# _____

## MEDICAL INFORMATION

DOCTOR NAME _____
STREET ADDRESS _____
OFFICE/SUITE # _____
CITY, STATE, ZIP _____
DOCTOR PHONE# _____

## SPECIAL INSTRUCTIONS

AMBULATORY _____	USE WHEELCHAIR/SCOOTER _____	USE CANES _____
USE WALKER/ROLLATOR _____	USE HEARING AID(S) _____	HAS AIDE _____
OTHER DISABILITY (EXPLAIN) _____		

**Please return form to:** River Edge DPW - Senior Bus  
705 Kinderkamack Road  
River Edge, NJ 07661  
(201)599-6277

## **BOROUGH OF RIVER EDGE**

### **SENIOR TRANSPORTATION PROGRAM WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Borough of River Edge's Senior Transportation Program (the "Program"), the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness, including the transmission and infection of communicable diseases such as the coronavirus disease 2019 ("COVID-19"), from the activities involved in the Program are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness still exist; and

I acknowledge that COVID-19 is highly contagious and may cause serious permanent bodily injury, including death, of persons of all ages; and

I acknowledge that COVID-19 remains prevalent throughout New Jersey and is highly likely to spread to persons in direct contact with or in close proximity (within approximately 6 feet) to an infected person and COVID-19 is believed to be spread by droplets produced into the air when an infected person coughs, sneezes, talks and/or otherwise moves air through their nose and mouth; from touching surfaces on which droplets containing the virus exist; and even possibly in the air; and

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Borough of River Edge or others, and assume full responsibility for my participation in the Program; and

I acknowledge that, in response to the COVID-19 pandemic, the Borough of River Edge has implemented health and safety precautions for employees and participants in the Program in accordance with Federal, State and local guidelines; and

I willingly agree to comply with the Borough of River Edge's stated and customary terms and conditions for participation in the Program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

I agree to adhere to all of Governor Murphy's Executive Orders, the U.S. Centers for Disease Control and Prevention (the "CDC") guidelines, and the New Jersey Department of Health guidelines for COVID-19 in all respects while participating in the Program; and

I acknowledge that the Borough of River Edge and/or Borough of River Edge employees operating the Program may exclude my participation in the Program if I am demonstrating any or all of the symptoms attributed to COVID-19 infection, as recognized by the New Jersey Department of

Health and the CDC, including, but not limited to: fever or chills, shortness of breath or difficulty breathing, coughing, nausea or vomiting, and/or congestion or runny nose; and

I agree that I shall wear a face mask or cloth face covering over my mouth and nose at all times while participating in the Program, including while on buses and while waiting for buses at indoor and outdoor locations; and

I agree that I shall maintain, to the greatest extent possible, social distancing of 6 feet between myself and all other individuals while participating in the Program, including all other participants of the Program and all Borough of River Edge employees operating the Program; and

I agree that the consumption of food and/or drink and smoking are not permitted while on buses operated as part of the Program; and

I agree that, if I am either diagnosed with COVID-19, experiencing COVID-19 symptoms or exposed to someone who has been diagnosed with COVID-19 within the last 14 days, I will not participate in the Program and I will provide the Borough of River Edge with a list identifying other individuals I have had close contact with at the Program during the 14-day period prior to my diagnosis, illness or exposure, including the contact information for all such persons identified; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Borough of River Edge, its elected officials, commissioners, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, and advertisers (“Releasees”), with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law, including any and all claims or matters directly or indirectly related to COVID-19 and/or any variant or successor illness thereof.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant	Name:	_____
Participant	Signature:	_____
DATE	SIGNED:	_____