
FIRST NAME

LAST NAME

MIDDLE INITIAL

HOME ADDRESS*

APARTMENT/SPACE

CITY

STATE

ZIP

PHONE

EMAIL

* Address will be used to mail valid reimbursements. This form must be received before beginning the Volunteer Transportation Reimbursement Program (V-TRIP).

MAIL TO:

MM Program Processing, Able SC
720 Gracern Road Suite 106
Columbia, SC 29210

PHONE: 803.779.5121

FAX: 803.779.5114

EMAIL: Mobility@TheCOMETSC.gov

1. Based on eligibility, I'd like to enroll in V-TRIP, the Volunteer Transportation Reimbursement Program. I understand that the information provided will be treated as confidential, which will only be used to determine continuing eligibility and driver's reimbursements for the program. The information will be retained as a permanent part of this service file.
2. All information provided will be true and accurate to the best of my knowledge. I authorize representatives of V-TRIP to contact persons whom I have named, or to make other inquiries as necessary, to verify the information provided.
3. I understand that it is the policy of The COMET to pursue any alleged or suspected instances of fraud and I agree to provide requested documentation for the auditing of any reimbursement claims. A "fraudulent claim" is committed when a false representation of a present or past fact is made by a V-TRIP passenger, members of their family, or unrelated person, such as their caregiver or volunteer driver, which results in the release of unauthorized funds. Able SC and The COMET reserve the right to take legal action if I do not pay my driver within 10 days of receiving the reimbursement.
4. I agree to abide by all V-TRIP Policies, as communicated in the accompanied documents and training received, or as otherwise communicated. I acknowledge that failure to abide by these policies may result in the termination of my V-TRIP services.

5. I acknowledge that V-TRIP is not an ADA service, and that being driven by others could be a risk and cause danger to my person, to my property, or the person or property of others. In consideration of my participation in V-TRIP however, I hereby forever release from liability and agree to indemnify and hold V-TRIP, Able SC, The COMET and any and all organizations, agencies or individuals who provide funding to or otherwise support the program, from any and all claims, losses, and liabilities arising out of or in any way connected with my participation in the V-TRIP program.

Summary of what I am agreeing to:

1. My information will be kept private. It will be used make sure I can keep using V-TRIP.
2. I will tell the truth and let V-Trip workers talk to people I know who can show them I am telling the truth if they need to.
3. I know that if V-Trip workers think I am being untruthful, they have the right to look at everything I have given them and ask for more information if needed.
4. I agree to follow V-Trip's rules. I know that if I do not, I will not be able to keep using V-Trip.
5. It can be dangerous riding with someone else. The person whom I am riding may not have space for my wheelchair or be able to help me in and out of the car. If something happens to me while using V-Trip, it is not the fault of V-Trip or its representatives.

SIGNATURE

DATE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

PRINT NAME OF PREPARER AND RELATIONSHIP
(if other than Applicant)

Are you a person with a disability?	Yes	No
Are you in the DART program or Half Fare Program?	Yes	No
Have you completed an intake with Able SC?	Yes	No

If you are not a person with a disability and

- A DART rider
- A Half Fare user OR
- 65 years old or older

You will not be able to use this program.

Please visit www.TheCOMETsc.gov for more information on DART or the Half Fare program.

NAME

AGE

PROGRAM ID NUMBER

ADDRESS

APARTMENT /SPACE

CITY

STATE

ZIP

Date program training was completed: _____

How did you do the training? Online Phone In-Person

SIGNATURE _____

DATE _____

By signing above, you are showing that you have finished the required program training and know that if your trip does not begin or end in the Columbia Urbanized Area (shown in the program training) more than three times you will not be able to use the program for a month. You may call Able SC at (803) 779-5121 or email at Mobility@TheCOMETsc.gov or Transportation@able-sc.org if you need help deciding if your trip is in the Columbia Urbanized Area. It is suggested that you call or email us at least three days before your trip if you need help.

How to Complete the V-TRIP Log

Open the electronic copy of the spreadsheet in Excel. Information can be put in this form and a copy printed for your records.

Enter:

- Name (first name and last name)
- Address (City, State, & Zip)
- Phone Number
- Weekly or Monthly Dates of Trips
- Date (the day of trip)
- Volunteer Driver's Name (first name and last name)
- From Address (the place where you are leaving)
- To Address (the place where you are going)
- Miles (Write down how many miles you go from place to place)
- Reason for the trip (why did you go)

If you complete this using Excel, the total will automatically add up for you before printing.

If you do not use Excel, you will need to add the miles.

Read the statement and share it with the Volunteer Driver.

Then, Sign, and Date the V-Trip Log