



Hand-to-Hand Service Agreement

The ACCESS program provides Hand-to-Hand service for riders when it is deemed necessary by a family member, care manager, or as part of the ACCESS program eligibility process. These individuals require supervision and cannot be left alone. For a rider to receive Hand-to-Hand service, they must have three emergency contacts on file:

1. You must provide full names, relationship, phone numbers (home and/or cell), and complete addresses for all your emergency contacts.
2. Your emergency contact must be someone that can either arrive at your home within 15 minutes of a call or lives in your local area so that the service provider may drop off the rider there.
3. It is **your responsibility** to update the ACCESS program office with any changes or new information

How Hand-to-Hand Service Works:

Upon arrival at the destination, the driver ensures the rider is met by a responsible person on each end of the trip:

- The driver will not take the rider past the first floor of a building.
- Program staff are notified of arrival by agreed upon means (In-Touch Callout alert, intercom, buzzer, etc.)
- The driver will remain with the customer until a staff person arrives, which should be within 5 minutes. The driver must be able to maintain sight of the vehicle during this time.

When returning the individual home, the announcement of arrival is the same. The driver will not enter the home, and will not leave a Hand-to-Hand rider until they have made contact with an adult at the home. If there is no one to receive the individual, the driver will contact the dispatcher who in turn contacts the ACCESS program office. Staff will use all the emergency contact information you have provided, including an alternate drop off address. If all the contact information fails, the individual will be returned back to program, if possible. If the rider is returned to program it will be your responsibility to arrange a return trip home and pay any additional cost the program requires. It is your responsibility to maintain accurate emergency contact information on file with the ACCESS program.

If there is no one home to receive the individual and all contact information fails, it creates a serious disruption in service which may result in immediate suspension of ACCESS service. Please see the enclosed ACCESS service suspension policy for more information.

Hand-to-Hand Service Agreement:

_____ requires **Hand-to-Hand service** and **cannot be left alone**. By signing this form, I agree to provide contact information for three emergency contacts that can either arrive at my home within 15 minutes of a call or lives in my local area so that the rider can be dropped off there. I agree to update the ACCESS program office with any changes or new information. I understand that ACCESS service will be immediately suspended in the event someone is not at home to receive and the back-up system I have provided fails.

-----OR-----

Hand-to-Hand Service is not needed

Hand to Hand service is not needed at this time. It is my responsibility to inform the ACCESS program office in writing if the situation should change at anytime. If the situation changes I understand I am required to provide the needed contact information above.

- They have a key to the door
- They know the door is not locked.
- The rider can be left alone.

Guardian Signature: _____

Date: _____

Please return this Agreement **and** the Emergency Contact form to the ACCESS program office:

ACCESS Transportation Systems
650 Smithfield St, Suite 440
Pittsburgh, PA 15222



Questions? Call
(412) 562-5353 or TTY 711



Office hours are Monday–
Friday 8 a.m.–4:30 p.m.



Find ACCESS information
online at myaccessride.com



Hand-to-Hand Emergency Contact Information

Rider Name: _____

Emergency Contact #1	Alternative Drop Off Address, Not Same As The Rider
Name: _____	
Address (cannot be the rider's home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____
Emergency Contact #2	Alternative Drop Off Address, Not Same As The Rider
Name: _____	
Address (cannot be the rider's home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____
Emergency Contact #3	Alternative Drop Off Address, Not Same As The Rider
Name: _____	
Address (cannot be the rider's home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____

I have voluntarily provided the above contact information and authorize the ACCESS program office and service providers to contact any of the above on my behalf in the event of an emergency. I understand it is my responsibility to update this information as needed and that if any of these contacts are unresponsive and there is a disruption in service the suspension policy will be enforced.

Signature: _____ Date: _____

ACCESS Program Representative: _____ Date: _____