Check the boxes below for those conditions you have for your Emergency Ride Home (ERH) program. In some cases, you also will be asked to enter a value or circle one of several options.

1. **ERH MAY BE USED ONLY FOR THESE PURPOSES**

- [ ] Personal illness
- [ ] Family emergency (e.g., sick child)
- [ ] Prescheduled medical appointments
- [ ] Unscheduled overtime
- [ ] Scheduled overtime
- [ ] Trip from work to home
- [ ] Trips from work to intermediate stop (e.g., pick-up child)
- [ ] Trips from work to intermediate stop to home
- [ ] Home to work
- [ ] Bad weather
- [ ] Errands
- [ ] Carpool or vanpool driver’s unscheduled absence (e.g., driver out sick)
- [ ] Carpool or vanpool driver’s scheduled absence (e.g., driver out on vacation)
- [ ] Carpool or vanpool driver left without me
- [ ] Missed bus
- [ ] Other ________________________________

2. **ELIGIBLE MODES**

- [ ] Carpool
- [ ] Vanpool
- [ ] Transit
- [ ] Walk
- [ ] Bike
- [ ] Other ________________________________
3. ERH RULES

☐ You may use the ERH program up to _____ [enter number] times per enrollment year.

☐ Unused trips [DO or DO NOT] (circle one) carry over to the next enrollment period

☐ Up to $____ [enter number] of the trip fare is paid by our agency. If the fare exceeds this amount, you must pay the difference.

☐ You must use a non-single occupancy vehicle ____[enter number] times per week to be eligible to use the ERH

☐ Gratuities [CAN or CANNOT] (circle one) be part of the fare

☐ You must use a pre-authorized provider (e.g., taxicab company, car rental company, etc.)

☐ You may use any authorized taxicab company

☐ Trips must originate in this area __________________ (e.g., list city, county, TMA service area, or employer)

☐ Trips must end in these area(s) ____________________ (e.g., list city, county, TMA service area, or employer)

☐ Preregistration is required

☐ User pays and is reimbursed OR Service provider bills TDM agency (circle one)

☐ Hours of service are ______________

☐ COMMUTER/EMPLOYEE TRANSPORTATION COORDINATOR/OTHER ____ (circle one) arranges the ERH with the vendor

☐ Other ______________________________________________________________

4. SUBMITTED BY

☐ Name _______________________________________________________

☐ Organization _________________________________________________

☐ Email _______________________________________________________