Dear Scottsbluff County Public Transit Rider,

Many of you may have heard that new things are happening at Scottsbluff County Public Transit! We are excited and want to make sure you know about the changes, why changes are coming, and are part of the changes! We are thankful for each of you for riding our bus and if you have questions, please do not hesitate to call our office!

#### Background of Change of Service

Over two years ago, the community participated in a planning study, in coordination with the Nebraska Department of Transportation (NDOT), looking at the transportation needs for the Panhandle Region. One

recurring request from the community during the public open house meetings, was to implement a scheduled bus service. Our residents have had great transit service for many years, supported by Scotts Bluff County, and they want to see more. The planning for the scheduled bus service began over a year ago, and will begin on

#### Wednesday, January 10, 2018!



#### New Transit Service

- We have a new name, look, and logo for our transit system! We will be the **Tri-City Roadrunner**! You will see our buses with a different look. The new colors for Tri-City Roadrunner are orange and blue. The phone number will not change. You are welcome to call with any questions at any time! 308.436.6687
- During the next several months, you will hear about the Roadrunner service in the news. We want everyone to know about the service!
- The new Flexible Route service operates two routes, Monday through Friday, from 6:30 am to 6:30 pm.
  - One route is the **Orange Route** and the other is the **Blue Route**.
  - The Flexible Route Bus Service is called "flexible" because the buses deviate off the fixed route to pickup passengers curbside, IF riders call into the office to make a reservation for the trip. The cost is slightly higher for the bus to deviate off the regular bus route.
  - The routes operate from south Gering to Regional West Medical Center in Scottsbluff.
  - The routes will run every 60 minutes.
  - The base fare for the fixed route bus service is \$2.00 per one-way trip when picked up at a bus stop. To deviate off the scheduled fixed route, the cost per trip is \$1.00 more, for a total cost for a trip deviation of \$3.00 per one-way trip, and requires a call-in reservation ahead of time.
  - A monthly bus pass is available for purchase at \$45 per month, per person for pickup at bus stops along the main bus routes.
  - A daily bus pass is also available for purchase at \$5.00 per person for boarding at a bus stop along the fixed route.
  - Bus stops are located around the community for you to board the bus. Bus schedules will be available so you will know when the next bus is coming.

#### Deviation Service – More Detailed Information

The Flexible Route Deviation Service is curb-to-curb service, Monday through Friday, with 24-hour advance reservations. The service is for residents and visitors who are unable to get to a designated bus stop. The service is provided via deviations from the regular bus route. You must register with Tri-City Roadrunner for the Route Deviation service and advance reservations are required. The information to register is included in this mailing for your convenience.

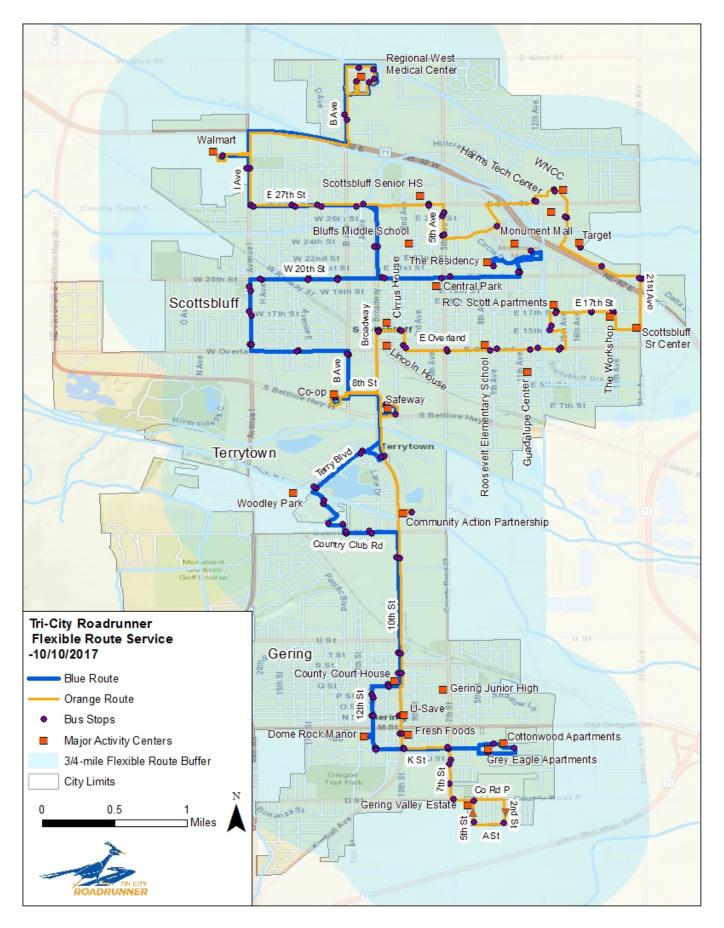
This service is provided as a deviation of the fixed route bus, rather than a separate paratransit service. The fixed route Tri-City Roadrunner transit vehicle will deviate off the regular route to pick you up at your location. The transit vehicle then resumes the fixed route until it deviates again to take you to your scheduled drop off location.

Curb-to-Curb deviations are available on a first come first-serve basis. The number of deviations scheduled per service hour varies depending on the amount of time each specific deviation requires. Openings tend to fill up quickly and date and/or time requested may not be available. However, our dispatchers will work with you to get the trip scheduled!

Seniors, age 60 years and older, and persons with a disability may qualify for a reduced rate of \$2.00 total trip cost for a deviation trip, when the required documentation is provided to the office. The attached paperwork within this letter must be completed, returned to the office, and approved by the transit agency.

We look forward to hearing from you!

Thank you. *Ms. Shari Hinze, Public Transit Manager Tri-City Roadrunner* (308)-436-6751 *SHinze@scottsbluffcounty.org* 



## FREE Test Rides - Tri-City Roadrunner

Tri-City Roadrunner will be offering free test rides for all residents and visitors to Scottsbluff County from November 13, 2017 to January 5, 2018.

#### CALL AND TAKE A FREE RIDE ON THE NEW TRI-CITY ROADRUNNER SERVICE!!

How does the Test Ride work?

- 1. Call the office. 308.436.6687.
- 2. Tell Dispatch you would like to take a test ride. They will walk you through the process.
  - Dispatch will ask you your address and schedule a free test ride.
  - The driver will show you the closest bus stop to your location. The drivers will pick up curb-side at your location and drive the new bus routes for you. You will be able to see how the route operates and ask any questions.

# CALL 308.436.6687

### FOR A FREE TEST RIDE ON THE ROADRUNNER!!



# Tri-City Roadrunner - Route Deviation – Registration Form

Name:	
LAST	FIRST
Prefer to be called: (i.e. Mrs. Smith, Bob, etc.	):
Street address:	
City: State:	ZIP:
Nearest cross street:	
Mailing address (if different from above):	
Home phone:	$\Box$ Please check if this is a TDD line (for hearing impaired)
Mobile phone:	Other:
Emergency contact information:	
Who should we contact in case of emergency	or if we are unable to contact you at your regular number?
(Family, friend, neighbor, caseworker, etc.)	
Name:	Relationship:
Home phone:	_ Mobile or other:

#### Check appropriate box:

□ Age 60 or over (\$2.00 route deviation total trip cost per one-way trip) \*

Disabled (\$2.00 route deviation total trip cost per one-way trip) \*\*

\*If you are eligible for the discounted rate due to age, your registration form must be accompanied by a copy of your driver's license or photo identification.

\*\*If you are eligible for the discounted rate due to a disability, your registration form must also be accompanied a completed Disability Verification Form and Health Care Professional Certification.

#### **REGISTRATION FORM (continued)**

Mobility	v aids:	Will vo	ou use an	v mobility	/ devices	when	vou ride	Tri-City	/ Roadrunner?
moning	y alas.	vviii yc		y moonity		which	you nuc		

	$\square$ NO	□ YES - Please	check all that apply (below)	
□ Manual wheelchair		□ Power wheelchair	□ Power scooter	□ Walker
□ Walking cane		□ White cane	□ Crutches/braces	□ Oxygen
Other:				

- A wheelchair, scooter, or other mobility device must be able to fit onto our bus lifts and ramps and must fit within the securement area without blocking any portion of the isle or exits.
- You must be able to control your power scooter or wheelchair.
- Make sure that your battery powered mobility device has sufficient charge to board and disembark the bus. Drivers are not permitted to push your device up a bus ramp.
- Oxygen tanks must be in a portable carrier.

#### Do you use a personal care attendant (PCA)?

#### $\Box$ NO $\Box$ YES

Only one PCA may ride free during your trip. Your PCA must be with you at the time of boarding and remain throughout the duration of your trip. If you have a mobility device that you are unable to control, your PCA must be able to assist you.

#### Do you use a service animal?

 $\square$  NO  $\square$  YES – please describe what type of animal and for what purpose it was trained.

All service animals must be kept under the control of their owner at all times and abides by local animal safety regulations. If the animal acts out of control or causes a major disturbance to the environment (e.g., howling), the animal may be removed from the bus and turned over to the local animal control officials, if appropriate. Animals are not permitted to ride on the seats.

#### Tri-City Roadrunner POLICIES & GUIDELINES ACKNOWLEDGEMENT RECEIPT:

Signed by Curb-to-Curb Applicant

### DISABILITY VERIFICATION

Name:								
	LAST			FIRST				
Alternative	formats:	Do you	need	information	provided	in an	alternative	format?
		YES	-	please	ind	cate	format	type:
Is the disabi	ility:							
Permaner	nt 🗆 T	emporary, I	expect it	to last until _				
I don't kno	ow							
Do you require a personal care attendant (PCA) on the bus?    NO  YES – please describe the type of assistance that person will provide.								
Signature of	applicant:				Date:			
If someone other than the applicant completed this application, the following information must b provided:								must be
Name of pers	son completing	g application	:					
Relation to a	pplicant:			PI	none:			
Signature of	person comple	eting form: _						

### HEALTHCARE PROFESSIONAL CERTIFICATION

Disabil	ity verificatior	n for:				
Client n	ame					
1.	Is the ap	plicant currently	your patient?			
		□ YES				
2.	Does the	e applicant have	a functional or c	ognitive disability	that can be	documented?
		□ YES				
3.	To the best of	of your knowled	ge, does your pa	tient require a per	sonal care	attendant?
		□ YES				
l hereb	y certify this	information true	and correct to the	e best of my know	vledge.	
Health	Care Profess	sional Signature	e:		Date: _	
Health	Care Profess	sional Printed N	ame:			
Health	Care Profess	sional License N	Number:			
Health	Care Facility	Name:				
	,					
Addres	S:		City:	S	tate:	_ ZIP
Phone	:			Fax:		
Please	mail or emai	I the completed	form to:			
Ms. Sh	ari Hinze, Pu	blic Transit Ma	nager, <u>shinze@s</u>	cottsbluffcounty.o	ro or	
			•	Please phone if a		ns.