Quick Reference:
Transportation Provider Options in Dane County
for People with Developmental and Other Disabilities

ISSUE DATE: FEBRUARY 2018
Foreword:

Although this is not an exhaustive list of transportation provider options in Dane County for people with disabilities it is a pretty good start!

The purpose of this quick reference tool is to increase informed decision-making in people with disabilities as they arrange for their transportation needs. The tool may be used independently, with the help of a caregiver, or with a team who supports the individual.

This is the first of several tools the Transportation Independence Project (TIP) will make available. In the future, we hope to also produce a transportation planning guide and training curriculum, self-assessment tools, a plan for early and ongoing transit education, and Navigation assistance when customized transit solutions are needed. Stay tuned!

Here's how to get an additional copy of this booklet:

Online for easy and paper-free reference or to download: http://danecountyhumanservices.org/dd/a/trans.aspx

Printed copies are available at: ADRC of Dane County, 2865 N. Sherman Avenue, Madison, WI 53704

Electronic version (PDF) of this booklet may be emailed to you by contacting the Dane County Transportation Call Center. See contact below.

Dane County Transportation Call Center

Telephone: (608) 242-6489
Email: TransportationCallCenter@CountyofDane.com
Hours of operation: Monday – Friday from 9:00 am – 4:30 pm

You may contact the Transportation Call Center

• to receive a printed copy of this booklet by mail
• to provide input on the contents of this booklet
• for further information about local community transportation resources
• for individualized assistance

Note: The contents of this booklet are not an endorsement of the providers listed by the Transportation Independence Project. Please confirm with the listed providers if they accept Medicaid for payment, e.g. through Family Care or IRIS. Some may not. Information provided in this booklet is subject to change and may not include every option. Transportation providers are encouraged to contact the Dane County Transportation Call Center at (608) 242-6489 with corrections and additions.
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- **Personal Transportation Worksheet**
  Use this worksheet to help you prepare to communicate with a potential provider about: your trip details, to request pricing, to check availability and the provider’s ability to meet your service need.

- **Passenger Contacts**
  It is important to record and keep personal contacts current so that you can reach the people you need to for support or if there is an emergency.

- **Passenger Profile**
  You may decide to offer some or all of your persona information to your transportation provider to kept on file. Remember that if there are changes, you will need to update your transportation provider as well.

- **Scheduled Rides Log**
  Use this form to keep track of your confirmed rides.

## User Feedback Survey

Use this survey to give us feedback on the contents of this booklet. 26
Steps to Arranging Your Transportation

For each trip you need to arrange, consider each of the following three steps.

**STEP ONE: Describe Your Transportation Need**

INSTRUCTIONS: Begin to think about what is needed for you to get where you need to go reliably and safely. Consider also your health, safety and accessibility concerns. Your choice of a mode of transportation may depend on:

What is the purpose of the trip? ______________________________________________________

Where do you need to go? ____________________________________________ Number of miles for one-way trip? ______

When do you need to be there-date and time? ________________________________

How often do you need this ride? __________________________ When do you need to return? _______________________

What helps you wait safely for your ride to arrive? ____________________________

What helps you travel safely? __________________________

What helps you arrive safely at your destination? ____________________________

What is your budget? Cost of the ride: $______ Cost of the support: $______ Total cost of ride: $________

How will you pay for the ride? ____________________________ Do funds need to be authorized? __________________

Have you explored volunteers or hiring a driver? ☐ No ☐ Yes If yes, with whom? __________________________

What else does the driver need to know about you so that you have a good experience? ____________________________

**STEP TWO: Determine Your Level of Service Needs**

INSTRUCTIONS: Review the Level of Service definitions below. ☑ Check all that apply to your personal needs.

☐ **Accessible Vehicle**  Driver assists to load passenger and their wheelchair onto the vehicle.

☐ **Stop-to-stop fixed-route**  Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.

☐ **Curb-to-curb**  Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.

☐ **Door-to-door**  Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.

☐ **Door-thru-door**  Driver goes into the building where ride originates and at the destination to assist passenger.

☐ **Leave attended**  Driver assures that the passenger is met by a responsible party at the destination.

☐ **Driver Escort**  Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.

☐ **Personal Attendant**  A family member or hired staff who rides along to assist the individual they support.

☐ **Individualized**  Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curb-side for round trip, same driver for return pick-up, turn radio down/off, or other accommodations.
**STEP THREE: Find a Potential Transportation Provider**

### Providers by Level of Service

**INSTRUCTIONS:**
- Check the box in the far-left column for each provider that might be a possible option for you.

<table>
<thead>
<tr>
<th>Providers by Level of Service</th>
<th>Accessible Vehicle</th>
<th>Stop-to-stop</th>
<th>Curb-to-curb</th>
<th>Door-to-door</th>
<th>Door-thru-door</th>
<th>Leave Attended</th>
<th>Driver attend/escort</th>
<th>Attendant allowed</th>
<th>Can Individualize</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC TRANSIT</strong></td>
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<tr>
<td>Fitchburg Shared-Ride</td>
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<td>X</td>
<td>X</td>
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<td>Metro Fixed Route Bus</td>
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<tr>
<td>Metro Paratransit (Service levels may be revised in 2018)</td>
<td>X</td>
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<tr>
<td>Monona Transit/Express</td>
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<td>Monona Transit/Lift</td>
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<td>Stoughton Public Transit</td>
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<td>Sun Prairie Public Transit</td>
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<td><strong>SPECIALIZED TRANSPORTATION</strong></td>
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<tr>
<td>Abby Van Inc.</td>
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<td>X</td>
<td>X</td>
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<td>Badger Bus Lines</td>
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<td>Brown Cab Service, Inc.</td>
<td>X</td>
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<td>Capitol Express Transportation</td>
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<td>Care Van Service Inc.</td>
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<td>Green Cab Madison</td>
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<td>Independent Living Inc.</td>
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<td>Mad City Mobility</td>
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<td>Madison Taxi</td>
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<td>Rediride LLC</td>
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<td>Transit Solutions Inc.</td>
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<td>Union Cab of Madison Cooperative</td>
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<td>Van Go Taxi</td>
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<td>We Care Transportation</td>
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<td>YWCA Job Ride</td>
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<tr>
<td><strong>NON-EMERGENCY MEDICAL TRANSPORTATION</strong> (Medicaid card service)</td>
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<td>MTM, Inc. (broker service- multiple contractors)</td>
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*p.14*
## Transportation Provider Options in Dane County (alphabetical)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Service Requests</th>
<th>Reservations</th>
<th>Website</th>
<th>Address</th>
<th>Service Description</th>
<th>Passenger Eligibility</th>
<th>Accessible Vehicles</th>
<th>Level of Service</th>
<th>Passenger Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abby Vans</strong></td>
<td>telephone (800) 236-8438 (answered 24/7) or TTY (800) 947-3529 or fax (715) 743-7545</td>
<td>one business day advance-notice, same day service as available</td>
<td><a href="http://www.abbyvans.com">www.abbyvans.com</a></td>
<td>1115 W. 4th Street, Neillsville, WI 54456</td>
<td>group ride, shared taxi, on flexible route, no set route</td>
<td>must have program authorization or private pay</td>
<td>yes</td>
<td>✅ curb-to-curb, ✅ door-to-door, ✅ door-thru-door, ✅ leave-attended, ✅ individualized (e.g., direct service, solo ride)</td>
<td>▪ no charge for passenger’s attendant to ride along, ▪ driver can be scheduled to wait curb side</td>
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<tr>
<td><strong>Badger Bus Lines</strong></td>
<td>(608) 310-4444 or online form available at <a href="http://www.badgerbus.com">www.badgerbus.com</a></td>
<td>24 hour advance-notice</td>
<td><a href="http://www.badgerbus.com">www.badgerbus.com</a></td>
<td>5501 Femrite Drive, Madison, WI 53718</td>
<td>group ride, shared taxi, no set route</td>
<td>no criteria</td>
<td>yes</td>
<td>✅ curb-to-curb, ✅ door-to-door, ✅ individualized (e.g., direct service, solo ride)</td>
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</table>

**Fare Structure:**
- Abby Vans: private pay or special event rates, per contract prices
- Badger Bus Lines: call for current pricing
**Badger Cab Co. Inc.**

**Service Requests:** telephone (608) 256-5566 or email service@badgercab.com

**Reservations:** demand response, 2 hours advance-notice

**Website:** [www.badgercab.com](http://www.badgercab.com)

**Address:** 700 Cottage Grove Rd., Madison, WI 53716

**Service Description:** shared taxi, no set route

**Passenger Eligibility:** must be ambulatory

**Accessible Vehicles:** no

**Level of Service:**
- curb-to-curb
- door-to-door
- leave attended
- individualized (e.g., direct service, solo ride)

**Passenger Accommodations:**
- no charge for passenger’s attendant to ride along
- driver can be scheduled to wait curb side

**Service Area:** all of Dane County

**Hours of Service:** 24 hours / 7 days a week

**Fare Structure:** call for current pricing

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**Brown Cab Service, Inc.**

**Service Requests:** telephone (920) 563-6303

**Reservations:** demand response, usually within 15 minutes

**Website:** [www.browncab.net/](http://www.browncab.net/)

**Address:** PO Box 66, Fort Atkinson, WI 53538

**Service Description:** shared taxi, no set route

**Passenger Eligibility:** no criteria

**Accessible Vehicles:** yes

**Level of Service:**
- curb-to-curb
- door-to-door

**Service Area:** Edgerton (parts are in Dane County)

**Hours of Service:** weekdays 7:15 am – 5:15 pm, Sa 9 am – 1 pm

**Fare Structure:** call for current pricing
Capitol Express

Service requests: telephone (608) 661-7433 or fax (608)271-6151 or email capexpress@gmail.com

Reservations: demand response within 1 hour, reservations 24 hours advance-notice

Website: www.capitolexpresswi.com

Address: 918 Watson Avenue, Ste 201, Madison, WI 53713

Service Description: various group ride, shared taxi, coordinated ride (e.g., car/van pool) service on regular route, flexible route, and no set route

Passenger Eligibility: no criteria

Accessible Vehicles: yes

Level of Service:
☑ door-to-door
☑ door-thru-door
☑ leave-attended
☑ individualized (e.g., direct service, solo ride)

Passenger Accommodations:

- no charge for passenger’s attendant to ride along

Service Area: all of Dane County

Hours of Service: all holidays
6 am – 6 pm / 7 days a week

Fare Structure: posted on website, contracted rates

Care Van Service Inc.

Service requests: telephone (608) 437-8989 or fax (608) 437-8985 or email carevanservice@charter.net

Reservations: 1-2 days advance-notice

Address: PO Box 52, Mt Horeb, WI 53572

Service Description: regular route

Passenger Eligibility: specialize in seniors and adults with disability

Accessible Vehicles: yes

Level of Service:
☑ door-to-door
☑ door-thru-door
☑ leave-attended
☑ individualized (e.g., direct service, solo ride)

Passenger Accommodations:

- driver attends at all times (included in round trip
- no charge for passenger’s attendant to ride along
- often have a driver assistant for group-rides

Service Area: Black Earth area and Mt. Horeb area

Hours of Service: weekdays 9 am – 5 pm

Fare Structure: call for current pricing
### Fitchburg Shared-Ride

**Service requests:** telephone (608) 504-2453 or online fillable form [www.richwoodtransport.com](http://www.richwoodtransport.com)

**Reservations:** demand response within 20 minutes

**Website:** [www.richwoodtransport.com](http://www.richwoodtransport.com)

**Address:**
2564 Branch St. Suite B4, Middleton, WI 53562

**Service Description:** various group ride, shared taxi, coordinated ride (e.g., car/van pool) service on regular route

**Passenger Eligibility:** no criteria

**Accessible Vehicles:** yes

**Level of Service:**
- stop-to-stop fixed route
- curb-to-curb
- door-to-door
- door-thru-door
- leave-attended
- individualized (e.g., direct service, solo ride)

**Passenger Accommodations:**
- no charge for passenger’s attendant to ride along

**Service Area:** pick-up limited to Fitchburg but can drop off anywhere

**Hours of Service:** 24 hours / 7 days a week

**Fare Structure:** posted on website

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### Green Cab Madison

**Service requests:** telephone (608) 255-1234, online at [www.greencabmadison.com](http://www.greencabmadison.com) or download Green Cab mobile app for Android and iOS

**Reservations:** demand response, scheduled rides

**Website:** [www.greencabmadison.com](http://www.greencabmadison.com)

**Address:** 1621 Beld St., Madison, WI 53715

**Service Description:** shared or direct ride taxi, no set route

**Passenger Eligibility:** no criteria, must be ambulatory

**Accessible Vehicles:** no

**Level of Service:**
- curb-to-curb
- door-to-door
- leave attended
- individualized (e.g., direct service, solo ride, round trips, multiple stops, deliveries)

**Passenger Accommodations:**
- driver can be scheduled to wait curb side
- no charge for passenger’s attendant to ride along

**Service Area:** all of Dane County

**Hours of Service:** 24 hours / 7 days a week

**Fare Structure:** posted on website and quoted before they ride
### Independent Living Inc.

<table>
<thead>
<tr>
<th>Service requests:</th>
<th>telephone (608) 274-7900 or fax (608) 274-9181</th>
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</thead>
<tbody>
<tr>
<td>Reservations:</td>
<td>2 days advance-notice</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.independentlivinginc.org">www.independentlivinginc.org</a></td>
</tr>
<tr>
<td>Address:</td>
<td>2970 Chapel Valley Rd., Ste 203, Madison, WI 53711</td>
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<tr>
<td>Service Description:</td>
<td>limited van service, broader service with passenger vehicle</td>
</tr>
<tr>
<td>Passenger Eligibility:</td>
<td>specializing in seniors with disabilities</td>
</tr>
<tr>
<td>Accessible Vehicles:</td>
<td>yes</td>
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</tbody>
</table>

**Level of Service:**
- curb-to-curb
- door-to-door
- door-thru-door
- individualized (e.g., direct service, solo ride)

**Passenger Accommodations:**
- driver may escort if requested
- driver can be scheduled to wait curb side
- no charge for passenger’s attendant to ride along

**Service Area:** van services limited to west side of Madison, passenger vehicle may be considered for all of Dane County

**Hours of Service:** M-F 9 am – 4 pm

**Fare Structure:** private pay, call for current pricing

### Mad City Mobility

<table>
<thead>
<tr>
<th>Service Requests:</th>
<th>telephone (608) 841-1300 or fax (608) 841-1301 or email <a href="mailto:contact@madcitymobility.com">contact@madcitymobility.com</a></th>
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</thead>
<tbody>
<tr>
<td>Reservations:</td>
<td>prefer 2 days advance-notice, demand response as available</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.madcitymobility.com">www.madcitymobility.com</a></td>
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<tr>
<td>Address:</td>
<td>1619 Middleton St, Middleton, WI 53562</td>
</tr>
<tr>
<td>Service Description:</td>
<td>group ride and coordinated rides (e.g., car/van pool), no set route</td>
</tr>
<tr>
<td>Passenger Eligibility:</td>
<td>no criteria</td>
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</table>

**Level of Service:**
- curb-to-curb
- door-to-door
- door-thru-door
- leave-attended
- individualized (e.g., direct service, solo ride)

**Passenger Accommodations:**
- no charge for passenger’s attendant to ride along
- driver can be scheduled to wait curbside
- can guarantee same driver for return pick up

**Service Area:** all of Dane County

**Hours of Service:** 24 hours / 7 days a week

**Accessible Vehicles:** yes

**Fare Structure:** call for current pricing
**Madison Taxi**

**Service Requests:** telephone (608) 255-8294 or email R.Nesvick@madisontaxi.com or online fillable form or mobile app

**Reservations:** demand-response in 15-30 minutes on average

**Website:** [www.MadTaxi.com](http://www.MadTaxi.com)

**Address:** 1403 Gilson Street, Madison, WI 53715

**Service Description:** no set route

**Passenger Eligibility:** no criteria

**Level of Service:**
- curb-to-curb
- door-to-door
- individualized (e.g., direct service, solo ride)

**Passenger Accommodations:**
- no charge for passenger’s attendant to ride along

**Service Area:** all of Dane County

**Hours of Service:** 24 hours / 7 days a week

**Accessible Vehicles:** no

**Fare Structure:** posted on website

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**Madison Metro Fixed-route Bus**

**Service requests:** Call (608) 266-4466 for assistance with ticket purchase and planning your bus route.

**Customer service hours:** weekdays 6:15 am – 6 pm, weekends/holidays 8 am - 4:30 pm

**Reservations:** No reservation required.

**Website:** [www.mymetrobus.com](http://www.mymetrobus.com)

**Mailing Address:** 1245 E. Washington Ave., Suite 201, Madison WI 53703

**Service Description:** public transportation, for Frequently Asked Questions visit: [http://www.cityofmadison.com/metro/about/FAQ.cfm](http://www.cityofmadison.com/metro/about/FAQ.cfm)

**Passenger Eligibility:** no criteria

**Accessible Vehicles:** yes

**Level of Service:** stop-to-stop on fixed route, printed Ride Guides are available on all busses or on-line at: [http://www.cityofmadison.com/metro/schedules/RideGuide/rideGuide.pdf](http://www.cityofmadison.com/metro/schedules/RideGuide/rideGuide.pdf)
Madison Metro Fixed-route Bus (continued)

Track Buses: Download one of the available apps at
http://www.cityofmadison.com/metro/Apps/index.cfm

Passenger Accommodations: For an accessibility services brochure, visit:
http://www.cityofmadison.com/metro/AccessibleServices/accessiblese

Service Area: Printed maps are available on all buses or on-line at:
Weekday service:

Weekend and holiday service:

UW campus service (free to all riders):

Hours of Service: For fixed-route bus departures:
http://www.cityofmadison.com/metro/busstopdepartures/

Fare Structure: $2 general / $1 senior/disabled discounted fare (for reduced fare visit:
http://www.cityofmadison.com/metro/fares/documents/seniordisabled.pdf Present pass or exact fare
when boarding the bus.

Fare cards and passes may be purchased at:
Area businesses:
http://www.cityofmadison.com/Metro/fares/salesoutlets/

Online at:
**Madison Metro Paratransit** (various contactors)

**Service requests:** Call (608) 266-4466 to check if your destination is within the Metro service area.

**Customer service hours:** weekdays 6:15 am – 6 pm, weekends/holidays 8 am - 4:30 pm

**Reservations:** Schedule your ride no later than 4:30 pm for the next day service. Rides can be scheduled up to 7 days in advance. It is recommended that next-day rides are booked before 3:30 pm as phone lines are busiest between 3:30 pm and 4:30 pm. Same day ride requests and/or changes are not allowed. Be ready at least 5 minutes before your scheduled pick-up time. There is a 20-minute window before ride is considered late. Call Metro after the 20-minute window to report a late ride.

**Ride Reservation/Confirmations:** (608) 266-4466 / Ride Cancellation Line: (608) 267-1107

**Website:** [www.mymetrobus.com](http://www.mymetrobus.com)

**Mailing Address:** 1245 E. Washington Ave., Suite 201, Madison WI 53703

**Service Description:** The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide paratransit service to persons with disabilities who cannot access the public transit system due to disability. For service overview visit: [http://www.cityofmadison.com/metro/paratransit/overview.cfm](http://www.cityofmadison.com/metro/paratransit/overview.cfm)


In-person interview is required. Eligibility criteria, due to disability:

- Cannot independently use accessible fixed route bus service
- Cannot navigate the bus system
- Cannot get to or from bus route

**Service Area:** pick-up or drop-off within ¾ mile of Metro fixed route service boundary

**Level of Service:** ✔ curb-to-curb ✔ door-to-door ✔ leave attended.

**NOTE:** Service levels may change in 2018.

**Passenger accommodations:** No charge for passenger’s attendant.

**Hours of Service:** Weekdays 5:30 am – 11:30 pm / Weekends 7 am – 11:30 pm /

Holidays 7 am – 7 pm / Christmas 5:30 am – 6 pm / Service hours and fares are subject to change. All service on holidays requires a reservation, including ‘standing ride’ service subscribers. For details visit: [https://www.cityofmadison.com/metro/paratransit/servicehours.cfm](https://www.cityofmadison.com/metro/paratransit/servicehours.cfm)

**Accessible Vehicles:** yes

**Fare Structure:** Fares may change in 2018. Individual fare $3.25 cash, ticket, employee/student unlimited pass. Buy on-line at: [www.mymetrobus.com/buyonline](http://www.mymetrobus.com/buyonline) **Update:** Agency fare tickets, $135.00 for a 4-ticket booklet, bought through agencies such as Family Care or IRIS.
**Monona Transit/Express**  (First Student- contractor)

**Customer service hours:** weekdays 6:30 am – 4:30 pm

**Reservations:** No reservation is needed for fixed route stops.

**Website:** [https://mymonona.com/245/Monona-Express](https://mymonona.com/245/Monona-Express)

**Mailing Address:** City of Monona, 5211 Schluter Road, Monona, WI 53716

**Service Description:** Monona-based morning and afternoon commuter service to and from Madison. There are no stops made between the Monona city-limits and the downtown Madison area, keeping the trip quick and convenient.

**Passenger Eligibility:** no criteria

**Service Area:** All service stops are posted on the website. Service stops do not have signage, watch for a Monona Transit bus to arrive. To view the exact route, as well as where buses are currently located, go to [https://monona.transloc.com/m/](https://monona.transloc.com/m/)

**Level of Service:** Fixed route stop-to-stop. Call (608) 423-4118 with questions regarding the route.

**Passenger accommodations:** No charge for passenger’s attendant.

**Hours of Service:** Weekdays there are four A.M. routes beginning at 5:50 am – 8:58 am and four P.M. routes beginning at 3:20 pm – 6:47 pm. No weekends or these holidays: New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas Day.

**Accessible Vehicles:** yes

**Fare Structure:** Convenience passes (20 rides) are available for purchase on the bus and at Monona City Hall. Express can accept transfers from Madison Metro; however, Madison Metro does not accept transfers from Monona Express. We cannot guarantee the driver can make change/rider should be prepared with exact amount.

Individual fare $3.00 per ride, convenience packets of 20 tickets $2.25 per ride, senior/disabled/student rider $1.50 ride, transfer rider $0.50 per ride

**Service requests:** Call (608) 423-4118 to check if your destination is within the service area (3/4 mile of the fixed route). Customer service hours: weekdays 6:30 am – 4:30 pm

**Reservations:** No reservation is needed for fixed route stops. To request service that deviates from the fixed route, call (608) 423-4118 to make a reservation at least 24 hours in advance. Reservations are subject to availability. Rides can be scheduled up to 5 weekdays in advance. Frail elderly may also request use of Retired & Senior Volunteer Program (RSVP) by calling (608) 238-7787.

**Website:** [https://mymonona.com/245/Monona-Express](https://mymonona.com/245/Monona-Express)
Monona Transit/Lift  (First Student - contractor)

**Mailing Address:** City of Monona, 5211 Schluter Road, Monona, WI 53716

**Service Description:** Monona-based morning and afternoon commuter service to and from Madison. There are no stops made between the Monona city-limits and the downtown Madison area, keeping the trip quick and convenient.

**Passenger Eligibility:** no criteria, driver asks the passenger if disabled/senior if in question to determine reduced fare

**Service Area:** pick-up or drop-off within 3/4 mile of Monona service boundary. All service stops are posted on the website. Service stops do not have signage, watch for a Monona Transit bus to arrive. To view the exact route, as well as where buses are currently located, go to https://monona.transloc.com/m/

**Level of Service:** fixed route stop-to-stop (call for deviations from the route (608) 423-4118), although this is not advertised we do at times assist riders from their door.

**Passenger accommodations:** No charge for passenger's attendant.

**Hours of Service:** Weekdays from 8:30 a.m. to 3:30 p.m. No weekends or these holidays: New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas Day.

**Accessible Vehicles:** Yes

**Fare Structure:** Convenience passes (20 rides) are available for purchase on the bus and at Monona City Hall. Note: Monona Lift accepts transfers from Madison Metro; however, Madison Metro does not accept transfers from Monona Lift. We cannot guarantee the driver can make change/rider should be prepared with exact amount. Individual fare $3.00 per ride, convenience packets of 20 tickets $2.25 per ride, senior/disabled/student rider $1.50 ride, transfer rider $0.50 per ride

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MTM, Inc. (multiple contractors)

**Service Requests:** telephone (866) 831-4130

**Reservations:** call 7am-6pm weekdays for rides to routine appointments- at least two business days before, urgent appointments scheduled 24 hours day

**Website:** [www.mtm-inc.net](http://www.mtm-inc.net)

**Level of Service:**

☑ curb-to-curb

* MTM is considered a curb-to-curb service, but upon member request and at the discretion of the provider, drivers may assist members to the main entrance door of the facility. (Due to liabilities, MTM cannot require that all providers physically assist members.) MTM, Inc. will attempt to locate a contracted provider willing to offer this enhanced level of service.
<table>
<thead>
<tr>
<th><strong>Address</strong>: 5117 W. Terrace Dr., Madison, WI 53718</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Description</strong>: Non-emergency Medical Transportation (NEMT) service broker that schedules rides to authorized medical appointments.</td>
</tr>
<tr>
<td><strong>Passenger Eligibility</strong>: must be a Medicaid (MA) recipient and provide a Forward Health card</td>
</tr>
<tr>
<td><strong>Accessible Vehicles</strong>: yes</td>
</tr>
<tr>
<td><strong>Grievances</strong>: If you experience challenges to accessing medical appointments, you may file an official grievance these three ways:</td>
</tr>
<tr>
<td>1. Call WeCare Line: (866) 436-0457</td>
</tr>
<tr>
<td>2. Online at <a href="http://www.MTM-inc.net/Wisconsin">www.MTM-inc.net/Wisconsin</a></td>
</tr>
<tr>
<td>3. Write: MTM, Inc./Quality Management, 5117 W. Terrace Dr., Suite 400, Madison, WI 53718</td>
</tr>
<tr>
<td>For further support regarding the concern call (608) 227-4050 or <a href="mailto:co-wi@MTM-inc.net">co-wi@MTM-inc.net</a></td>
</tr>
</tbody>
</table>

### Passenger Accommodations:
- Special instructions entered at the time of the call are communicated to the driver (i.e. “honk upon arrival”, “assist to and from the main door of the pick-up and drop off destinations”).
- no charge for passenger’s attendant to ride along (must be approved by the medical professional you are seeing)

### Service Area: all of Dane County
### Hours of Service: varies depending on your appointment time and contractor availability
### Fare Structure: cost of ride is billed directly to MA

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<table>
<thead>
<tr>
<th><strong>Quality Transit LLC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service requests</strong>: telephone (608) 335-0332 or fax (608) 467-3944</td>
</tr>
<tr>
<td><strong>Reservations</strong>: demand response</td>
</tr>
<tr>
<td><strong>Address</strong>: 4706 Barby Lane, Madison, WI 53704</td>
</tr>
<tr>
<td><strong>Service Description</strong>: group ride and coordinated rides (e.g., car/van pool) on regular route, flexible route and no set route</td>
</tr>
<tr>
<td><strong>Passenger Eligibility</strong>: no criteria</td>
</tr>
<tr>
<td><strong>Accessible Vehicles</strong>: yes</td>
</tr>
</tbody>
</table>

### Level of Service:
- ✓ stop-to-stop fixed-route
- ✓ curb-to-curb
- ✓ door-to-door
- ✓ door-thru-door
- ✓ leave attended
- ✓ driver will attend/escort
- ✓ individualized (e.g., direct service, solo ride)

### Passenger Accommodations:
- driver attends at all times (incl. in round trip rate)
- no charge for passenger’s attendant to ride along
- driver can be scheduled to wait curb side
- can guarantee same driver for return pick-up

### Service Area: all of Dane County
### Hours of Service: 24 hours / 7 days a week
### Fare Structure: call for current pricing
### Rediride LLC

**Service requests:** telephone (608) 444-5999 or fax (608) 316-0039  
**Reservations:** 1-2 day advance-notice, demand response if available opening  
**Website:** [www.rediride.org/](http://www.rediride.org/)  
**Address:** 2806 Brooks Ridge Drive, Sun Prairie, WI 53590  
**Service Description:** regular route, flexible route  
**Passenger Eligibility:** wheelchairs only  
**Accessible Vehicles:** yes

<table>
<thead>
<tr>
<th><strong>Level of Service:</strong></th>
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</thead>
<tbody>
<tr>
<td>☑ stop-to-stop fixed-route</td>
<td></td>
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<tr>
<td>☑ curb-to-curb</td>
<td></td>
</tr>
<tr>
<td>☑ door-to-door</td>
<td></td>
</tr>
<tr>
<td>☑ door-thru-door</td>
<td></td>
</tr>
<tr>
<td>☑ leave attended</td>
<td></td>
</tr>
<tr>
<td>☑ individualized (e.g., direct service, solo ride)</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Passenger Accommodations:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ no charge for passenger’s attendant to ride along</td>
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</table>

**Service Area:** Madison area  
**Hours of Service:** M-F 6 am – 6 pm, call for availability on Saturdays  
**Fare Structure:** fare is posted on website, call for current pricing

### Stoughton Public Transit

**Service requests:** telephone (608) 873-7233  
**Reservations:** demand response, 24 hour advance-notice required for wheelchair accessible vehicle  
**Website:** [www.runninginc.net](http://www.runninginc.net)  
**Address:** 318 W. Decker St. Viroqua, WI 54639  
**Service Description:** shared taxi, no set route  
**Passenger Eligibility:** no criteria  
**Accessible Vehicles:** yes

<table>
<thead>
<tr>
<th><strong>Service Description:</strong></th>
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</thead>
<tbody>
<tr>
<td>☑ curb-to-curb</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Passenger Accommodations:</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>▪ no charge for personal attendant to ride along if passenger uses a wheelchair</td>
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</tbody>
</table>

**Service Area:** Stoughton (check website for service area radius outside city limits)  
**Hours of Service:** no service New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas Day  
M-W 6 am - 6 pm,  
TH 6 am – 8 pm,  
F-Sa 6 am – 7 pm,  
Su 8 am – 4 pm,  
**Fare Structure:** call for current pricing
### Sun Prairie Public Transit

**Service Requests:** telephone (608) 837-5550  
**Reservations:** demand response  
**Website:** [www.runninginc.net](http://www.runninginc.net)  
**Address:** 964 W. Main St., Sun Prairie, WI 53590  
**Service Description:** shared ride, no set route  
**Passenger Eligibility:** no criteria  
**Accessible Vehicle:** yes  

**Service Description:**  
☑ curb-to-curb  

**Passenger Accommodations:**  
- no charge for passenger's attendant to ride along  

**Service Area:** city of Sun Prairie and within a 3 mile radius, plus trips to East Towns Mall 9am – 2 pm and 4 pm – 6:30 pm weekdays, summer hours vary  

**Hours of Service:** no service New Years Day, Memorial Day, Fourth of July, Labor Day M-Th 6 am - 11 pm,  
F-Sa 6 am – 2:45 am, Su 6 am – 8 pm,  
8 am – noon on Christmas, Thanksgiving and Easter  

**Fare Structure:** posted on website

### Transit Solutions, Inc.

**Service requests:** telephone (608) 294-8747 or fax (608)288-8934 or email jlmortenson@hotmail.com  
**Reservations:** 24 hour advance-notice, demand response as available  
**Address:** 173 E. Badger Rd., Madison WI 53713  
**Service Description:** group ride, shared taxi, coordinated rides (e.g., car/van pool), regular route, flexible route, no set route  
**Passenger Eligibility:** no criteria  
**Accessible Vehicles:** yes  

**Level of Service:**  
☑ stop-to-stop fixed route  
☑ curb-to-curb  
☑ door-to-door  
☑ door-thru-door  
☑ leave-attended  
☑ driver will attend  
☑ individualized (e.g., direct service, solo ride)  

**Passenger Accommodations:**  
- driver attends at all times  
- no charge for passenger’s attendant to ride along  
- driver can be scheduled to wait curb side  
- can guarantee same driver for return pick-up  

**Service Area:** all of Dane County  
**Hours of Service:** M-F 6 am – 6 pm  
**Fare Structure:** call for current pricing
<table>
<thead>
<tr>
<th>Union Cab of Madison Cooperative</th>
<th>Van Go Taxi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service requests:</strong> call (608) 242-2000 or fax (608) 242-2009</td>
<td><strong>Service requests:</strong> telephone (608) 849-7070 or fax (608) 849-7079</td>
</tr>
<tr>
<td><strong>Mobile app:</strong> Union Cab of Madison</td>
<td><strong>Reservations:</strong> 24 hour advance-notice</td>
</tr>
<tr>
<td><strong>Reservations:</strong> demand response, 1 hour advance-notice</td>
<td><strong>Website:</strong> <a href="http://www.vangotaxi.com">www.vangotaxi.com</a></td>
</tr>
<tr>
<td><strong>Website:</strong> <a href="http://www.unioncab.com">www.unioncab.com</a></td>
<td><strong>Address:</strong> P.O. Box 454, Waunakee, WI 53597</td>
</tr>
<tr>
<td><strong>Address:</strong> P.O. Box 8305, Madison WI 53708-8305</td>
<td><strong>Service Description:</strong> shared taxi, no set route</td>
</tr>
<tr>
<td><strong>Service Description:</strong> no set route</td>
<td><strong>Passenger Eligibility:</strong> no criteria</td>
</tr>
<tr>
<td><strong>Passenger Eligibility:</strong> no criteria</td>
<td><strong>Accessibility:</strong> yes</td>
</tr>
<tr>
<td><strong>Accessible Vehicles:</strong> yes</td>
<td><strong>Level of Service:</strong></td>
</tr>
<tr>
<td></td>
<td>☑ curb-to-curb</td>
</tr>
<tr>
<td></td>
<td>☑ door-to-door (upon request)</td>
</tr>
<tr>
<td></td>
<td>☑ leave attended, if requested when ride is set-up</td>
</tr>
<tr>
<td></td>
<td>☑ individualized rides (e.g., direct service, solo ride)</td>
</tr>
<tr>
<td></td>
<td><strong>Passenger Accommodation:</strong></td>
</tr>
<tr>
<td></td>
<td>• no charge for passenger’s attendant to ride along</td>
</tr>
<tr>
<td></td>
<td><strong>Service Area:</strong> all of Dane County</td>
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<tr>
<td></td>
<td><strong>Hours of Service:</strong> 24 hours / 7 days a week</td>
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<td></td>
<td><strong>Fare Structure:</strong> posted on website</td>
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<tr>
<td></td>
<td><strong>Level of Service:</strong></td>
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<tr>
<td></td>
<td>☑ door-to-door</td>
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<td></td>
<td>☑ door-thru-door</td>
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<td></td>
<td>☑ leave-attended</td>
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<td></td>
<td>• driver can be scheduled to wait curb side</td>
</tr>
<tr>
<td></td>
<td><strong>Service Area:</strong> all of Dane County</td>
</tr>
<tr>
<td></td>
<td><strong>Hours of Service:</strong> holidays by appointment</td>
</tr>
<tr>
<td></td>
<td>M-F 4 am – 9 pm, Sa 4 am – 6 pm, Su 6 am – 6 pm,</td>
</tr>
<tr>
<td></td>
<td><strong>Fare Structure:</strong> call for current pricing</td>
</tr>
</tbody>
</table>
### We Care Transportation

**Service requests:** telephone (608) 838-8589 or fax (608) 838-2295  
**Reservations:** 24 hour advance notice for reserved rides, demand response usually within 30 minutes  
**Address:** 2889 Hwy MN Unit 1, Stoughton WI 53589  
**Service Description:** group ride, shared taxi, and coordinated rides (e.g., car/van pool) on regular route, flexible route or no set route  
**Passenger Eligibility:** no criteria  
**Accessible Vehicles:** yes  

**Level of Service:**  
- curb-to-curb  
- door-to-door  
- door-thru-door  
- leave-attended  
- driver will attend  
- individualized (e.g., direct service, solo ride)  

**Passenger Accommodations:**  
- no charge for passenger’s attendant to ride along  
- driver can be scheduled to wait curb side  

**Service Area:** all of Dane County  
**Hours of Service:** no holidays  
M-F 5:30 am – 4 pm, Sa 5:30 am – 2 pm  
**Fare Structure:** call for current pricing, subsidized fare if eligible

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### YWCA Job Ride

**Service requests:** telephone (608) 395-2194  
**Reservations:** 2 weeks advance-notice required for new riders, 2-day advance-notice for current riders  
**Website:** [www.ywcamadison.org/ywtransit](http://www.ywcamadison.org/ywtransit)  
**Address:** 2040 Park Street, Madison WI  
**Service Description:** group ride and coordinated rides (e.g., car/van pool) on regular route  
**Passenger Eligibility:** must be ambulatory  
**Accessible Vehicles:** no  

**Level of Service:**  
- curb-to-curb  
- leave-attended  
- individualized (e.g., direct service, solo ride)  

**Service Area:** all of Dane County  
**Hours of Service:** 24 hours / 7 days a week  
**Fare Structure:** call for current pricing, subsidized fare if eligible
Optional Tools to Plan and Arrange Your Ride

Here are a few tools to get you started in planning and arranging your rides. As you think about each ride you need, it may be helpful to look back at the three steps offered at the beginning of this booklet.

Personal Transportation Worksheet

By printing a copy and completing the Personal Transportation Worksheet, you will put the details for each trip in one place. You might keep a copy as a record of which rides can be met by a provider, and those that cannot. Having a record might make it easier to arrange rides in the future.

You may find the worksheet helpful as you plan to communicate with a potential provider. Refer back to the chart on page 4 for a list of ‘Providers by Level of Service’ for potential options you may be interested in exploring further. To locate the contact information for each provider, see the alphabetical list of “Transportation Provider Options in Dane County” that starts on page 5. Each provider profile states the best way to request information or make a reservation.

You may also use the worksheet to record notes from your conversation with a provider. The provider may ask for payment ahead of time or an authorization number if the ride fare is billed. You might be asked to provide your MA identification number, so have that handy. Other questions the provider might ask include:

- Are you a new or existing customer?
- Are you asking about pricing, ride availability or making a reservation?
- What Level of Service do you need to travel safely?
- What are the details of the trip: date, time, frequency, pick-up address, drop-off address.
- Do you need individual accommodations? Will a Personal Attendant be riding with you?
- How will you pay for the ride? If paid with Medicaid Waiver (Family Care, Partnership or IRIS funds), have the funds been authorized?
- What is the best way to communicate with you about this trip? Who are your emergency contacts?

Once your ride request has been approved and you have a way to pay for the ride, you can make your ride reservation. Usually, a simple phone call or email to the provider to confirm the start date is sufficient.

If you are having trouble finding a provider for your trip, you may contact the Dane County Transportation Call Center at (608) 242-6489 or email TransportationCallCenter@CountyofDane.com for assistance.

Passenger Contacts

It is important to record and keep personal contacts current so that you can reach the people you need to for support or if there is an emergency.

Passenger Profile

You may decide to offer some or all of your persona information to your transportation provider to kept on file. Remember that if there are changes, you will need to update your transportation provider as well.

Scheduled Rides Log

Once your ride is confirmed, you might find it helpful to record the details of the trip. Use this form to keep track of your confirmed rides.

Helpful Pointer: It is recommended that you keep a printed copy of your Passenger Contacts and Passenger Profile with you as you travel. Many situations have been diverted because passengers, drivers and support people were able to quickly communicate to resolve a situation.
Personal Transportation Worksheet

Passenger's Name: __________________________ Customer Status: □ New □ Existing

Type of Request: □ Inquire about service □ Get pricing □ Check availability □ Make a reservation

Person making request: __________________________ Relationship to passenger: __________________

Transportation Provider: __________________________ Contact by: □ phone □ fax □ email □ US mail

Contact info: __________________________ Date of contact: __________________

Are you Metro Paratransit eligible? □ no □ yes If yes, what level of service? __________________________

If you are requesting a ride to a medical appointment and you are Medicaid eligible, call MTM at (866) 831-4130.

What Level(s) of Service are you requesting:
□ solo ride
□ direct ride
□ accessible vehicle
□ curb to curb
□ door to door
□ door thru door
□ leave attended with responsible party
□ ride with personal attendant

Individual accommodation(s) needed:
□ storage for mobility device
□ assist to lock/unlock doors
□ pet allergies
□ extended wait time
□ assist on elevator/stairway
□ carrying bags
□ same driver for return pick-up
□ other __________________________

Driver must be trained on these support plans:
□ Transportation Support Plan □ Seizure Plan □ Emergency Response Plan □ other __________________________

Trip Details

Estimated first service date: __________________________

Time of day: Pick-up time _____ am/pm Drop-off time _____ am/pm

Day of the week: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

Frequency of ride: □ Single ride request □ Recurring ride request, total number of rides: __________________________

From (origination)- Address: _______________________________________________________

To (destination)- Address: ______________________________________________________

Trip mileage: _________ Will mileage be reimbursed? □ no □ yes If yes, at what rate? $_______ per mile

Form of payment: □ cash □ credit/debit □ billing account □ MA program □ other: __________________________

Program funding authorization # __________________ by which funder? __________________ □ Not authorized yet

What Medicaid/Medicare program do you currently participate in? (check all that apply)
□ Family Care (My Choice) □ IRIS (Connections)
□ Family Care (Care Wisconsin) □ IRIS (First Person Care Consultants)
□ Family Care Partnership (Care Wisconsin) □ IRIS (Progressive Community Services)
□ Family Care Partnership (iCare) □ IRIS (TMG)

Are you requesting a ride from a Dane County Transportation Center program? Please explain: __________________________

___________________________________________________________________________________________
Passenger Contacts

It is important to keep contact information current so that when you need help you can reach the people you need to. Use this page to record your personal information.

Date completed: ___________ Who helped complete this form? ________________________________

Your Name: __________________________________________ Birthdate: __________________________

Home address: ______________________ City: _______________ State: ____ Zip: ______

Primary telephone: _____________ Alternate telephone: _____________

Your primary language? __________________ Secondary language? __________________________

Do you need a translator when you travel?  □ Yes  □ No

Relationships

Who are the people in your life who you trust to support you? Examples of types of support: help with making decisions, arranging and paying for rides, keeping a calendar, record keeping, emergency contact, reporting problems to, volunteer driver, etc.

Name: ___________________________ Relationship: _____________________________

Phone Number: _____________________ Type of support: _____________________________

Name: ___________________________ Relationship: _____________________________

Phone Number: _____________________ Type of support: _____________________________

Name: ___________________________ Relationship: _____________________________

Phone Number: _____________________ Type of support: _____________________________

Name of responsible party if “leave attended”: ___________________ cell ______________________

Second responsible party if “leave attended”: ___________________ cell ______________________

Name of Personal Attendant: ___________________ cell ______________________

Name of Vocational Agency contact: ___________________ cell ______________________

Name of Residential Service contact: ___________________ cell ______________________

IN CASE OF EMERGENCY (Please, contact in the order listed below)

Contact #1: ___________________________ Relationship to passenger: ______________________

Primary telephone: _____________________ Alternate telephone: ______________________

Contact #1: ___________________________ Relationship to passenger: ______________________

Primary telephone: _____________________ Alternate telephone: ______________________

Contact #1: ___________________________ Relationship to passenger: ______________________

Primary telephone: _____________________ Alternate telephone: ______________________

Preferred Drivers

Who is skilled at providing you safe and reliable transportation?

Driver: ___________________________ Employer: ___________________________

Driver: ___________________________ Employer: ___________________________

Driver: ___________________________ Employer: ___________________________

Driver: ___________________________ Employer: ___________________________
**Passenger Profile**

Date completed: ________________

**Notice to Provider:** This confidential information is provided by the passenger below to assist in serving their individual needs.

**Notice to Passenger:** Do you give permission to share this information with your driver? □ yes □ no

Your Name: ___________________________________________ Birthdate: ______________

Home address: ______________________________________ City: __________ State: ____ Zip:____

Primary telephone: __________________ Alternate telephone: __________________

What is your preferred hospital, in the event of an emergency? ____________________________

Who is your primary physician? ________________________________ Telephone __________________

**Health and Safety Needs (sharing this information is optional)**

List all medications and the symptoms that may effect your ability to travel:

__________________________________________________________________________

______________________________________________________________

Do changes in dosage effect your ability to travel safely? □ Yes □ No

Previous travel experiences: ____________________________________________

__________________________________________________________________________

Primary diagnosis: ___________________________________________

Secondary diagnosis: ___________________________________________

How does this diagnosis effect you? _______________________________________

Explain medical concerns. What helps? ____________________________

__________________________________________________________________________

Explain mobility concerns. What helps? ____________________________

__________________________________________________________________________

Explain intellectual and communication concerns. What helps? ________________

__________________________________________________________________________

Explain sensory concerns or upsetting situations. What helps? ________________

__________________________________________________________________________

**The following Support Plans are attached:** □ Personal Support □ Seizure Plan □ Emergency Response

□ other_________________________

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PHOTO OF PASSENGER (OPTIONAL)
Scheduled Ride Log

TRIP PURPOSE: ___________________________ Effective dates: START________________END________________

Day of the week: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

Need to arrive by: _____________ am/pm Frequency of ride: □ Single ride request □ Recurring ride

Pick-up time _____ am/pm From (origination)- Address: ___________________________________________________________________

Drop-off time _____ am/pm To (destination)- Address: ___________________________________________________________________

Trip mileage:_______________________ Reimbursement per mile $_____________ □ One-way □ Round trip

Form of payment: □ cash □ credit/debit □ billing □ MA auth #__________________ □ other: _________

Provider: ___________________________ To contact or cancel call: ___________________________________________

Driver’s name: ______________________ ___________________________ Cell:________________________

Level of Service: □ curb-to-curb □ door-to-door □ door-thru-door □ solo ride □ direct ride (no pickups)
□ leave attended Responsible Party: ___________________________________________ Cell:________________________
□ attended/+1 Personal Attendant: ___________________________________________ Cell:________________________

Instructions for the driver: ____________________________________________________________

Pick-up window: Be ready__ minutes before scheduled pick-up. For this provider, driver is late if ___ minutes past pick-up time. Who to call if the driver is late: Contact: _______________ Telephone: __________________

Emergency contact if ride doesn’t show: ______________________________ Telephone: __________________

---

Scheduled Ride Log

TRIP PURPOSE: ___________________________ Effective dates: START________________END________________

Day of the week: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

Need to arrive by: _____________ am/pm Frequency of ride: □ Single ride request □ Recurring ride

Pick-up time _____ am/pm From (origination)- Address: ___________________________________________________________________

Drop-off time _____ am/pm To (destination)- Address: ___________________________________________________________________

Trip mileage:_______________________ Reimbursement per mile $_____________ □ One-way □ Round trip

Form of payment: □ cash □ credit/debit □ billing □ MA auth #__________________ □ other: _________

Provider: ___________________________ To contact or cancel call: ___________________________________________

Driver’s name: ______________________ ___________________________ Cell:________________________

Level of Service: □ curb-to-curb □ door-to-door □ door-thru-door □ solo ride □ direct ride (no pickups)
□ leave attended Responsible Party: ___________________________________________ Cell:________________________
□ attended/+1 Personal Attendant: ___________________________________________ Cell:________________________

Instructions for the driver: ____________________________________________________________

Pick-up window: Be ready__ minutes before scheduled pick-up. For this provider, driver is late if ___ minutes past pick-up time. Who to call if the driver is late: Contact: _______________ Telephone: __________________

Emergency contact if ride doesn’t show: ______________________________ Telephone: __________________

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PREPARED BY THE TRANSPORTATION INDEPENDENCE PROJECT (TIP)
User Feedback Survey - Quick Reference: Transportation Provider Options

Which category best describes you?  
☐ passenger  ☐ parent/guardian  ☐ caregiver  ☐ human services  ☐ educator

How did you access this booklet?  
☐ printed copy  ☐ used website link  ☐ PDF electronic file  ☐ other: ___________

Did any of these agencies assist you in using this booklet?  
☐ IRIS Consultant  ☐ Family Care Manager  
☐ ADRC  ☐ Dane County Transportation Call Center  ☐ High school 18-21 program  ☐ other: ___________

Did the Dane County Transportation Call Center assist you with your transportation needs?  
☐ Yes  ☐ No

After reviewing the booklet, please check the information you found helpful.

Steps to Arranging Your Transportation

Page 3 titled ‘Step One: Describe Your Transportation Need’  ☐ helpful  ☐ didn’t use
Page 3 titled ‘Step Two: Determine Your Level of Service’  ☐ helpful  ☐ didn’t use
Page 4 titled ‘Step Three: Find a Potential Provider’ chart  ☐ helpful  ☐ didn’t use

Transportation Provider Options in Dane County (Pages 5-19)

Contact information for service requests  ☐ helpful  ☐ didn’t use
Service Description  ☐ helpful  ☐ didn’t use
Passenger Eligibility  ☐ helpful  ☐ didn’t use
Availability of Accessible Vehicle  ☐ helpful  ☐ didn’t use
Level of Service provided  ☐ helpful  ☐ didn’t use
Passenger Accommodations  ☐ helpful  ☐ didn’t use
Service Area  ☐ helpful  ☐ didn’t use
Hours of Service  ☐ helpful  ☐ didn’t use
Fare Structure  ☐ helpful  ☐ didn’t use

Optional Tools to Plan and Arrange Your Ride

Page 20 Instructions page  ☐ helpful  ☐ didn’t use
Page 21 titled ‘Personal Transportation Worksheet’  ☐ helpful  ☐ didn’t use
Page 22 titled ‘Passenger Contacts’  ☐ helpful  ☐ didn’t use
Page 22 titled ‘Passenger Profile’  ☐ helpful  ☐ didn’t use
Page 23 titled ‘Scheduled Rides Log’  ☐ helpful  ☐ didn’t use

Please give us feedback about the information provided in this booklet.

What information is missing? __________________________________________________________
What information is inaccurate? _______________________________________________________

After using this booklet, do you still have trouble finding a ride?  
☐ Yes  ☐ No

Thank you for completing this survey!

Please mail survey to: Attn: TIP, Dane County Transportation Call Center, 1202 Northport Drive, Madison WI 53704
You may also print a copy, complete the survey, scan and email to: TransportationCallCenter@CountyofDane.com