



Passenger Agreement

I wish to participate in the:

- Elder Transportation Program (date of birth _____, ID# _____)
- Tribe Transportation Program (ID# _____)

To be a participant, I agree to:

- ❖ Being an enrolled Wiyot Citizen who lives at or 5-miles from Table Bluff Reservation
- ❖ My using this program is due to my own inability to drive or not having another means of transportation
- ❖ My using this program as support to get to a healthcare appointment, grocery shopping, unemployment appointment, or another use agreed upon by the HHS Department with me which is 30-miles from Table Bluff Reservation
- ❖ Not using or under the influence of while a passenger inside or outside the vehicle, picking up or transporting any alcohol, tobacco, marijuana or derivative of, or any illicit/illegal substances
- ❖ Making an appointment with the HHS Department with a set date and time at least 2 days before the intended need, understanding that the program is only available Monday through Friday and only at the availability of the Driver
- ❖ Be ready at least 10 minutes before pick-up so that the Driver can get me to my appointment on time
- ❖ Calling at least 30 minutes before the scheduled pick-up time to cancel. Failure to do so will be considered a “missed appointment”
- ❖ Acceptance that I may forfeit use of this program for one-year for
 - Not following the above agreements
 - Missing 3 appointments in an 6-week period
 - Unsafe/unruly/disruptive/rude/violent behavior when using the program, whether inside or outside the vehicle

Signature: _____

Date: _____

Print Name: _____