**Haverhill Transportation Alliance – Pilot Ride Referral Program**

The pilot program will provide free point-to-point transportation for Haverhill’s most vulnerable populations**.**

**Haverhill must be EITHER the origin OR destination of the trip. The program is currently designed to transport individuals within the Merrimack Valley with rides occasionally extending to Boston.**

**Contact:** Monica Chester, Director of Finance for the Merrimack Valley Transit Authority, at (978) 478-7107 or [mchester@mvrta.com](mailto:mchester@mvrta.com).

**Eligibility**

Each referring community-based organization will validate the eligibility of their client based upon the criteria listed below. These vulnerable populations or others in need are defined as:

* Homeless persons
* Older adults (60 years or older)
* Veterans
* Homebound individuals due to medical or other issues
* Persons with disabilities
* Essential workers without access to an automobile or other transit
* Low-income unemployed individuals seeking jobs
* Parents accessing daycare services

**Eligible Trips**

* Transportation needs of the homeless
* Non-COVID related, non-emergency medical trips
  + Patients could use transportation to get home from MGH if stranded should funding and transportation availability permit. Call (978) 478-7107 (Monica’s cell) directly to inquire.
* Grocery or other essential shopping trips
* Workforce transportation for essential workers (medical, nursing home, grocery workers, etc.)
* Workforce transportation for unemployed city residents seeking jobs within the local community
* Job interviews
* Transportation to nearest transit line
* Meal deliveries
* Food pantry deliveries to food banks
* Delivery of prescription drugs

**Reservations**

Advance reservations (at least 1 day) are preferred as this allows Haverhill Taxi the opportunity to efficiently fit trips into their schedule. However, if absolutely necessary, some same day trips may be accommodated. Requests for rides should be emailed to Monica (mchester@mvrta.com) with the following information:

* Name of referring organization
* Name of contact person for referring organization
* Contact info of referrer, i.e., phone number and email address
* Passenger/client name
* Passenger/ phone number
* Address of trip origin (exact address with street number, street name, city, state and zip code)
* Address of trip destination (exact address with street number, street name, city, state and zip code)
* Pick-up time
* Eligibility criteria (from the list)
* Eligible trips (from the list)
* Indicate if the trip is one-way or round trip
* If roundtrip, record the return trip as a second trip
* Notes: please provide any specific additional info to help the rider and driver find each other at pick-up and/or drop-off!

Add the information above to the **Haverhill Transportation Alliance Spreadsheet**.

**Referrer and patient must also complete a Transportation Waiver Release of Liability (also in Spanish).**

* *Information accurate as of 12/15/2020* (*Thanks to Bianca Viazzoli*)