

Guaranteed Ride Home Program

Reimbursement Claim Form

ELIGIBILITY REQUIREMENTS

- You become ill, have a childcare emergency, or experience a severe crisis for yourself or a family member
- You have an unexpected request by a supervisor to work past your regular work-end time*
*Unexpected means not knowing about the request before arriving at work that day.
- You're stranded at work because your carpool/vanpool driver had to leave due to an emergency
- Natural disasters
- In case of a carpool/mechanical breakdown (twice a year)
- Public transit delays of an hour or more or unscheduled cancellations (twice a year)

Email form to:

cfranco@its-consulting.net

Questions? Call 951.352.8229

COMMUTER INFORMATION (PLEASE PRINT CLEARLY)

Name _____ Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

EMPLOYER INFORMATION

Employer Name _____ Address _____

City _____ State _____ Zip _____

Employer Representative Name _____

Phone _____ Email _____

TRAVEL INFORMATION

Date Guaranteed Ride Home was used: _____ Form of ridesharing used to get to work that day: _____

REASON FOR NEEDING GUARANTEED RIDE HOME:

- | | | |
|---|---|--|
| <input type="checkbox"/> Personal/family illness | <input type="checkbox"/> Carpool/vanpool driver unexpected overtime | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Personal/family emergency | <input type="checkbox"/> Carpool/vanpool driver personal/family illness/emergency | <input type="checkbox"/> Public Transportation Delay of 1+ Hours |
| <input type="checkbox"/> Personal unexpected overtime | <input type="checkbox"/> Mechanical Breakdown of Carpool or Vanpool | <input type="checkbox"/> Other (please explain): _____ |

COST/FARE:

\$ _____

[Attach receipt(s) to this form]

WHAT MODE OF TRANSPORTATION DID YOU USE TO GET HOME:

- Taxi Metrolink Rail Public bus Zipcar/Car2go/Other Carsharing Co. Uber/Lyft/Other Transportation Network Company

WHO PAID FOR THIS EXPENSE? (CHECK ONE)

- Commuter/Employee Employer Third Party Consultant (Consultant Name): _____

Reimbursement check will be endorsed to appropriate party checked above.

Participant Signature: _____

Not valid unless signed by participant.

Employer Representative Signature: _____

By signing this form, the Participant and Employer acknowledge all information stated above is true. The VCTC GRH Program has the right to request further documentation if needed. If the program administrator determines the emergency ride was invalid or not authorized, the reimbursement will be denied.

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