

FOR OFFICE USE

Date Received _____
Registered in GRH ()Yes ()No
Taxi Receipt ()Yes ()No
Previous GRH ()Yes ()No
Frequency _____
Paid \$ _____
Mailed _____



11520 Commonwealth Drive
Louisville, KY 40299
(502) 267-5400
1-866-822-POOL
Fax (502) 266-5047

GUARANTEED RIDE HOME PROGRAM CONFIRMATION REPORT

We hope that the Guaranteed Ride Home service has assisted you with your unexpected travel needs. Completion of this follow-up report will insure that your ride will be reimbursed 80 percent.

Name: _____

Home Phone Number: _____ Work Phone Number: _____

I regularly (check one):

() **Carpool.** Please identify a fellow carpooler by name and phone number:

() **Vanpool.** Please identify your vanpool driver by name and phone number:

() **Ride the bus.** Please identify your bus route:

() **Bicycle.** Please identify your route:

Date of guaranteed ride: _____

Method of ride (check one):

() **Taxicab** () **Public Transit**

Name of service provider: _____

Total cost: _____

Reason for ride:

() **My Illness** () **Family Illness** () **Overtime**
() **Other** (please explain) _____

How important is the Guaranteed Ride Home service to your decision to carpool, vanpool or ride the bus to work? () **Very Important** () **Important** () **Not Important**

Comments: _____

Please sign this report and mail with your taxicab receipt to Ticket To Ride within one week of the guaranteed ride.

Name: _____ Date: _____