

# KARE

*Kind*  
*Accessible*  
*Reliable*  
*Economical*

Volunteer Driver Program

## Client Guide & Application



Strathmore FCSS Address: 1 Park Lane Drive (Box 2280) Phone: 403-934-9090



Dear Client,

Welcome to the KARE Volunteer Driver Program. It is our hope that by utilizing the services offered you will have access to transportation provided by caring members of your community.

This client handbook outlines important policies and procedures for the program. Please read this handbook carefully, and ensure you understand and agree to abide by the guidelines listed herein. By signing the final page of this guide you declare that you have read and understand these policies and procedures and will abide by them.

Once your application is reviewed, you will receive a call from an FCSS staff member with the status of your application.

Sincerely,

KARE Volunteer Driver Program

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## **1.0 Program Administration**

### **1.1 FCSS Office**

The Strathmore FCSS office is responsible for volunteer and client screening, volunteer recruitment and appreciation, ride booking, record keeping, along with program advertising and promotion. For any questions or concerns relating to these things, contact the Strathmore FCSS office at 403-934-9090.

## **2.0 Client Policies**

### **2.1 Client Criteria**

Volunteer drivers only provide rides to appointment sites. Drivers do not accompany passengers to their appointments. Users of the Volunteer Driver Program must be able to get themselves to their own appointment, or may bring a helper/companion on their trip at no extra charge.

In addition, clients must be physically able to transfer themselves to a vehicle without assistance. Clients in folding wheelchairs and with walkers are welcome to use the Volunteer Driver Program as long as they meet this criteria.

Clients who initially meet these conditions but find their condition deteriorates after a time will be subject to a review of their suitability for the Volunteer Driver Program.

Clients must meet the income requirements for the program based on Line 15000 from the previous year's income tax as outlined in Appendix 3.

### **2.2 Releasing Clients**

The Volunteer Driver Program staff reserve the right to review a client's suitability for the program at any time, for any reason.

## 3.0 Trip Policies

### 3.1 Bookings/Availability/Cancellations

Rides should be booked THREE FULL BUSINESS DAYS in advance by phoning 403-934-9090, giving your name, phone number, address, as well as the appointment time, return time, destination (full address, postal code and phone number) and estimated length of the appointment. Our business hours are from 8:30am to 4PM daily except Saturday and Sunday and all holidays. All trips must be within our business hours.

When a volunteer driver is found, the volunteer driver will call the rider requesting the ride in order to confirm the appointment with them and to set up a pick-up time. The driver may also call the day before their appointment to re-confirm.

If a volunteer driver cannot be found, the client will be called 24 hours prior to their appointment so that the client can make other travel arrangements.

If the rider booking the ride must cancel, please contact the FCSS office as soon as possible. The volunteer driver will then be contacted with the cancellation.

**Volunteer drivers do not book rides. This must be done through FCSS.**

### 3.2 Expense Recovery Reimbursements

Clients are responsible for paying, in cash only, an expense recovery reimbursement to volunteers directly for any rides provided. Payment must be made prior to trip commencement.

For a current list of Reimbursements, see the attachment *Appendix 1: Expense Recovery Reimbursements*. Clients who fail to provide expense recovery for any ride provided will be subject to an expense recovery reimbursement grievance (see section 4.0 *Grievances*) and will not be permitted to book future transportation until their grievance is resolved.

Any client who fails to pay the reimbursement three times, regardless of the resolution, will have their right to use the program withdrawn.

### 3.3 Parking

Clients are responsible for any and all parking costs associated with their appointments. Clients who possess disabled parking placards are requested to bring these for use during their healthcare & personal appointments.

### **3.4 Trip Purpose**

The Volunteer Driver Program operates for transportation to healthcare and personal appointments.

### **3.5 Pick-Up Times**

When coordinating a ride, the FCSS office will provide the volunteer driver with the telephone number of the client. They will then agree on an appropriate time for the driver to pick up the client.

It is recommended that clients be ready for pick up 10 minutes prior to their scheduled pick up time. If a driver fails to arrive within 10 minutes of the agreed upon time, please contact the FCSS office.

### **3.6 Weather**

Cancelling a trip due to weather will be at the discretion of the driver. Safety is always the most important priority. If a trip needs to be cancelled the client will be notified by the FCSS office as soon as possible.

### **3.7 Companions or Helpers**

If a client would like a companion or helper to assist them on their trip they are welcome to ride along. Companions and helpers must be along for the benefit of the client; there to assist and able bodied to do so.

Clients wishing to have companions accompany them must notify the FCSS office at the time of booking.

### **3.8 Entering a Passenger's Home**

Drivers will not enter a client's home. It is requested that clients are ready prior to their pick-up time and able to get themselves to the vehicle in a timely manner.

### **3.9 Additional Stops**

Any additional stops (ex. at the bank) are at the discretion of the driver. Any additional stop requests **should** be made mentioned at the time of booking whenever possible. See appendix 1 for additional stop reimbursements.

### **3.10 Smoking**

For the health, safety, and comfort of all vehicle occupants, drivers and passengers are asked to refrain from smoking in the vehicle.

### **3.11 Seatbelts**

It is mandatory that seatbelts are worn by both passengers and drivers at all times both in the interest of safety and to comply with the law.

### **3.12 Lunch**

At their own discretion, clients may cover the cost of a volunteer driver's lunch if their appointment takes place over the lunch hour.

This is at the discretion of clients and in no way required.

### **3.13 Volunteer ID Badges**

All volunteers for the Volunteer Driver Program are provided with laminated ID Badges. Volunteers are asked to wear their ID Badges at all times. If a client is not familiar with the volunteer or is not able to see the ID Badge, they should ask to see it before entering the volunteer's vehicle.

### **3.14 Contacting Drivers**

In the event that a volunteer driver is unable to stay at a client's appointment site, clients may be given the volunteer driver's cell phone number as a means to contact them when their appointment is done. Cell phone numbers are to be used for this purpose only. **Booking trips directly through a volunteer driver is strictly prohibited.**

Trips booked by contacting volunteer drivers directly are not covered under the program's insurance policy.

## **4.0 Grievance Policy**

### **4.1 By a Client**

If a client has any problems during the course of their trip they are asked to contact FCSS as soon as possible after the trip with details of the incident.

The FCSS Office will work with all those involved to ensure a satisfactory resolution.

Any grievances and a record of their resolution will be recorded in both the driver's and the client's file.

### **4.2 About a Client**

If a client receives a grievance about them, they will be contacted by FCSS and the grievance will be discussed. Any client who receives repeated grievances against them will have their right to use the program withdrawn.

In the case of an expense recovery reimbursement grievance, clients will not be permitted to book further transportation until the grievance is resolved, and any client who receives 3 expense recovery reimbursement grievances, resolved or not, will have their right to use the program withdrawn.

A record of all grievances will be placed in the client's file.

# *Appendix 1*

## Expense Recovery Reimbursements

<b>Starting</b>	<b>Ending</b>	<b>Reimbursement</b>
<b>Strathmore</b>	Strathmore	\$.55 per Km
<b>Strathmore</b>	Calgary	\$55.00
<b>Strathmore</b>	Outside Strathmore or Calgary	\$85.00

- The first stop is \$.55 per km or a Minimum \$5.00 whichever is greater.
- Additional stops are a flat rate of \$2.00 per stop
- All reimbursements listed are return trips
- Passengers are responsible for any parking charges incurred

# *Appendix 2*

## Confidentiality Policy

### **A. Principles of Confidentiality**

During the course of driving, a volunteer or client may acquire information that, while voluntarily shared, is privileged information. All volunteers and clients will:

- a. Be made aware during intake of the principles of confidentiality by which they must abide.
- b. Treat all personal information regarding any client, whether read, overheard, observed or told directly, as confidential.
- c. Treat all information gathered while volunteering with the Volunteer Driver Program or using the Volunteer Driver Program's services as confidential, not only for the duration of the volunteer's service/use of services, but indefinitely after service with or use of the Volunteer Driver Program is completed.

### **B. Limits of Confidentiality**

Volunteers and clients will, where appropriate, ensure to the best of their ability that program users are made aware of the limits of confidentiality.

- a. Confidential information may be shared with staff for the purpose of guidance, debriefing or referral without the consent of the client.
- b. Confidential information will be shared with staff and/or appropriate authorities (i.e., Police, family members) upon disclosure of abuse, self-harm, or intended self-harm without the consent of the client.
- c. Volunteers and clients are encouraged to always use their best judgment and err on the side of caution.
- d. Confidential information regarding clients and volunteers may be shared among staff for the purposes of maintaining the integrity of the Volunteer Driver Program.

### **C. Confidentiality Contracts**

- a. Volunteers and clients will sign a confidentiality contract upon entry into the program. The volunteer and client confidentiality contracts states that the volunteer or client understands and agrees to abide by the principles and limits of confidentiality outlined herein.
- b. Staff will sign a confidentiality contracts prior to involvement with volunteers, clients, volunteer/client files or sensitive information regarding clients and/or volunteers. The staff confidentiality contract states that they agree to abide by the principles and limits of confidentiality outlined herein.

# ***Appendix 3***

## **Income Thresholds**

Threshold amounts are guided by the Government of Canada modest Income threshold and Alberta Seniors Benefit income threshold.

This amount may change yearly to reflect changes made to the above threshold amounts.

To qualify for the KARE Program, income from previous year's tax assessment Line 15000 must not exceed:

**Single person annual income amount of \$35,000 add \$2500 for each child**

**Couple annual income of \$48,120 add \$2500 for each child**



# CLIENT APPLICATION

**Town of Strathmore FCSS**  
 1 Parklane Drive PO Box 2280  
 Strathmore AB T1P 1K2  
 Tel: 403-934-9090

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Apartment #      Street      Religious Services      City      Postal Code

Complex Name/Buzzer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Phone: Cell \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

(Please also complete a separate rider application for your spouse if you will both need rides)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 MM      DD      YR

English Proficiency:  Fluent  Functional  Needs Interpreter

**HOUSEHOLD INFORMATION:**

Living Situation: *Please mark with an X*

Single Family Household \_\_\_\_\_

Apartment / Condo \_\_\_\_\_

Seniors Only Building \_\_\_\_\_

I Live Alone?:      Yes      No If no,  
 who lives with you? \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

Still Driving:      Yes      No      Seasonally

Disability Placard:      Yes      No

How often do you:

Walk to your destination?		Use a volunteer car service?	
Drive your own vehicle?		Use a private car service? (Uber, etc)	
Use Taxi?			
Other?			

How much do you spend on transportation each month?:

\_\_\_\_\_



**INCOME: Annual Gross Income (Line 150 of Tax Return):** \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

**KARE Client Application**

Please circle all the mobility aides that you use:

<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Scooter	<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Service Animal
Attendant/ Person accompanying you			Other:		

**Health Information / Barriers:**

Please check all conditions that affect your mobility, health and safety:

Motor Functions <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Knee / Hip Replacement	<input type="checkbox"/> General Weakness	<input type="checkbox"/> ASL / Lou Gehrig's Disease
	<input type="checkbox"/> MS	<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Broken Bones	Other:

Cognitive Functions <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alzheimers	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Vascular Dementia	<input type="checkbox"/> Fronto-Temporal Dementia
	<input type="checkbox"/> Lewy Body Dementia	<input type="checkbox"/> Huntington's Disease	Other:	

Mental Health Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	Other:

Major Health Issues Yes <input type="checkbox"/> No	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dialysis	Other:

Do you receive homecare services? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vision Barrier	<input type="checkbox"/> Hearing Barrier
Is there anything else we need to know?	<input type="checkbox"/> Legally Blind	

The signature below indicates that you agree that the information you provided is true: that you allow your information to be shared between Town of Strathmore, partners, KARE Drivers and your emergency contact; that the Town of Strathmore has your permission to contact your emergency contact; and that you will not take legal action against the Town of Strathmore or their volunteers.

That you have read client handbook and the confidentiality agreement and agree to abide by the policies and procedures as outlined in this document.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Connections and Interests

In order to build partnerships with other organizations and provide you with specific information, please check the activities that you are interested in:

Social Activities				
Bingo	Happy Hour	Movies	Social Dances	Writing club
Book Club	Knitting Club	Music	Other:	
Bridge Club	Live Theatre	Religious Services		
Coffee with friends	Shopping with friends	Keep In Touch		

Fitness		Education	
Aquafit	Walking	Art Classes	Choral Group
Fitness Class	Weight Training	Financial Planning	Genealogy
Pickleball	Yoga	Computer Classes	Other:
Swimming	Other:	Cooking Classes	
Using the Gym		Drama Club	

Please use the space below to include anything else you would like us to know:

I could use some help or information on:	
Social Isolation	
Dementia Care	
ESL / Cultural	
Elder Abuse	
Caregiver Support	
Hoarding	
Financial Planning	
Financial Support	
Companion Care	
Other:	