

Get on the road and on your way, without the hassle of driving.

Thanks to Pennsylvania State Lottery proceeds, adults age 65 and older have an economical, safe, efficient, curb-to-curb transportation option in Montgomery County. With one call at least one day before transportation is needed, you can arrange to share a ride with others in a sedan or van, within multiple service areas in Montgomery County. Simply pay as you ride. Fares range from \$3.00 to \$7.50, depending on distance.

This reduced fare service is available once you register yourself or a family member. Receive your personalized I.D. card by completing the form in this brochure, or by calling 215-542-RIDE.

**Your ride to
the grocery store, pharmacy,
hairdresser, doctor, or work.**

**Wherever life takes you –
Shared Ride can get you there.**

For more information and additional registration forms visit our website at www.suburbantransit.org or call 215-542-RIDE (7433) to speak to a representative.

“Everyone is courteous, from the reservationist to the dispatcher to the drivers.” - Cecilia, a rider for 20 years



Union Meeting Corporate Center
980 Harvest Drive, Suite 100
Blue Bell, PA 19422-1955



**Enroll free with no obligation.
Call as needed to schedule rides.**

Call 215-542-RIDE (7433)
www.suburbantransit.org

**Are you or a family member
65 or older?**



Enjoy the benefits of reduced fare transportation



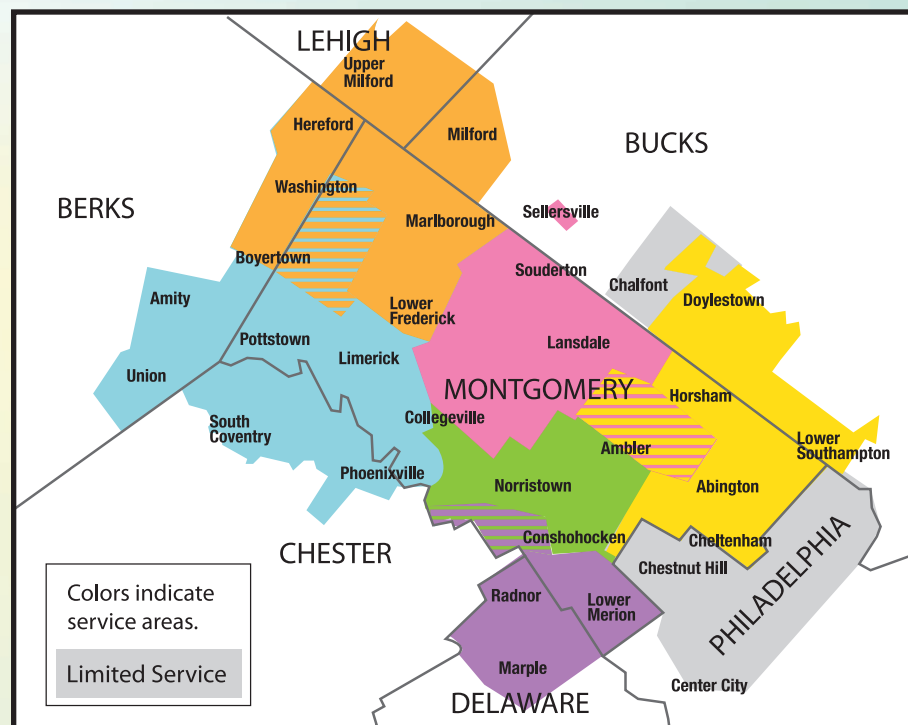
Call 215-542-RIDE (7433)

What is the Shared Ride Program?

The Shared Ride Program is a reduced fare transportation program for residents of Montgomery County who are age 65 or older. Rides are provided in sedans or vans operated by local transportation companies. You may request pick-up and drop-off at locations of your choice. Reduced fares are available to riders who are willing to share their trip with other passengers. Persons 65 years of age or older are entitled to receive these trips and pay 15% of the fare. **Funds from the Pennsylvania State Lottery pay 85% of the fare through a grant from the Pennsylvania Department of Transportation.** For coverage areas, please see the map below.

What if I am under 65?

There is also a more limited program available for persons 60-64. You may receive eight one-way local trips per month at a discount. For more information, call 215-542-RIDE (7433).



How do I arrange for my trips?

Call one of the telephone numbers listed on the back of your ID card at least one day or up to 2 weeks in advance. Next day service is available if reservations are made before 3:30 p.m. the prior day. Shared Ride service may be limited to specific days and times.

Please allow plenty of time. The vehicle is allowed to come for you 15 minutes earlier or later than your requested pick up time.

How do I pay for my trip?

Remember to bring your rider I.D. card and a second form of identification with you when you ride. The driver will ask to see it when you get into the vehicle. Payment of the fare is due when you board the vehicle. Exact change is required.

Is passenger assistance available?

Basic service is curb to curb. Door to door service may be provided if necessary and it is requested in advance.

Special provisions can be made for persons needing a wheelchair or an escort. Please check the appropriate space.

Note: If an escort is checked off, you will be required to travel with an escort each time you ride.

How do I register for the program?

Please clearly print your information on the form below. Mail this completed form, along with **proof of age** to:

Suburban Transit Network, Inc.
 Union Meeting Corporate Center
 980 Harvest Drive, Suite 100
 Blue Bell, PA 19422-1955

Acceptable forms of ID include a copy of a birth or baptismal certificate, driver's license or other government issued ID. *We cannot accept your Medicare Card as proof of age.*

You will receive a personalized rider I.D. card by mail. It must be presented to the driver each time you ride.



(215) 542-RIDE (7433) Fax: 215-542-8877
 e-mail: ride@suburbantransit.org
 www.suburbantransit.org



NAME _____
 FIRST M.I. LAST

ADDRESS _____

TOWN _____ ZIP CODE _____

PHONE # _____ EMAIL: _____

SSN# (LAST 4 DIGITS ONLY) _____ D.O.B. _____

I WILL NEED TO TRAVEL: WITH AN ESCORT IN A WHEELCHAIR

I certify that the information provided above is true, correct and complete.

Signature _____ Date _____