

PONCA TRIBE OF NEBRASKA

TRANSPORTATION POLICY

STATEMENT OF POLICY:

The Ponca Tribe of Nebraska may provide transportation for appointments, meetings, or gatherings. Priority for transportation services will be given to those who request transportation services first.

Health services include but are not limited to: medical, dental, optometric, pharmaceutical, alcohol and drug counseling, mental health and youth group/activities. Transportation for nutritional reasons will be provided only to those who require assistance due to specific physical limitations or to those who require education and counseling on dietary matters.

Social services include but are not limited to: ADC, food stamps, Medicaid, Social Security, WIC, meetings with CPS workers, Health and Human Services meetings, job interviews, public housing interviews, therapy sessions, youth group/activities, visitations involving cases, court hearings (including those involving minor children), other related agencies and to places for elderly or people who are physically disabled upon the discretion of the provider.

Ponca Express services include but are not limited to: health care, recreation, education, public services, gatherings, social services and youth services for rural residents in the Ponca Tribe Service Area.

POLICY GUIDELINES:

SECTION 1: REQUEST FOR ASSISTANCE

1. If you require assistance, the Ponca Tribe of Nebraska requires 24-hour notice.
2. When requesting transportation, one must ask for each program specifically. If the appropriate staff is out of the office, a message must be taken and written on a referral form. If an appointment has been scheduled and that provider calls in, that provider is responsible for making the appropriate arrangements for another employee to transport or to cancel the appointment. No program/ employee will answer for another program/ employee as whether or not they can transport.
3. All children must be accompanied with a parent or guardian with the exception of those involved with Youth programs.
4. On the day of the transport, the provider will be required to provide an estimated time of arrival and wait ten minutes once they have arrived. It is the responsibility of the provider to inform all appropriate parties of late arrival or provider cancelled transports. If you are no longer requiring assistance, it is your responsibility to inform the provider as soon as possible.
5. Ambulances or other emergency vehicles must be used for transportation to a medical facility for a life-threatening condition. Our GSA vehicles or our tribally owned vehicles are NOT equipped to handle these emergencies.

DISCLAIMER: EACH PROGRAM OF THE PONCA TRIBE THROUGH THEIR RESPECTIVE PROGRAMS MAY REQUIRE ADDITIONAL POLICY GUIDELINES.

TRANSPORTATION SERVICES ARE DEPENDENT UPON STAFF AND FUNDING AVAILABILITY.

SECTION 2: REVOCATION OF SERVICES

1. Certain actions can result in revocation of privileges. The following is a list of actions that will result in loss of transportation services:
 - A. Not showing up or calling to cancel for three scheduled appointments
 - B. Unruly behavior and/or abusive language
 - C. Intoxication or being under the influence of illegal substances or use of tobacco products; and
 - D. Mis-use of food or beverages in the vehicle.
 - E. Threats of physical abuse toward providers, staff, passengers, clients or one self.
2. Transportation staff will fill out an incident report and give to his or her supervisor and the Executive Director of Tribal Affairs on all actions that violate the above list.
3. Transportation services will be suspended for a period of three months for those who violate this policy under the conditions listed above. It is the responsibility of that staff person to notify the appropriate party and all other staff in that appropriate office, which results in suspension from ALL transportation services for ALL programs.
4. If a second suspension is warranted, transportation services will be suspended for six months, third suspension for one year, and fourth suspension will be permanently.

SECTION 3: SAFETY:

1. Ponca Tribe staff will enforce all legal guidelines as applicable to restraints, including car seats, booster seats, seat belts, etc.
2. The Ponca Tribe staff may provide safety seats for infant and/or children who must have them per law. However, because of limited safety seat availability, you must notify the PTON staff when scheduling transportation and are in need of such safety seats.
3. The tribe reserves the right to cancel transportation services because of inclement weather. It is the responsibility of the transportation recipient to call the Ponca Tribe office.

TC Approved: 11/21/09

PONCA TRIBE OF NEBRASKA

TRANSPORTATION POLICY

ACKNOWLEDGEMENT AND UNDERSTANDING

It is the responsibility of each person to be aware of the guidelines under which transportation is made available to them. I understand and will comply with all rules and regulations contained within this transportation policy.

RELEASE FROM LIABILITY

I understand that Ponca Tribe of Nebraska is providing transportation services as a courtesy to me and/or my dependents. I, the undersigned, hereby release, waive, discharge and covenant not to bring claim or suit against Ponca Tribe of Nebraska, its Tribal Council members, employees, and agents (hereinafter jointly referred to as PTON) from liability from any and all claims including negligence of PTON, resulting in personal injury, accidents, or illness (including death), delay, inconvenience, expense and/or property loss arising from, but not limited to use of transportation services.

Signature

Date

Staff Signature

Date

TC Approved:

PONCA TRIBE OF NEBRASKA
TRANSPORTATION REFERRAL FORM

Date: ____/____/____

Time: ____:____ a.m./p.m.

REFERRED TO:

Employee Name: _____

Program: _____

REFERRED FROM:

Employee Name: _____

Program: _____

INFORMATION:

Name: _____

Address: _____

City, State: _____

Phone: () _____ - _____

Zip: _____

REFERRAL INFORMATION:

Destination: _____

Appointment Date: ____:____:____

Appointment Time: ____:____ a.m./p.m.

NOTES: _____

TRANSPORTATION AUTHORIZATION		
TRANSPORTATION (please mark):	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
REASON:		
EMPLOYEE SIGNATURE: _____	Date: ____/____/____	