

New York State Institute on Disability, Inc. (NYSID)
930 Willowbrook Road, Bldg. 41-A
Staten Island, NY 10314
Phone: 718- 494-6457/Fax: 718-494-6461
Email: info@nysidinc.org

PROCEDURES TO REQUEST TRANSPORTATION

Car Service is available for families who have children and adults with developmental disabilities living at home in **Brooklyn, Staten Island and the Bronx**. This service is for emergency respite, camp, recreation or special medical appointments only.

For families living in **Queens** with children and adults, car service is **only available to and from recreational venues in which the individual received tickets from NYSID**.

IMPORTANT – PASSENGER MUST ALWAYS BE ACCOMPANIED BY A RESPONSIBLE ADULT

- Submit your completed NYSID application, a current LOC and/or a full psychological evaluation along with the Car Service Request Form to NYSID's Transportation Coordinator John P. O'Grady:
Cell Phone **917-747-9424** / Email: jogrady@nysidinc.org
- He will notify you of your eligibility and will arrange the trip.
- Please complete the "Transportation Request Form and be sure to provide the following information:
 1. Your **family name, address, and telephone number**
 2. Your **child's name and TAB Number**
 3. **Name of family member** or support person **accompanying** passenger
 4. **Reason for trip** request
 5. **Date and time of pick-up**
 6. **Destination**
 7. If **wheelchair: manual, fold-up, or motorized**
 8. If **round trip, time of return pick-up**
- **If you need to CANCEL or CHANGE your reservation, call the Transportation Coordinator IMMEDIATELY.**
- If your car is late or you have any other complaint, contact the Transportation Coordinator.

Please remember – a family member or support person must accompany passenger. This is a **free** service for persons who cannot otherwise obtain transportation. No money changes hands. There is **NO** Tipping required.

Have a safe trip!

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Car Service Request Form

Borough: _____ Date _____

Agency: _____

Contact: _____ Phone: _____

TAB #:		Purpose:	
Clients Name:		Parent:	
Is the Client in a Wheel Chair?		If YES, does it fold?	
Total passengers:		Pickup Address:	
Phone Number:			
Date of Pick-Up:		Time of Pick-Up:	
Drop-off Location:			

Is this a round trip?		If Yes	
Date of Pick-Up:		Time of Pick-Up:	
Phone Number:			
Location (if different from prior Drop-off)			

Car Service: _____ Date Reserved: _____

Part I	
Conf. #	
Invoice #	
Car #	
Flat Rate	
Tips	
Tolls	
Stop	
W.T.	
SVC Chg.	
NYS Sur.	
Total:	

Part II	
Conf. #	
Invoice #	
Car #	
Flat Rate	
Tips	
Tolls	
Stop	
W.T.	
SVC Chg.	
NYS Sur.	
Total:	