County of Orange
Guaranteed Ride Home Authorization Form
Client ID# 333OC

Complete this form including the signature lines then call 714-647-2520 for the required approval number and referral information. The ride may be from your work location to your primary place of residence, personal vehicle, or an interim emergency-related stop and then on to a final eligible destination. A valid emergency situation includes an unexpected illness of an eligible employee or member of the eligible employee's family; unscheduled or unanticipated overtime or extended work day; or missed connections with planned carpool or vanpool ride home due to an unanticipated change in schedule and other emergency situations as appropriate. This form is to be completed on the day you rideshare and need an emergency ride and it must be returned within two business days.

First Name:		Last Name:	
Email Address:		Date of Birth*:	
Rideshare Mode Today:	☐ Carpool ☐ Vanpool ☐ Bus ☐ Bike ☐ Rail /Train	Work Phone #:	
Work /Pickup Address:		City:	
Destination Address:		City:	
Supervisor Name:		Phone Number:	
Reason for Using Service:	☐ Personal / Family Illness ☐ Personal / Family Emergency ☐ Carpool/Vanpool driver unexpected overtime ☐ Other: _____		

* This program is partially funded by OCTA who requires the commuter's date of birth as a unique identifier.

I, the undersigned, hereby acknowledge that I am voluntarily participating in the Program. I hereby assume full responsibility for liability and all risk of injury or loss, including death, which may result from my participation in the Program. I, the undersigned, hereby agree to hold harmless, release, waive, forever discharge and covenant not to sue or bring claim against TransVironmental Solutions, the program administrator , and their respective officers, agents and/or employees from any and all claims and demands whatsoever which I have or may have against the program administrator, and their respective officers, agents or employees, by reason of any accident, illness, injury or death, damage or liability arising or resulting directly or indirectly from my participation in the Program and occurring during such participation, or any time subsequent thereto, whether or not such loss, injury or death is caused or alleged to be caused in whole or in part by the negligent acts or omissions of the program administrator, and their respective officers, agents, employees or contractors. The terms of this release shall serve as a release and assumption of risks for my heirs, executors, administrators and for all of my family members. I, the undersigned, acknowledge that inappropriate use of this service will require that I reimburse all expenses incurred to the Agencies.

I have read the foregoing paragraph of this GRH Program Authorization Form Liability Waiver Language, and I have been fully advised of the potential risks incidental to participating in the Program. I affirm that the information I have provided is true and I have reviewed the rules and regulations of the Program.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Agency: _____ Date _____

Call 1-714-647-7520 for approval number and taxi referral.

DATE OF RIDE: _____ APPROVAL NUMBER: _____

Taxi Account Number: _____ Taxi Company: _____ Phone #: _____

Taxi Account Number: _____ Taxi Company: _____ Phone #: _____

When calling a taxi company, provide the Taxi Account Number needed for this non-cash transaction.
Provide a copy of this form to taxi driver but keep the original form.

Distribution Original: Pony Mail to Rideshare Office, Building 10, 1st Floor or Fax to 714-653-1148
Copy One: Taxi Driver
Copy Two: Employee

County of Orange
Guaranteed Ride Home Authorization Form
Checklist for Employee

1.	*Complete the Employee Information section of the authorization form.*
2.	Sign the authorization form. Your supervisor's signature is also required.
3.	Call the GRH Program call center for the required approval number and write the number in the space provided on the authorization form. (The approval number is an internal number and should not be given to the taxi company).
4.	The GRH Program call center operator will also provide a taxi company name, phone number and taxi account number. Record this information on the authorization form in the space provided.
5.	Make a copy of your completed authorization form.
6.	Call the taxi company and make sure to provide the taxi account number that will be used for billing the GRH program directly. This will also let the taxi driver know not to expect payment from you on the day of the ride.
7.	When the taxi arrives, give the driver a copy of your authorization form (keep the original).
8.	Within two business days, pony mail or fax your original completed authorization form to the address or fax shown on the form. Keep a copy for your file.