

THE GRAND CONNECTION

A Guide to Grand Prairie Transit

Policies and Procedures



Office: (972) 237-8546

Fax: (972) 237-8544

Address:

1821 S. State Highway 161

Grand Prairie, TX 75051

The Grand Connection is the City of Grand Prairie’s transportation service. This is a door-to-door Paratransit service created to serve the needs of Grand Prairie’s senior citizens and individuals with disabilities.

Passengers are taken to medical/dental appointments, work, school and grocery shopping within the city limits of Grand Prairie.

Qualification Requirements

To become eligible, ***you must*** be at least 60 years of age or have a physical or mental disability.

If you are 60 years or older, you must provide proof of age (a copy of your state issued drivers license, a stated issued identification card or a birth certificate will meet this requirement).

An individual with a physical or mental disability must have a physician or your licensed health care professional complete and verify Part V of the application.

If you are a Medicaid applicant, please mark on the application to the fact. We will verify with the Transportation Department of the Texas Department of Health and Human Services as to your status.

Application Process

To obtain an application, you may call our Dispatch office at (972) 237-8546. You may leave a message including your name and complete address on the voice mail—an application will be mailed to you. You may visit the Transportation Services Department, located in City Hall at 300 West Main Street or at the Dispatch Office, located in the City’s Equipment Services Center at 1821 S. State Highway 161.

Complete all applicable sections through Part IV of the application. If an applicant is qualifying because of physical or mental disability, Part V of the application must be completed by a licensed healthcare professional. If an individual is qualifying based on age (60 years or older), applicant must provide proof of age (a copy of state issued drivers license, a state issued ID card or a birth certificate). You must sign the application and have a witness sign the application before it will be processed.

Once the application is completed, mail the original completed application and all qualification documentation to:

The Grand Connection
City of Grand Prairie Transit Service

1821 S. State Highway 161
Grand Prairie, TX 75051

You may also fax the application to us to get a faster start on the approval process, but we must have the original for our records. Our fax number is: (972) 237-8544.

Once your application is received, we will review the application for qualifications. A letter will be mailed to you from a staff member of The Grand Connection—this will be your verification of approval for ridership. Upon receipt of the letter, you may begin requesting service for your medical/dental appointments, school, work, grocery shopping or Nutrition Program trips. If you have any questions regarding your letter, please do not hesitate to contact us at (972) 237-8546.

Emergency Information

It is very important to keep The Grand Connection up-to-date on all emergency contacts. Please advise the Dispatcher immediately of any changes—it is for your safety.

General Information

The Grand Connection service currently operates Monday through Friday 4:30 a.m. to 5:00 p.m. Service hours will be expanded as demand increases and expansions will be announced prior to their occurrence.

During severe weather, The Grand Connection may cancel or delay operations, if it is deemed unsafe to operate. We also do not operate on the following holidays:

- New Year's Day – January
- Martin Luther King, Jr. Day – January
- Memorial Day – May
- Independence Day – July
- Labor Day – September
- Thanksgiving – November
Thursday and Friday
- Christmas – December

Fares

The Grand Connection does not charge for rides. All rides are free, including medical/dental appointments, dialysis centers, nutrition center (The Summit), work, school, and grocery stores.

Scheduling Trips

All trips requests must be made at least **TWO (2) WORKING DAYS IN ADVANCE** of the day you wish to travel. You may call up to two (2) weeks in advance of the trip. Please call the Dispatch line at (972) 237-8546. Give us a detailed message regarding your trip request.

You must give the following information to the Dispatcher when requesting a trip:

- (1) Your name and phone number
- (2) Address of your pick-up point—including the building name of your apartment complex
- (3) Address of your destination—including the doctor's name, building name/number, suite/room number
- (4) Day and date of travel
- (5) Pick-up time preferred, appointment time, length of time needed and preferred time for a return trip.
- (6) Any additional information that you would be helpful to the Dispatcher and/or Driver
 - (a) Phone number at your destination
 - (b) Traveling with a companion/aid
 - (c) Mobility aides (wheelchair, walker, cane, etc.)

Subscription Service

If you travel to the same place on a routine schedule, you may wish to request a “Subscription Service.” This eliminates the need to continuously call your trip request it. It automatically places your trips on the schedule. These are generally established for work, school, Nutrition Program, Dialysis Center or therapy trips as well as other places individuals travel to on a regular basis.

Subscription Service capacity is limited and is offered only on first come, first serve basis. If there is no space available at the time you wish to travel, you will be put on a waiting list until that time slot becomes available.

Trip Times and “No-Shows”

The dispatcher will call you to confirm the times of your trips. The driver may arrive 15 minutes before or after the scheduled time. For instance, if your pickup time is scheduled for 12:00 p.m., the driver may arrive between 11:45 a.m. and 12:15 p.m., depending on how much time the previous trip pickup required. The driver is required to wait only 5 minutes after they arrive

within the scheduled time window. If you miss your trip, it will be recorded as a “No-Show” and your return trip will be automatically canceled.

If you fail to show or you do not call to cancel a requested trip before our driver arrives three (3) times within a specific time period, you will be placed on probation. If the abuse continues, you will be placed on a one-year suspension. After the one (1) year, you must re-apply for transportation service requests.

Travel Companions

Passengers may travel with one (1) companion, if space is available. The companion must travel to the same location as the passenger and will not be permitted to depart the vehicle at a difference location. Companions must be 16 years of age or older, unless an exception is approved by the Transit Coordinator or by the Transportation Services Director in writing (emergency cases only may be approved by verbal approval).

If a passenger requires assistance while traveling, they may have a Personal Care Attendant (PCA) travel with them. The PCA must be 16 years of age or older, unless an exception is approved by the Transit Coordinator or by the Transportation Services Director, in writing (emergency cases only may be approved by verbal approval).

Service Animal Policy

According to the Americans with Disabilities Act (ADA), a service animal is defined as “any animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals to an impending seizure or protecting individuals during one, and alerting individuals who are hearing impaired to intruders, or pulling a wheelchair and fetching dropped items.”

In compliance with the ADA, service animals are welcome on any Grand Connection buses and all buildings on company property and may attend any meeting or other event. There may be an exception to certain areas.

Carry-on Packages

Passengers are limited to five (5) carry-on packages. Each Package must be equal to, or be smaller, than a brown paper grocery bag. Driver assistance in loading or unloading is not required. Therefore, please plan to carry only items which you can manage independently.

Behavior/Conduct

Smoking, eating or drinking is not permitted on the transit vehicles. Passengers who carry handguns on The Grand Connection, whether concealed or openly carried, shall do so in accordance with and subject to Chapter 411 of the Texas Government Code and other applicable law.

Passengers must wear seatbelts at all times. Individuals utilizing wheelchairs must allow the drivers to properly secure the wheelchair with the appropriate securing devices.

Abusive behavior or language will not be tolerated. Each incident will be examined and handled on an individual basis.

Customer Service

Customer satisfaction is the number one goal of The Grand Connection. Please let us know how we are doing! Every transit vehicle is supplied with Customer Comment Cards. They will be distributed, upon request, to any passenger or PCA with a complaint or a commendation. Customers will receive a response with five (5) business days of receipt of the Customer Comment Card.

Important Phone Numbers

The Grand Connection

Transit Coordinator 972-237-8545

Information and Dispatch 972-237-8546

Transportation Planner 972-237-8319

Transportation Services

Director 972-237-8132

City of Grand Prairie-Main 972-237-8000

Emergency (Police/Fire) 911

The Summit Senior Center 972-237-4141

Dalworth Senior Center 972-264-7670

Nutrition Center 972-273-4141

D/FW Medical Center 972-641-5000

Medical Transportation to
Parkland Hospital 972-262-2813

Grand Prairie Post Office
Main 972-264-5751

Westchester 972-262-0971

Natorium 972-263-8174

Social Security Office 1-800-772-1213

Updated 7/14/2021



GCID # _____

The Grand Connection Qualification Application

1821 S. STATE HIGHWAY 161, GRAND PRAIRIE, TX. 75051

Office 972-237-8546 FAX 972-237-8544

Print, complete and mail this application to The Grand Connection

Part I – General Information

Name: _____

Address: _____

City: Grand Prairie State: Texas Zip: _____

Sex: M F Social Security Number: _____

Date of Birth: _____ Age: ____

Home Phone: (972) _____

Part II – Emergency Contact

Primary Emergency Contact: _____

Relationship: _____

Phone Number: _____

Secondary Emergency Contact: _____

Relationship: _____

Phone Number: _____

Part III – Health Information

A. Type(s) of Disability: Mark all that apply

- | | | | |
|--------------------------|------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Allergy | <input type="checkbox"/> | Heart |
| <input type="checkbox"/> | Alzheimer's | <input type="checkbox"/> | HIV / AIDS |
| <input type="checkbox"/> | Amputee | <input type="checkbox"/> | Kidney / Renal |
| <input type="checkbox"/> | Arthritis | <input type="checkbox"/> | Liver |
| <input type="checkbox"/> | Blind | <input type="checkbox"/> | Muscular Dystrophy |
| <input type="checkbox"/> | Cancer | <input type="checkbox"/> | Mental Illness |
| <input type="checkbox"/> | Cerebral Palsy | <input type="checkbox"/> | Multiple Sclerosis |
| <input type="checkbox"/> | Developmental Disabled | <input type="checkbox"/> | Psychiatric disorder |
| <input type="checkbox"/> | Deaf | <input type="checkbox"/> | Respiratory / Breathing |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Seizure |
| <input type="checkbox"/> | Dialysis | <input type="checkbox"/> | Skin |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Spinal injury |
| <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | Broken bones | <input type="checkbox"/> | Thyroid |
| <input type="checkbox"/> | Head injury / trauma | <input type="checkbox"/> | Other (|
| <input type="checkbox"/> | _____) | | |

B. Mobility Aides (Check all that apply)

- Cane
- Walker
- Guide Dog
- Crutches
- Wheelchair:
- Manual
- Electric: Large Wheels
- Electric: Small Wheels
- Scooter: Size (_____)
- Other (_____)

C. Type of Transportation needed from The Grand Connection:

- | | | | | |
|--------------------------|-----------------------------------|--------------------------|---------|--------------------------|
| <input type="checkbox"/> | Nutrition Center | <input type="checkbox"/> | Medical | <input type="checkbox"/> |
| <input type="checkbox"/> | School | | | |
| <input type="checkbox"/> | Dialysis | <input type="checkbox"/> | Grocery | <input type="checkbox"/> |
| <input type="checkbox"/> | Medicaid (Medicaid Number _____) | | | <input type="checkbox"/> |
| | | | | Work |

D. Where did you learn about the Grand Connection?

Part IV – Authorization for the Release of Information

I verify that the above information is true and correct to the best of my knowledge. I also authorize the personnel of The Grand Connection to obtain verification of any information given in this application and to obtain pertinent medical information necessary for clarification of ridership eligibility.

I, the undersigned, have read and understand the “Authorization for the Release of Information” section above and agree to all the terms and conditions contained in these statements. I voluntarily execute and agree to these statements with full knowledge of their significance.

DATED THIS _____ DAY OF _____, 20_____ .

Applicant Signature

Date

Witness Signature

Date

Part V – Disability Certification: To be completed by a licensed health care professional for applicants qualifying because of physical or mental disabilities.

- ▶ Failure to complete this portion may lead to ineligibility of applicant.
- ▶ An individual wishing to be certified with the Grand Connection must be at least 60 years of age or be transportation dependent by virtue of a physical or mental disability.

IF TRANSPORTATION NEEDS TO BE PROVIDED TO THIS APPLICANT, PLEASE VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION AND COMPLETE THE INFORMATION BELOW:

1. This application (Circle one) **does / does not** meet the criteria of being transportation dependent as described above.

2. Description of physical or mental disability and diagnosis: _____

If applicable, what is the patient’s mental level? _____

Will the patient present a behavioral problem during transportation?

Circle one: Yes No

3. Is the disability permanent? Circle one: Yes No
If temporary, what is approximate date of recovery? _____

4. If applicant uses a wheelchair, can he/she independently transfer from wheelchair to a passenger seat? Circle one: Yes No

Health Care Professional’s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Physician’s Signature

Date