



MOUNTAIN RIDES TRANSPORTATION AUTHORITY

Request for Medical Appointment rides to Twin Falls

(Community Health Transportation)

The information obtained in this certification process will be used only by Mountain Rides Transportation Authority and will not be provided to any other person or agency.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (home) _____ (Work) _____ (cell) _____

Date of Birth _____ Date/Time needed for ride _____

What medical facility will we be taking you to? _____

Address of medical facility: _____

Anything else you need to let us know: _____

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that Mountain Rides can make an accurate analysis of your trip requests.

a. Do you use any of the following aids to mobility? (Check all that apply)

Manual wheelchair _____ Electric wheelchair _____ Powered Scooter _____ Cane _____
Crutches _____ Personal care Attendant _____ Guide dog _____ Walker _____
None needed _____

I hereby certify that the information given above is correct.

Applicant signature: _____

If someone has completed this application other than the person requesting a ride, that person must complete the following:

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Here is a brief description of our Community Health Transportation service:

The van is available free of charge. The service is available on a reservation basis Monday – Friday from 8:00am to 5:00pm. Your appointment should be scheduled between the hours of 10:00am and 1:30pm to facilitate the transportation process. This is a shared ride service and operates to Twin Falls and back to the Wood River Valley.

A Ride request must be made 72 hours before your appointment by calling the Mountain Rides office at 208-788-7433 x103 or by faxing a request to Mountain Rides at 1-866-554-1103 or person's with TDD access can call 726-8271 to schedule a ride. You can also email your completed form to: kim@mountainrides.org

Please let us know at least one day in advance if you will NOT be able to make your scheduled ride.

The van leaves the Mountain Rides facility at 121 Clover St in Bellevue at 8:00am.

(The first Valley Bus south from Ketchum at 7:11am from the Wells Fargo bus stop or the Park and Ride in Hailey at 7:30am will get you to Bellevue in time to meet the van)

If an assistant is required to get the individual in and out of the house or van, then the individual being picked-up must supply this assistant. The assistant or assistants will be allowed to ride with the person at no charge. Additional space for riders accompanying the individual will be on a space available basis at no charge. For individuals in wheelchairs, the Mountain Rides driver will perform the loading, securement, and unloading of the person using the ramp. Anyone riding in the van will be required to wear a seat belt.

To appeal a denial of service, please contact Wally Morgus, Executive Director, at 208-788-7433 or info@mountainrides.org

For more information about the Mountain Rides Community Health Transportation Service, please contact:

Mountain Rides
PO Box 3091
800 1st Ave N
Ketchum, ID 83340
208-788-7433 x103
Fax: 866-554-1103
www.mountainrides.org

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