

# Exhibit E

## Transportation Provider Information Form



### Company Information

*If multiple locations, please attach a separate list of all applicable service locations, addresses and contact information*

Legal Name of Service:		DBA:		
Street Address:		County:		
City:	State:	Zip Code:	Federal Tax ID or Social Security Number:	
Phone:	Fax:	Email:		
Mailing Address (if different from above):		City:	State	Zip Code:

### 1. Contact Information

Name:	Title:	Phone:	Email:

### 2. Describe your experience managing a transportation company that transports passengers:

### 3. Please identify the types of service you provide AND the number of vehicles you use in regular service (i.e. 7 Sedans, 2 Mini Vans & 1 Para Lift Van):

_____ Sedans	Secure Transport
_____ Mini Vans with Lift or Ramp	Other
_____ Mini Buses with Lift	

### 4. Will your drivers assist ambulatory customers if necessary (i.e., frail and/or elderly patient)?

Yes                      No

**If yes**, indicate specific assistance: (check all that apply)

To/From Front Door      Up/Down Stairs      In an Elevator      To a Check-In Desk

**5. Will your drivers assist wheelchair customers if necessary?**

Yes                      No

If yes, indicate specific assistance: (check all that apply)

To/From Front Door              Up/Down Stairs              In an Elevator              To a Check-In Desk

**6. Do you provide child restraint seats?**

Yes                      No

If no, would you consider purchasing car seats as needed?

Yes                      No

Note: If you do not have child restraint seats, you may not accept any trips that ask for a child seat to be provided by the transportation provider.

**7. What is your service area?**

Clackamas County              Multnomah County              Washington County              Other

Comments:

**8. A. Are you able to accommodate same day requests?**

Yes                      No

**B. How much notice do you need to accommodate such requests?**

**9. When is your office open?**

Monday	Closed	Open:	
Tuesday	Closed	Open:	
Wednesday	Closed	Open:	
Thursday	Closed	Open:	
Friday	Closed	Open:	
Saturday	Closed	Open:	
Sunday	Closed	Open:	
Holiday Exceptions:			

**10. What are your days and hours of regular transportation service?**

Monday	Closed	Open:	
Tuesday	Closed	Open:	
Wednesday	Closed	Open:	
Thursday	Closed	Open:	
Friday	Closed	Open:	
Saturday	Closed	Open:	
Sunday	Closed	Open:	
Holiday Exceptions:			

Note: Our system will not schedule a trip within one hour of start/stop time)

**11. Does your business qualify for Oregon’s “Minority, Women, and Emerging Small Business” (MWESB) or the Federal “Disadvantaged Business Enterprise” (DBE) Program?**

Yes                      No

**If yes, is your company a Certified MWESB OR DBE?**

Yes                      No

If so please provide us with a copy of your certificate.

**12. Provide your Unique Entity ID (generated by SAM.GOV):**

**13. If Not for Profit, provide Tax Exempt #**

**14. Have there ever been any liability (i.e., malpractice, commercial, or vehicle) claims, suits, judgments, settlements or arbitration proceedings brought against your organization or currently pending involving your organization?**

Yes                      No

**15. Has your organization (or any employee that will provide services for us) ever been suspended, fined, disciplined, investigated, expelled, sanctioned or otherwise restricted or excluded from participation in any private, federal, or state health insurance programs (i.e., Medicare/ Medicaid), or are any such proceedings in progress against you/ them?**

Yes                      No

**16. Has your organization (or any employee that will provide services for us) ever been disciplined or sanctioned by any professional licensing body or accrediting organization, or are any such proceedings in progress against you/them?**

Yes                      No

**17. Has your organization (or any other owner or employee that will provide services for us) ever been convicted of, pled guilty to, or pled nolo contendere to any felony that is reasonably related to your qualifications, competence, functions or duties of the services that will be provided or currently under indictment or currently have pending any such charges?**

Yes                      No

**18. Has your organization (or any employee that will provide services for us) ever been convicted of, pled guilty to, or pled no contest to any felony that alleged fraud, an act of violence, child abuse, patient abuse or sexual misconduct or are currently under indictment or currently have pending any such charges?**

Yes                      No

For any of these questions that you answered **YES**, please provide a complete explanation on an additional sheet of paper. Answering yes to any of the above questions does not necessarily disqualify you from consideration.

PLEASE CHECK TO MAKE SURE YOU HAVE PROVIDED A COMPLETE INFORMATION PROFILE:

- Is a copy of your business license included?

Please submit your application to Ride Connection.

- Email to [providersupport@rideconnection.org](mailto:providersupport@rideconnection.org)