



EMBARC PLUS SUBSCRIPTION SERVICE

Subscription service is considered a 'premium' service and is not an Americans with Disabilities Act requirement. Subscription services are not available in the paratransit Zone 2 and Zone 3 area and are only available to EMBARK Plus eligible customers for trips that meet all the following criteria:

- The trip is taken at the same time, on the same days, and repeats at least three (3) times per week
- All trips within the week are from the same origin and destination location
- The trips will continue repeating weekly for at least three (3) months
- The customer maintains a "good ridership record" as defined in the *EMBARC Plus No-Show and Late Cancellation Policy*

How to Apply for Subscription Services

Subscription trips require a separate application process. Trip times and vehicle space for subscriptions are limited and are available only in Zone 1 areas within ¼ mile of our fixed-route service area. Applications are available by calling 405-235-RIDE (7433). EMBARK will notify you by mail whether you are approved for subscription service within 30-days after receipt of a completed application. Newly approved subscription service trips will become effective in our scheduling system 14 days AFTER the date on your approval letter.

Using Subscription Services After Approval

Once approved, your subscription trip is fixed and additional scheduling calls are not necessary. However, you **MUST call to cancel** if you will not need a subscription trip. Cancellations should be done at least one hour in advance of your scheduled pick-up time and approved subscription trips may not be altered. Any change to subscription pick-up times or days will require a new application.

Subscription Trip Cancellations and No-Shows

Failure to cancel subscription trips or late cancellations of approved subscription trips may result in permanent cancellation of the subscription and/or temporary suspension of EMBARK Plus eligibility as outlined in the *EMBARC Plus No-Show and Late Cancellation Policy*. Customers who exhibit a pattern of cancelling twenty percent (20%) or more of their approved Subscription trips per calendar month risk suspension of Subscription service. The first violation in a calendar year triggers a warning letter but no suspension. Subsequent violations result in the following:

- Second violation: 14 calendar day suspension
- Third violation: Removal from Subscription service and eligible to reapply after one year

Temporary Suspension of Subscription Services

Approved subscription trips may be suspended temporarily by calling 405-235-PLUS (7587). EMBARK may hold the subscription time during a temporary suspension at our discretion and subject to availability.

Alternate Formats

EMBARC Plus applications and information are available in alternate formats to provide accessibility for all individuals. For accessible versions; Si desea obtener copias o versiones accesibles de estos documentos, comuníquese con; Ñeå ñöôic moät baün vaø xem aån baün cuûa taøi lieäu naøy, xin lieån laic; 如需上述文件的副本或易读版本, 请联系; Mobility Management 405-297-2372 mobilitymanagement@okc.gov



APPLICATION FOR EMBARK PLUS SUBSCRIPTION SERVICES

PLEASE PRINT – ALL BLANKS MUST BE COMPLETED

Return Signed Application to: EMBARK PLUS Subscription Services
2000 South May Ave., Oklahoma City, OK 73108

Customer Name (First, MI, Last): _____

Home Address: _____ Apt # _____

Primary Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____

Relationship to Applicant: _____ Phone #: _____

Requested Days for Subscription Service

Monday Tuesday Wednesday Thursday Friday Saturday

Requested Pick-Up Time/Location for Subscription Service

Pick-Up Time: _____

Pick Up Location: _____

Drop Off Location: _____

Return Pick-Up Time (if applicable): _____

Return Pick Up Location: _____

Return Drop Off Location: _____

Is the customer competent to be left unattended? Yes No

If no, who is the responsible person:

At residence: Name: _____ Phone #: _____

At destination: Name: _____ Phone #: _____

Customer Signature: _____ Date: _____

Responsible Party Signature (if applicable): _____