



\$2 INCENTIVE START-UP FOR NEW RIDESHARERS ONLY ENROLLMENT & INCENTIVE CLAIM FORM

Funded by the Riverside County Transportation Commission and San Bernardino Associated Governments

EMPLOYEE INFORMATION: (Please Print)	EMPLOYER INFORMATION: (Please Print)
One way miles from home to work _____	Employer Name: _____
Date of Birth ___/___/_____ (Required as a unique identifier)	Address: _____
Name _____ <small>Last First MI</small>	City: _____ Zip _____
Home Address _____	Employer Representative Name: _____
City _____ Zip _____	Contact Phone _____
Home Phone (_____) _____	Contact FAX _____
Work Phone (_____) _____ Ext _____	Contact E-Mail _____
Email address: _____	

TO QUALIFY YOU MUST CURRENTLY DRIVE ALONE AND PLAN TO BEGIN A NEW RIDESHARE ARRANGEMENT

Were you driving alone to work before enrolling in this Incentive Program? YES NO

Date you started your new Ridesharing Mode ___/___/___

Which mode of ridesharing will you use most of the time:

- PUBLIC BUS METROLINK BICYCLING WALKING BUSPOOL TELECOMMUTE (work from home)
 VANPOOL CARPOOL (carpool partner must be another working adult)

If you checked carpool or vanpool:

Are you in: New Carpool Joining Existing Carpool Number of people in your carpool _____

New Vanpool Existing Vanpool Number of people in your vanpool _____ Vanpool capacity _____

Type of Vanpool: (Please check one) VPSI Enterprise Company Owned
 Vanpool Driver's Name _____

Adult Carpool or Vanpool Partner(s)

Name	Place of Employment	Daytime Phone	Name	Place of Employment	Daytime Phone
1. _____			2. _____		
3. _____			4. _____		
5. _____			6. _____		
7. _____			8. _____		
9. _____			10. _____		
11.. _____			12. _____		

SUMMARY OF RULES OF ELIGIBILITY*

To be eligible to receive *Advantage/Option Rideshare* benefits, hereinafter referred to as INCENTIVE, participants must meet all of the following requirements: Rideshare Participant must live in a jurisdiction included in the Zip Code List. Rideshare Participant must be employed by a company registered in the INCENTIVE Program. Participant must be currently driving alone. Participant may not have been in a rideshare arrangement for the last 90 days prior to enrollment in INCENTIVE Program. A rideshare arrangement is defined as a carpool, buspool, vanpool, use of public bus or commuter rail, walking, bicycling or telecommuting. Rideshare participant may not have received, within six months prior to enrollment in the INCENTIVE Program, any incentive (including *Rideshare Plus*) from RCTC's or SANBAG's Commuter Benefits Program or any other commuter assistance program operated or funded by a public agency. If a rideshare participant received an INCENTIVE more than six months ago, the rideshare participant may receive an INCENTIVE only if the INCENTIVE is for a different commute mode. Rideshare Participant may receive an INCENTIVE of \$2.00 per day for no more than three consecutive calendar months. All incentives shall be provided in the form of gift cards selected by the participating employer. The only exception to this policy is participating commuters who join a Startup Vanpool. Startup Vanpool is defined as a new vanpool that is established for the very first time. Startup Vanpool does not include an existing vanpool group that changes vanpool drivers. Commuters must not have been in a vanpool for the past 180 days. Startup Vanpool will provide a subsidy over the first 9-month period the vanpool exists. A rideshare arrangement includes working adults only and does not include transporting children to school and/or day care. Rideshare Participant must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. An INCENTIVE will also be paid for qualifying weekend work trips as long as the participant works on weekend days as part of a regular shift that includes at least one weekday. Participant must use a rideshare arrangement to travel to work a minimum of 5 days a month to qualify for the receipt of the INCENTIVE.

*The above requirements are a summary of Resolution No. 03-025 adopted by the Riverside County Transportation Commission. Please refer to the Resolution for a complete set of rules. In the event of a conflict between this summary and the Resolution, the Resolution shall be controlling.

Please Turn Over

INSTRUCTIONS:

In order to effectively track your rideshare days, please complete each month's chart daily. At the end of each month, please total your rideshare days. At the end of three consecutive months, please sign and date form verifying accuracy of data and submit to your employer.

Please use the following codes to indicate how you commute to work each day:

- B** = Bicycle **C** = Carpool **T** = Telecommute
- PB** = Public Bus **R** = Rail **DA** = Drive Alone
- V** = Vanpool **W** = Walk **X** = Non Rideshare Day
- BP** = Buspool

EXAMPLE:

Date	Mode
7/1	C

Commute Tracking Log

For the Month of _____ Total rideshare days in month: _____ (5 day minimum to qualify)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

For the Month of _____ Total rideshare days in month: _____ (5 day minimum to qualify)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

For the Month of _____ Total rideshare days in month: _____ (5 day minimum to qualify)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

I acknowledge that I have read and understand the Summary of Rules of Eligibility governing the Advantage/Option Rideshare programs listed on the reverse side of this form, and certify that I am eligible to participate in and receive the incentives provided by the Advantage/Option Rideshare programs. I certify that I have not been in a rideshare arrangement 90 days prior to my enrollment in the Advantage/Option Rideshare programs. I further understand that any incentives I receive from Advantage/Option Rideshare may be subject to federal and state taxes and that any tax liability that may result is my responsibility.

EMPLOYEE SIGNATURE _____ Date ____/____/____

EMPLOYER REPRESENTATIVE SIGNATURE _____ Date ____/____/____
 (Original Signature Only. Signature Denotes Review And Approval Of Completed Form and Employee Eligibility)

After Employer Representative has signed and verified all information is complete, please mail Form to:
 Inland Empire Commuter Services, 7355 Magnolia Avenue, Riverside, CA 92504

Do not write below this line

This is where the Human Resources Office signs

Vehicles Reduced _____ Joining New Pool _____ New Pool Credit _____ Comments _____

Number of Rideshare Days _____ Gift Certificate Type _____ Payment Amount _____ Payment Date _____