



# DAY PROGRAM TRANSPORTATION AGREEMENT

## *Business-to-Business Service Agreement*

This Day Program Transportation Agreement (“Agreement”) is entered into between Covered Journey Transportation Co. (“Company”) and the day program, provider organization, or community program identified below (“Program”).

**Program Name:** \_\_\_\_\_ **Program Address:** \_\_\_\_\_

**Authorized Program Contact:** \_\_\_\_\_ **Phone / Email:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

## 1. Scope of Services

The Company will provide scheduled, non-emergency transportation for individuals referred by or attending the Program who have been independently enrolled as Clients of the Company through a signed Transportation Services Agreement and completed intake packet.

## 2. Scheduling Coordination

- The Program will provide the Company with program hours, drop-off/pickup procedures, and any site-specific safety requirements.
- The Company will provide the Program with expected arrival and departure times for each Client and notify the Program promptly of delays, schedule changes, or missed trips.
- Both parties will designate a primary point of contact for day-to-day scheduling communication.

## 3. Roles and Responsibilities

### Company Responsibilities

- Provide safe, trained drivers and properly maintained vehicles.
- Verify identity at pickup and drop-off in accordance with each Client's Authorized Pickup and Release Form.
- Communicate promptly with the Program regarding delays, incidents, or behavioral concerns observed during transport.



## **Program Responsibilities**

- Ensure Clients are ready for pickup and have appropriate staff available to receive Clients at drop-off, consistent with each Client's release authorization.
- Notify the Company promptly of schedule changes, closures, or changes in a Client's status.
- Share relevant safety or behavioral information needed for safe transport, with appropriate family/guardian consent.

## **4. Billing Arrangement**

Each Client's transportation is billed individually under that Client's Transportation Services Agreement and, where applicable, Monthly Service Authorization Form. This Agreement does not create a billing relationship between the Program and the Company unless a separate billing addendum is signed by both parties specifying rates and payment terms.

## **5. Insurance**

The Company will maintain commercial automobile liability insurance in accordance with Georgia law and industry standards for non-emergency specialized transportation providers, and will provide proof of insurance to the Program upon request.

## **6. Confidentiality**

Both parties agree to protect the confidentiality of Client information shared in connection with this Agreement, consistent with the Company's Privacy and Confidentiality Policy and applicable law, and to share Client information only as necessary to coordinate safe transportation.

## **7. Missed Trips and Cancellations**

Missed trips and cancellations affecting Program-related transportation are governed by the Company's Missed Trip Policy. The Program agrees to notify the Company as early as possible of any closures, early dismissals, or schedule changes affecting transportation.

## **8. Term and Termination**

This Agreement remains in effect until terminated by either party with thirty (30) days' written notice, or immediately in the event of a safety concern, repeated non-compliance



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with this Agreement, or as otherwise provided in the Company's Service Suspension and Termination Policy.

**9. Limitation of Liability**

Except in cases of gross negligence or willful misconduct, neither party shall be liable to the other for indirect, incidental, or consequential damages arising from this Agreement.

**10. Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.

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*Covered Journey Transportation Co. Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

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*Date*

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*Program Representative*

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