



Residential Guaranteed Ride Home Form

Please review the policies for the Go Glendale Guaranteed Ride Home program before filling this form. Access it at GoGlendale.org/GRH or contact us at Contact@GoGlendale.org for more info.

Commuter Information	Name: _____ Date of Birth: ____/____/____
	Address: _____ _____
	Phone: (____) ____ - _____ Email: _____

Travel Information	Date of the travel: ____/____/____
	Mode of transportation used to get to work on that day: _____
	Reason for needing a Guaranteed Ride Home:
	<input type="checkbox"/> Family/Personal Illness <input type="checkbox"/> Broken/Stolen Bicycle
	<input type="checkbox"/> Family/Personal Emergency <input type="checkbox"/> Personal Unexpected Overtime (Carpool/Vanpool)
<input type="checkbox"/> Unexpected transit closure <input type="checkbox"/> Driver Unexpected Overtime (Carpool/Vanpool)	
<input type="checkbox"/> Other (Please explain) _____	

Homebound trip Information	Mode of transportation used to return home:
	<input type="checkbox"/> Taxi <input type="checkbox"/> Metrolink <input type="checkbox"/> Metro Rail
	<input type="checkbox"/> Rental Car <input type="checkbox"/> Public Bus <input type="checkbox"/> Uber/Lyft
	<input type="checkbox"/> Other (Please Explain) _____
Cost/Fare: \$_____ [Attach receipt(s) to this form]	

Participant's Signature

Property Manager Signature

By signing this form, the Participant and Employer acknowledge all information stated above is true. The GRH Program has the right to request further documentation if needed. If the Program Administrator determines the emergency ride was invalid or not authorized, the reimbursement will be denied.