



**EVERY  
COMMUTE  
COUNTS**

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Registered ERH User: ☐ YES ☐ NO

Receipt: ☐ YES ☐ NO

Previous Use of ERH: ☐ YES ☐ NO

Frequency: \_\_\_\_\_

Paid: \$ \_\_\_\_\_

Date Mailed: \_\_\_\_\_

[www.EveryCommuteCounts.org](http://www.EveryCommuteCounts.org)



A KIPDA Program  
11520 Commonwealth Drive  
Louisville KY 40299  
502-267-5400  
Fax 502.266-6032  
Toll Free 866.822-POOL

## Emergency Ride Home Reimbursement Form

Please complete this form and mail it with the original receipt (please make a copy for your records) within 14 days of your Emergency Ride Home for the full reimbursement of your trip, up to 100 miles, including tip. Thank you for using the Emergency Ride Home Program. Updated 5/2023

Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

I regularly (check one):

☐ **Carpool** – Identify your fellow carpooler(s) by name and email address: \_\_\_\_\_

☐ **Vanpool** – Identify your vanpool and vanpool's POC by name:

Vanpool : \_\_\_\_\_

POC Name: \_\_\_\_\_

☐ **Ride the bus** – Identify your bus route: \_\_\_\_\_

☐ **Bicycle** – Identify your route: \_\_\_\_\_

Date of the Emergency Ride Home: \_\_\_\_\_

Method of Ride (check one):

☐

Taxi Cab

☐

Transit

☐

Transportation Network Company (i.e., uber, lyft)

Name of Transportation Service Provider: \_\_\_\_\_

Total Cost of Ride (including any tip if applicable): \_\_\_\_\_

Reason for Emergency Ride (Check one):

☐

My illness

☐

Family illness

☐

Overtime

☐

Other (Please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_