



# Youth Transportation

To provide public transportation for the youth of Maui emphasizing public programs and facility locations that are important to youth ages nine to eighteen. School children of younger age may be accommodated on case-by-case basis subject to determination by MEO Inc. For more information, please visit us on the web: [www.meoinc.org](http://www.meoinc.org) or call (808) 877-7651.

<b>Name (Last, First, MI)</b>				<b>Date of Birth</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	
<b>Zip Code</b>		<b>Mailing Address (If different)</b>		<b>Home Phone</b>	
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female					
<b>School currently attending</b>				<b>Grade</b>	
<b>Name of Parent (s) or Legal Guardian (s)</b>				<b>Home Phone</b>	
<b>Address</b>				<b>Work Phone</b>	
<b>Ethnic Background</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic (Puerto Rican, Mexican, etc.) <input type="checkbox"/> African American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (any 2 or more) <input type="checkbox"/> Not Hispanic or Latin					
<b>Mobility (check appropriate item/s)</b> <b>PCA Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Limited to one) <input type="checkbox"/> No limitation <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walk Aid Type: _____ <input type="checkbox"/> Other: _____					
<b>Emergency Contact</b>	<b>Relationship</b>	<b>Address</b>	<b>Day Phone</b>	<b>Evening Phone</b>	
<b>PARTICIPANT'S WAIVER OF CLAIM AND INDEMNITY</b> For and in consideration of Maui Economic Opportunity, Inc. providing me transportation service, I, _____, on behalf of myself, my sibling(s), parent(s), child(ren), relatives, heirs, estate, executors, and /or administrators, hereby waive, release, discharge, hold harmless and indemnify <b>Maui Economic Opportunity, Inc.</b> , its officers and employees (hereafter the "Transportation Agency"), from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney's fees), losses, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively "liabilities"), in equity or law, in any manner arising out of or in connection with the Transportation Agency providing me transportation service, unless such liabilities are caused by the gross negligence or willful misconduct of the Transportation Agency.  I agree to abide by all bus and safety rules of the Transportation Agency.  If any provision of this agreement, or the application of same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.					
<b>Youth Signature:</b>				<b>Date</b>	
<b>Parent /Guardian Signature:</b>				<b>Date</b>	
<b>Sponsoring Agency:</b>		<b>Agency representative (signature):</b>		<b>Date</b>	



**MAUI ECONOMIC OPPORTUNITY, INC.**

**PARTICIPANT’S WAIVER OF CLAIM AND INDEMNITY**

For and in consideration of Maui Economic Opportunity, Inc. providing me transportation service, I, \_\_\_\_\_, on behalf of myself, my sibling(s), parent(s), child(ren), relatives, heirs, estate, executors, and /or administrators, hereby waive, release, discharge, hold harmless and indemnify **Maui Economic Opportunity, Inc.**, its officers and employees (hereafter the "Transportation Agency"), from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), losses, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively "liabilities"), in equity or law, in any manner arising out of or in connection with the Transportation Agency providing me transportation service, unless such liabilities are caused by the gross negligence or willful misconduct of the Transportation Agency.

I agree to abide by all bus and safety rules of the Transportation Agency.

If any provision of this agreement, or the application of same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

\_\_\_\_\_  
(PRINT PASSENGER’S NAME ABOVE)

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE (SELF OR OTHER)

\_\_\_\_\_  
(DATE)

**OPTIONAL SIGNATURES**

I have read, understand, and agree with the provisions in this waiver form.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**The Promise of Community Action**

Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.





Maui Economic Opportunity, Inc.

Est. 1965

99 Mahalani Street

Wailuku, HI 96793

808-249-2990

Fax 808-249-2990

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 808-249-2990 extension 262, on this Organization's website at [www.meoinc.org](http://www.meoinc.org) , or by requesting one at this Organization's offices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your Name

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

\_\_\_\_\_  
Signature or Representative

\_\_\_\_\_  
Date



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## **NOTICE OF PRIVACY PRACTICES**

April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Uses and Disclosures of Health Information

We may use health information about you for treatment (such as sending your medical record information to a specialist physician as part of a referral), to obtain payment for treatment (such as sending billing information to a health insurance plan), for administrative purposes, and to evaluate the quality of care that you receive (such as comparing client data to improve treatment methods).

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, abuse or neglect reporting, auditing purpose, research studies, funeral arrangements and organ donation, worker's compensation purposes, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also contact you about appointment reminders or treatment alternatives. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the lobby of each office, and on our Web site. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

### Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we may charge you a small fee for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in a care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

#### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. Under no circumstance will you be retaliated against for filing a complaint.

#### Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

Debbie Cabebe, Human Resources Director  
PO Box 2122  
Kahului, HI 96733  
808-249-2980 extension 262  
[Debbie.cabebe@meoinc.org](mailto:Debbie.cabebe@meoinc.org)

