



**OCALA MARION  
TRANSPORTATION  
PLANNING  
ORGANIZATION**

## **Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting**

Marion County Library – Meeting Room C  
2720 E. Silver Springs Blvd., Ocala, FL 34470

### **Join by web**

<https://marioncountyfl.webex.com/marioncountyfl/j.php?MTID=m5c1df2751b6e422812e4dacd7a80ccf9>

### **Join by phone**

+1-415-655-0001 US Toll

**Access code:** 157 856 9242

**March 18, 2021**

**10:00 AM**

## **AGENDA**

- 1. CALL TO ORDER AND ROLL CALL**
- 2. PLEDGE OF ALLIGENCE**
- 3. PROOF OF PUBLICATION**
- 4. PRESENTATIONS**
  - A. Ms. Tamika Young-Agency for Health Care Administration (AHCA) presentation on Medicaid**
- 5. DISCUSSION ITEMS**
  - A. Public Workshop**
- 6. ACTION ITEMS**
  - A. [Approval of Bylaws](#)**
  - B. [Approval of CTC Review and Evaluation](#)**

- 7. CONSENT AGENDA**
  - A. [Minutes October Meeting](#)**
- 8. COMMENTS BY TDLCB MEMBERS**
- 9. COMMENTS BY TPO STAFF**
- 10. COMMENTS BY TRANSPORTATION COORDINATOR (CTC)**
- 11. PUBLIC COMMENT (Limited to 2 minutes)**
- 12. ADJOURNMENT**

All meetings are open to the public, the TPO does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or family status. Anyone requiring special assistance under the Americans with Disabilities Act (ADA), or requiring language assistance (free of charge) should contact Liz Mitchell, Title VI/Nondiscrimination Coordinator at (352) 438-2634 or [liz.mitchell@marioncountyfl.org](mailto:liz.mitchell@marioncountyfl.org) forty-eight (48) hours in advance, so proper accommodations can be made.

If any person wishes to appeal any decision made by the Board with respect to any matter considered at the above meeting, they will need a record of the proceedings, and that, for such purpose, they may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

*The next regular meeting of the Ocala/Marion TDLCB will be held on June 17<sup>th</sup>, 2021*



**TO: TDLCB Board Members**

**FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner**

**RE: Bylaws**

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It is incumbent upon TPO staff to regularly review and/or amend the TDLCB bylaws to remain concurrent with State of Florida regulations and code as they relate to the operations of the local Community Transportation Coordinator and the Florida CTD. TPO staff has reviewed the TDLCB bylaws and made adjustments to the language. Staff respectfully request the TDLCB Board review and recommend changes or approval to said bylaws.

All elements included in the TDLCB bylaws are pursuant to Chapter 427 Florida Statutes(FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

Any comments and/or suggestions please contact Liz Mitchell at (352) 438-2630 or [liz.mitchell@marioncountyfl.org](mailto:liz.mitchell@marioncountyfl.org).

**BYLAWS OF THE  
OCALA/MARION COUNTY  
TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD**

**Article I: Preamble Section 1: Preamble**

The following sets forth the bylaws, which shall serve to guide the proper functioning of the coordination of transportation disadvantaged through the Ocala/Marion County Transportation Disadvantaged (TD) Local Coordinating Board (LCB). The intent is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes (FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

**Article II: Name and Purpose**

**Section 1: Name:** The name of the coordinating board shall be the Ocala/Marion County TDLCB, hereinafter referred to as the Board.

**Section 2: Purpose:** The primary purpose of the Board is to identify local service needs and provide information, advice, and direction to the Community Transportation Coordinator (CTC) on the coordination of services to be provided to the TD pursuant to Chapter 427.0157, FS.

**Article III: Membership, Appointment, Term of Office, and Termination of Membership**

**Section 1: Voting Members:** In accordance with Chapter 427.0157, FS, the designated official planning agency for Ocala Marion County, which is the Ocala, Marion County Transportation Planning Organization (TPO), shall appoint all members of the Board.

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The following agencies or groups shall be represented on the Board as voting members:

1. One local elected official, who will serve as Chairperson.
2. A local representative of the Florida Department of Transportation.
3. A local representative of the Florida Department of Children and Families.
4. A local representative of the Public Education Community, which could include, but not be limited to, a representative of the District School Board, School Board Transportation Office, Department of Education or Head start Program in areas where the School District is responsible.
5. In areas where they exist, a local representative of the Florida Division of Vocational Rehabilitation or the Division of Blind Services, representing the Department of Education.
6. A person recommended by the local Veterans Service Office representing the veterans of the County.
7. A person who is recognized by the Florida Association for Community Action (President), representing the economically disadvantaged in the County.

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8. A person over sixty representing the elderly in the County.
9. A person with a disability representing the disabled in the County.
10. Two citizen advocate representatives in the County; one who must be a person who uses the transportation service(s) of the system as their primary means of transportation.
11. In areas where they exist, the Chairperson or designee of the local Mass Transit or Public Transit System's Board, except in cases where they are also the CTC.
12. A local representative of the Florida Department of Elder Affairs.
13. An experienced representative of the local private for profit transportation industry. In areas where such representative is not available, a local private nonprofit representative will be appointed, except where said representative is also the CTC.
14. A local representative of the Florida Agency for Health Care Administration.
15. A representative of the Agency for Persons with Disabilities.
16. A representative of the Regional Workforce Development Board established in Chapter 445, Florida Statutes.
17. A representative of the local medical community, which may include, but not be limited to, kidney dialysis centers, long term care facilities, assisted living facilities, hospitals, local health department or other home and community based services, etc.

**Section 2: Alternate Members:** Each member of the Board may name one alternate in writing who may vote only in absence of that member on a one-vote-per-member basis.

**Section 3: Nonvoting Members:** Additional non-voting members may be appointed by the TPO.

**Section 4: Terms of Appointments:** The Chairperson and State & community agency representatives shall not be restricted to term limits because of the membership agency requirements by the Commission for the Transportation Disadvantaged. The Chairperson shall serve until being replaced by the TPO. The State or community partners shall serve as long as they are individually able or decide to nominate another representative from their respective agency. There are an additional two positions that are not considered Chairperson or a State or community partners and they are citizen representatives that are either a disabled person or an elderly individual who utilizes the services of MTS. Appointments to the Board for non-agency positions will be chosen utilizing the following procedures: Suitable candidates will be solicited from the pool of riders who accurately represent one of these two positions. These individuals will be requested to complete an application for appointment to the TDLCB. The Chairperson of the Board, the Director of MTS and one TPO representative will review the application(s) and make their recommendations to the Board. The Board will then vote on the recommendation(s) for appointment of the new member(s). The length of term for these two positions will be for one (1) year with the possibility

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of two one (1) year extensions for a total of three (3) years. After three (3) years, new appointments for these two positions must be made.

**Section 5: Termination of Membership:** Any member of the Board may resign at any time by notice in writing to the Chairperson. Unless otherwise specified in such notice, such resignation shall take effect upon receipt thereof by the TPO Director.

**Section 6: Membership Attendance:** Each member of the Board is expected to demonstrate his/her interest in the Board's activities through attendance of the scheduled meetings, except for reasons of an unavoidable nature. In each instance of an avoidable absence, the absent member should ensure that his/her alternate attends. Should a Board member miss two consecutive meetings, an attendance reminder letter will be sent to that member. The letter is to remind each member of attendance requirements and requests that the member notify the Board of his/her intention to remain on the LCB. Based on this response, appropriate action may be taken by the Board.

**Article IV: Officers and Duties**

**Section 1: Number:** The officers of the Board shall be a Chairperson and a Vice-Chairperson.

**Section 2: Chairperson:** The TPO shall appoint one of its members, who are an elected official, to serve as the official Chairperson for all Board meetings. The Chairperson shall preside at all meetings, and in the event of his/her absence or at his/her direction, the Vice-Chairperson shall assume the powers and duties of the Chairperson. The Chairperson shall serve until replaced by the TPO. If the Chairperson and Vice-Chairperson are absent at the same time, the body shall appoint a member to act as chair in their absence during that meeting.

**Section 3: Vice-Chairperson:** The Board shall nominate and elect a Vice-Chairperson at one of the regular meetings each year. The Vice-Chairperson shall be elected by a majority vote of a quorum of the members of the Board present and voting at the meeting. The Vice-Chairperson shall serve a term of one-year starting with the next meeting.

**Article V: Board Meetings**

**Section 1: Regular Meetings:** The Board shall meet as often as necessary in order to meet its responsibilities. However, as required by Chapter 427.0157, FS, the Board shall meet at least quarterly.

**Section 2: Emergency Meetings:** An emergency meeting shall be called by the Board when in their opinion, an emergency exists which requires immediate action. When such a meeting is called, each Board member will be notified at least twenty-four (24) hours in advance, as will local media services, stating the date, hour, and place of the meeting, and the purpose for which it is called. There shall be no other business transacted at that meeting outside of the stated purpose for the emergency meeting.

**Commented [ML1]:** This language was added.

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**Section 23: Notice of Meetings:** A notice and an agenda shall be sent to all Board members, other interested parties, and the news media within a reasonable amount of time prior to the Board meeting. Such notice shall state the date, time, and place of the meetings.

**Section 34: Quorum:** At all meetings of the Board, the presence in person of six (6) of the voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a standard quorum, if there are at least four (4) voting members present and the actions of particular items is absolutely necessary, those members may elect to make a motion and with a second may continue to address the business at hand on the agenda advertised for that day only. These actions will be deemed acceptable to pass on to the TPO Board or State agencies, ~~but must be ratified at the next meeting where a standard quorum is present.~~ If no quorum is present, or an emergency quorum is not deemed necessary, any actionable business may not be transacted which might have been transacted at the meeting as originally called. The Chairperson shall recess the meeting until a quorum shall be present.

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**Section 45: Voting:** At all meetings of the Board at which a quorum is present, all matters, except as otherwise expressly required by law or these By-laws, shall be decided by the vote of a majority of the members of the Board present.

**Section 56: Parliamentary Procedures:** The Board will conduct business using parliamentary procedures according to Robert's Rules of Order, except when in conflict with these Bylaws. Section 6: Minutes. The Clerk of the Circuit Court, Board of Records, shall maintain an official set of minutes for each Board meeting. The minutes shall include an attendance roster and reflect official actions taken by the Board. Copies of all Board minutes shall be sent to the Commission for the Transportation Disadvantaged (CTD) office and the Chairperson of the TPO.

**Article VI: Staff**

**Section 1: General:** The TPO shall provide the Board with sufficient staff support and resources to enable the Board to fulfill its responsibilities as set forth in Chapter 427.0157, FS. These responsibilities include providing sufficient staff to manage and oversee the operations of the Board and assist in the scheduling of meetings, preparing meeting agenda packets, and other necessary administrative duties as required by the Board within the limits of the resources available.

**Article VII: Board Duties**

**Section 1: Board Duties:** The Board shall perform the following duties as specified in Chapter 427.0157, FS.

1. Review and approve the Transportation Disadvantaged Service Plan, including the Memorandum of Agreement, prior to submittal to the Commission.
2. Evaluate services provided in meeting the approved plan.
3. In cooperation with the CTC, review and provide recommendations to the CTD on funding applications affecting the TD.

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4. Assist the CTC in establishing priorities with regard to the recipients of non-sponsored TD services that are purchased with TD Trust Fund monies.
5. Review the coordination strategies of service provision to the TD in the designated service area.
6. Evaluate multi-county or regional transportation opportunities.
7. Work cooperatively with local Welfare Transition Program (WTP) coalitions established in Chapter 445, FS, to provide assistance in the development of innovative transportation services for WTP participants.

**Article VIII: Subcommittees**

**Section 1: Subcommittees:** As necessary, the **Chairmanperson** shall designate subcommittees to investigate and report on specific subject areas of interest to the Board and to deal with administrative and legislative procedures. A Grievance Subcommittee shall be established to serve as a mediator to process and investigate complaints from agencies, users, potential users of the system and the CTC in the designated service area, and make recommendations to the Board for improvement of service.

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**Article IX: Communication with Other Agencies and Entities**

**Section 1: General:** The TPO authorizes the Board to communicate directly with other agencies and entities as necessary to carry out its duties and responsibilities in accordance with Rule 41-2, FAC.

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Adopted: ~~June 25, 2020~~ March 18, 2021





# **OCALA MARION TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD BYLAWS**

## **CERTIFICATION**

The undersigned hereby certifies that he/she is the Chairperson of the Ocala Marion TDLCB Board and that the foregoing is a full, true and correct copy of the Bylaws as adopted by the Ocala Marion TDLCB Board on the 18th day of March 2021.

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Commissioner Michelle Stone, TDLCB Board Chairperson

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Robert Balmes, TPO Director



**TO: TDLCB Members**

**FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner**

**RE: Evaluation of the Community Transportation Coordinator (CTC)  
FY 2021**

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Pursuant to Chapter 427 Florida Statutes 427.015(2), the performance of the Community Transportation Coordinator (CTC) shall be evaluated annually based on the Commission for the Transportation Disadvantaged's (CTD) approved evaluation criteria. TPO staff conducted the evaluation during the month of January and February.

The evaluation includes an analysis of all relevant elements within the operations of Marion Transit Services. Examples include:

- Policies & Procedures
- Vehicle Operations & Maintenance
- Grievance Procedures
- Budget
- Contracts and Contract Management
- Driver Certification & Training
- Performance Standards
- Safety Standards
- Quality Assurance

The CTC Evaluation is being submitted to the Board for review and approval.

Any questions, additional comments and/or suggestions please submit to Liz Mitchell, [liz.mitchell@marioncountyfl.org](mailto:liz.mitchell@marioncountyfl.org).

# *CTC*

## *EVALUATION WORKBOOK*

Florida Commission for the



## **Transportation Disadvantaged**

**CTC BEING REVIEWED:** Marion Transit (MT)

**COUNTY (IES):** Marion

**ADDRESS:** 1101 SW 20th Ct., Ocala, FL 34471

**CONTACT:** Tom Wilder      **PHONE:** 352-620-3519

**REVIEW PERIOD:** 1/2020 -12/2020      **REVIEW DATES:** 1/2021

**PERSON CONDUCTING THE REVIEW:** Liz Mitchell

**CONTACT INFORMATION:** 352-438-2634      Liz.Mitchell@marioncountyfl.org

# ***LCB EVALUATION WORKBOOK***

<b>ITEM</b>	<b>PAGE</b>
<b>REVIEW CHECKLIST _____</b>	<b>3</b>
<b>EVALUATION INFORMATION _____</b>	<b>5</b>
<b>ENTRANCE INTERVIEW QUESTIONS _____</b>	<b>6</b>
<b>GENERAL QUESTIONS _____</b>	<b>9</b>
<b>CHAPTER 427, F.S. _____</b>	<b>13</b>
<b>RULE 41-2, F.A.C. _____</b>	<b>22</b>
<b>COMMISSION STANDARDS _____</b>	<b>32</b>
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<b>LEVEL OF AVAILABILITY WORKSHEET #3 _____</b>	<b>55</b>

## **REVIEW CHECKLIST & SCHEDULE**

### **COLLECT FOR REVIEW:**

- APR Data Pages
- QA Section of TDSP
- Last Review (Date: 1/2020)
- List of Omb. Calls
- QA Evaluation
- Status Report (from last review)
- AOR Submittal Date
- TD Clients to Verify
- TDTF Invoices
- Audit Report Submittal Date

### **ITEMS TO REVIEW ON-SITE:**

- SSPP
- Policy/Procedure Manual
- Complaint Procedure
- Drug & Alcohol Policy (see certification)
- Grievance Procedure
- Driver Training Records (see certification)
- Contracts
- Other Agency Review Reports
- Budget
- Performance Standards
- Medicaid Documents

## **ITEMS TO REQUEST:**

- REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)
- REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)
- REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)
- REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).
- MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

## **INFORMATION OR MATERIAL TO TAKE WITH YOU:**

- Measuring Tape
- Stop Watch

## EVALUATION INFORMATION

**An LCB review will consist of, but is not limited to the following pages:**

1	Cover Page
5 - 6	Entrance Interview Questions
12	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
13	Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services
19	Insurance
23	Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives
25 - 29	Commission Standards and Local Standards
39	On-Site Observation
40 – 43	Surveys
44	Level of Cost - Worksheet 1
45- 46	Level of Competition – Worksheet 2
47 - 48	Level of Coordination – Worksheet 3

**Notes to remember:**

- **The CTC should not conduct the evaluation or surveys. If the CTC is also the PA, the PA should contract with an outside source to assist the LCB during the review process.**
- **Attach a copy of the Annual QA Self Certification.**

# CTC EVALUATION

## **INTRODUCTION:**

In accordance with Florida Statutes, Chapter 427, and the Florida Commission for the Transportation Disadvantaged, the Marion County Community Transportation Coordinator (CTC) evaluation is conducted annually by members of the Transportation Disadvantaged Local Coordinating Board (TDLCB) with assistance from the Ocala Marion Transportation Planning Organization (TPO) staff. The TDLCB evaluates the CTC in order to ensure quality of service is being provided in the most cost effective and efficient manner. The evaluation encompasses management, operations, service, safety, vehicle maintenance, drivers and training, utilizing the Commission for the Transportation Disadvantaged CTC Evaluation Workbook.

The final workbook with the recommendations will be transmitted to the Florida Commission for the Transportation Disadvantaged and the Marion County CTC by the TPO staff. The CTC will forward a status report to the TDLCB within 30 working days.

The evaluation report and recommendations to the CTC were presented to the TDLCB at the March 18, 2021 meeting.



## ENTRANCE INTERVIEW QUESTIONS

### INTRODUCTION AND BRIEFING:

- Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).
- The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

The LCB will be reviewing the following areas:

- Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
  - Following up on the Status Report from last year and calls received from the Ombudsman program.
  - Monitoring of contractors.
  - Surveying riders/beneficiaries, purchasers of service, and contractors
- The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.
  - Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.
  - Give an update of Commission level activities (last meeting update and next meeting date), if needed.

### USING THE APR, COMPILE THIS INFORMATION:

#### 1. OPERATING ENVIRONMENT:

- RURAL       URBAN

#### 2. ORGANIZATION TYPE:

- PRIVATE-FOR-PROFIT
- PRIVATE NON-PROFIT
- GOVERNMENT
- TRANSPORTATION AGENCY

3. NETWORK TYPE:

- SOLE PROVIDER
- PARTIAL BROKERAGE
- COMPLETE BROKERAGE

4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:

N/A

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:

<b>Coordination Contract Agencies</b>				
<b>Name of Agency</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Telephone Number</b>	<b>Contact</b>
Advocacy Resources	2800 SE Maricamp	Ocala, FL	352.387.2210	Frank Sofia
Florida Center for the Blind	1411 N.E. 22nd Ave.	Ocala, FL	352.873.4700	Anissa Pieriboni

6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?  
(Recent APR information may be used)

Name of Agency	% of Trips	Name of Contact	Telephone Number
N/A			

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost	0	0	0
Medicaid	0	0	0
Quality of Service	0	0	0
Service Availability	0	0	0
Toll Permit	0	0	0
Other	0	0	0

## GENERAL QUESTIONS

**Use the TDSP to answer the following questions. If these are not addressed in the TDSP, follow-up with the CTC.**

1. DESIGNATION DATE OF CTC: July 1, 2020 - June 30, 2025

2. WHAT IS THE COMPLAINT PROCESS?

Marion Senior Service administrative staff fields calls and directs accordingly.

IS THIS PROCESS IN WRITTEN FORM?  Yes  No  
(Make a copy and include in folder)

Is the process being used?  Yes  No

3. DOES THE CTC HAVE A COMPLAINT FORM?  Yes  No  
(Make a copy and include in folder)

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?

Yes  No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?

Yes  No

**Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.**

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?

Yes  No

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

Complaints that are unresolved are referred to the helpline, however complaints are typically resolved in-house.

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?

Yes  No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?

Yes  No If yes, what type?

MT provides this at the time of application. It is also available by the drivers, on-line or on-site. Brochures are distributed to local merchants, neighborhoods and through the mail.

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?

Yes  No

11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?

Yes  No

12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

*Please Verify These Passengers Have an Eligibility Application on File:*

<b>TD Eligibility Verification</b>			
<b>Name of Client</b>	<b>Address of client</b>	<b>Date of Ride</b>	<b>Application on File?</b>
Margaret Burns	8705-B SW 95th St, Ocala, FL 34481	2/17/21	Yes
Rose Castellaneta	6302 SW 84th St, Ocala, FL 34476	2/18/21	Yes
Dennis Edwards	11062 SW 73rd Cir, Ocala, FL 34476	2/18/21	Yes
Valarie Hunter Kennedy	5170 SE 112th St Rd, Belleview, FL 34420	2/19/21	Yes
Patricia Pruet	5327 SW 96th Pl, Ocala, FL 34476	2/11/21	Yes
Gerald Raikes	10960 SE 129th Ln, Belleview, FL 34420	2/19/21	Yes
David Slocum	9370 SW 85th Ter, Ocala, FL 34481	2/19/21	Yes
Victor Souza	17345 SE 115th Ter Rd, Summerfield, FL 34491	2/12/21	Yes
Dorothy Walker	13791 SE 85th Cir, Summerfield, FL 34491	2/11/21	Yes
Leo Wylie	5347 SW 103rd Loop , Ocala, FL 34476	2/18/21	Yes

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

1. We have opened a new deviated route (Gold Line) in the Marion Oaks area. The bus does a continuous route in this area with riders being allowed to step on/off without the need for an appointment. The concept is being utilized in rural areas such as Dunnellon with great success, and will help with efficiency, more rider's, timely pick-up and return.

2. We have a new concept for a more expedient pick-up process, once the rider is ready for pick up they call in and the closest bus is sent to pick them up as opposed to having them wait for the original driver that dropped them off, this has cut down on the rider's wait time to be returned home.

3. Due to COVID there is a shield in place for the driver, both driver and rider's are required to wear masks, all buses have sanitizer, UV lights, thermometers, and social distancing is observed, all hard surfaces are wiped as needed, between rider's. As a precaution, at the end of the day every bus is wiped and misted with a disinfectant. +

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?

Marion Transit continuously analyzes and evaluates options to improve the efficiency of the system.

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

1. As areas become more urbanized revenue will be lost for unsponsored TD rider's. Due to COVID there are more buses required, more drivers, and scheduling as social distancing is only allowing a small amount of people in one bus.

2. Pick up of unscheduled rider's as "public transportation" need a formal way to bill and be reimbursed.

16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?

More sources of funding. How to bill and be reimbursed for unscheduled step on/off riders categorized as "public transportation".

17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?

Unsponsored TD riders.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

On the website, there is no formal marketing budget.

**GENERAL QUESTIONS**

Findings:

Recommendations:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC contracts for compliance with 427.0155(1), F.S.**  
*“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”*

ARE YOUR CONTRACTS UNIFORM?  Yes  No

IS THE CTD’S STANDARD CONTRACT UTILIZED?  Yes  No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?  
 Yes  No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)  
 Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

<b>Operator Name</b>	<b>Exp. Date</b>	<b>SSPP</b>	<b>AOR Reporting</b>	<b>Insurance</b>
Marion Transit Services	Certified 10/8/2020	2/3/2021	9/8/2020	2/4/2021



**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC last AOR submittal for compliance with 427. 0155(2)  
“Collect Annual Operating Data for submittal to the Commission.”**

REPORTING TIMELINESS

Were the following items submitted on time?

- a. Annual Operating Report  Yes  No
- Any issues that need clarification?  Yes  No

Any problem areas on AOR that have been re-occurring?

List: It would be helpful if the Commission let us know when there is a reporting change ahead of time, so that we can be aware of it and be on the lookout for it.

- b. Memorandum of Agreement  Yes  No
- c. Transportation Disadvantaged Service Plan  Yes  No
- d. Grant Applications to TD Trust Fund  Yes  No
- e. All other grant application (100%)  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S.**

***“Review all transportation operator contracts annually.”***

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED?

N/A

Is a written report issued to the operator?  Yes  No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?

It is performed annually with no set schedule.

Is a written report issued?  Yes  No

If **NO**, how are the contractors notified of the results of the monitoring?

No report is provided unless there is disciplinary or counseling is associated with the review.

WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?

A corrective action plan is initiated based on the circumstances.

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

**ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.**

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]**  
***“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”***

HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM?

School buses are not currently being utilized in the system.

**Rule 41-2.012(5)(b):** *"As part of the Coordinator's performance, the local Coordinating Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is not being utilized, the local Coordinating Board shall set an annual percentage of the number of trips to be provided on public transit."*

HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM?

N/A

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT?

Yes       No

If YES, what is the goal?

Continued monitoring of availability of transit services in Marion County with a mapping system to determine if potential riders reside within the transit service areas of SunTran. Clients are re-evaluated and transitioned to SunTran if they are deemed eligible, on a continual basis.

Is the CTC accomplishing the goal?     Yes     No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT?     Yes     No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review of local government, federal and state transportation applications for TD funds (all local, state or federal funding for TD services) for compliance with 427.0155(5).**

***“Review all applications for local government, federal, and state transportation disadvantaged funds, and develop cost-effective coordination strategies.”***

IS THE CTC INVOLVED WITH THE REVIEW OF APPLICATIONS FOR TD FUNDS, IN CONJUNCTION WITH THE LCB? (TD Funds include all funding for transportation disadvantaged services, i.e. Section 5310 [formerly Sec.16] applications for FDOT funding to buy vehicles granted to agencies who are/are not coordinated)

Yes     No

If Yes, describe the application review process.

All TD fund applications are presented to the LCB for review and approval prior to submittal. Once approved by the LCB, applications are forwarded to the TD Commission or FDOT.

If no, is the LCB currently reviewing applications for TD funds (any federal, state, and local funding)?         Yes     No

If no, is the planning agency currently reviewing applications for TD funds?  
 Yes     No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?     Yes     No

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

**Review priorities listed in the TDSP, according to Chapter 427.0155(7).  
“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”**

REVIEW THE QA SECTION OF THE TDSP (ask CTC to explain):

Quality assurance has been reviewed and MT has followed the criteria in accordance with FDOT's monitoring process. They are in compliance with all policies.

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

1. Medical Needs - kidney dialysis, cancer treatments, therapy/doctor appointments
2. Life Sustaining Activities - food, prescriptions, shopping, medicaid recertification
3. Education - life skills training, day treatment programs for abused/neglected children
4. Employment- Daily to work and return home
5. Business - banking, Social Security, visits to hospital/nursing homes
6. Recreational Trips - Social interaction

HOW ARE THESE PRIORITIES CARRIED OUT?

The LCB sets the prioritization guidelines. Service is provided in accordance with availability following the above priorities.

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

**Ensure CTC compliance with the delivery of transportation services, 427.0155(8).**

***“Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).”***

Review the Operational section of the TDSP

1. Hours of Service:

Monday - Friday from 5:00am - 7:00pm or until all return trips/passengers are completed.

2. Hours of Intake:

Passengers are requested to make appointments between 5am and 7pm so they can be picked up to two hours prior and returned home within service hours. Residents living in outlying areas may need to be ready up to three hours prior to pickup time.

3. Provisions for After Hours Reservations/Cancellations?

Special arrangements may be made for dialysis and other special situations with early, late or Saturday appointments. Service may be available 24 hours per day, 7 days a week, if prior arrangements are made.

4. What is the minimum required notice for reservations?

Notice is required seventy-two (72) hours in advance. Recurring trips, such as for dialysis or therapy can be scheduled on a permanent basis.

5. How far in advance can reservations be place (number of days)?

Trips may be scheduled as early as 2 weeks, but not later than seventy-two (72) hours in advance.

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).**

***“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”***

WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE LOCAL WAGES COALITION?

N/A

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

N/A

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

## CHAPTER 427

Findings:

Recommendations:



**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.006(1), Minimum Insurance Compliance**  
*“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”*

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

Coverage rates are \$100,000 per person and \$300,000 per incident.

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS?

\$100,000 per person and \$300,000 per incident.

HOW MUCH DOES THE INSURANCE COST (per operator)?

<b>Operator</b>	<b>Insurance Cost</b>
Marion Transit Services	\$176,978.00

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

Yes    No

If yes, was this approved by the Commission?    Yes    No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?    Yes    No

Comments:

## COMPLIANCE WITH 41-2, F.A.C.

### Compliance with 41-2.006(2), Safety Standards.

*“...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C.”*

Date of last SSPP Compliance Review 1/3/2020, Obtain a copy of this review.

Review the last FDOT SSPP Compliance Review, if completed in over a year, check drivers' records. If the CTC has not monitored the operators, check drivers' files at the operator's site.

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

Yes  No

### DRIVER REQUIREMENT CHART

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Transit Cust. Service
W. Ashberger	YES	4/28/2020	Not required	9/10/2020	6/26/2020	2/8/21
J. Baker	YES	5/29/2019	Not required	8/18/2020	6/26/2020	2/8/21
J. Bradham	YES	11/23/2020	Not required	12/7/2020	12/7/2020	2/9/21
A. Carlson	YES	7/9/2020	Not required	7/21/2020	7/22/2020	2/15/21
J. Carroll	YES	7/16/2019	Not required	12/19/2019	7/7/2020	2/8/21
S. DeBoard	YES	1/12/2021	Not required	12/6/2018	12/19/2019	2/8/21
J. Dorvilus	YES	12/1/2020	Not required	1/28/2019	5/28/2019	2/15/21
R. Formella	YES	1/13/2021	Not required	12/6/2018	12/19/2019	2/9/21
C. Gonzalez	YES	1/19/2021	Not required	12/6/2018	12/19/2019	2/16/21
S. Grijalva	YES	1/12/2021	Not required	2/8/2019	12/19/2019	2/11/21
W. Hagwell	YES	12/15/2020	Not required	12/6/2018	12/1/2019	2/16/21
A. Hamilton	YES	1/30/2020	Not required	12/6/2018	12/19/2019	2/15/21
R. Innis	YES	10/21/2020	Not required	8/15/2018	8/15/2018	2/4/21
A. Joseph	YES	12/4/2019	Not required	12/6/2018	12/19/2019	
F. LaSalle	YES	2/13/2020	Not required	12/6/2018	12/19/2019	2/9/21

**Sample Size:** 1-20 Drivers – 50-100%    21-100 Drivers – 20-50%    100+ Drivers – 5-10%

<b>Driver Last Name</b>	<b>Driver License</b>	<b>Last Physical</b>	<b>CPR/1st Aid</b>	<b>Def. Driving</b>	<b>ADA Training</b>	<b>Transit Cust. Service</b>
K. McKelvy	YES	7/31/2019	Not Required	8/6/2019	12/19/2019	2/8/21
P. Metivier	YES	1/25/2021	Not Required	7/31/2020	6/25/2020	1/22/21
K. Newton	YES	8/2/2019	Not Required	8/8/2019	12/19/2019	2/8/21
L. Olsen	YES	9/3/2020	Not Required	10/2/2019	12/19/2019	2/15/21
D. Osbourne	YES	10/14/2020	Not Required	12/6/2019	5/28/2019	2/9/21
L. Pizarro	YES	12/23/2020	Not Required	1/23/2019	12/19/2019	2/8/21
E. Ploski-Pflieger	YES	12/8/2020	Not Required	12/6/2018	12/19/2019	2/8/21
J. Porter	YES	5/7/2020	Not Required	12/6/2018	12/19/2019	2/8/21
E. Rivers	YES	10/19/2020	Not Required	12/6/2018	12/19/2019	2/15/21
W. Sancho	YES	10/19/2020	Not Required	12/6/2018	12/19/2019	2/15/21
V. Scott	YES	3/11/2020	Not Required	12/6/2018	12/19/2019	2/16/21
T. Spencer	YES	2/7/2019	Not Required	12/6/2018	5/28/2019	2/15/21
W. Thompson	YES	10/3/2020	Not Required	11/4/2019	11/6/2019	2/15/21
L. Waldren	YES	12/7/2020	Not Required	12/6/2018	12/19/2019	2/15/21

Sample Size: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.006(3), Drug and Alcohol Testing**

*“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”*

With which of the following does the CTC (and its contracted operators) Drug and Alcohol Policy comply?

- FTA (Receive Sect. 5307, 5309, or 5311 funding)
- FHWA (Drivers required to hold a CDL)
- Neither

**REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.**

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: \_\_\_\_\_ 2020

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

**Comments:**

Staff is given a video presentation along with a program manual provided by FDOT.

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.**

*“...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts.”*

1. IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS.

Cost [CTC and Coordination Contractor (CC)]

	<b>CTC</b>	<b>CC #1</b>	<b>CC #2</b>	<b>CC #3</b>	<b>CC #4</b>
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Ambulatory	28.13				
Wheelchair	48.23				
Special or unique considerations that influence costs?  N/A					
Explanation:					

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES?  Yes  No  
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

**RULE 41-2**

Findings:

Recommendations:

## COMPLIANCE WITH 41-2, F.A.C.

### Compliance with Commission Standards

*“...shall adhere to Commission approved standards...”*

Review the TDSP for the Commission standards.

<b>Commission Standards</b>	<b>Comments</b>
Local toll free phone number must be posted in all vehicles.	All vehicles have the local toll free contact information posted and readily available from the driver.
Vehicle Cleanliness	COVID has required that at the end of the day all hard surfaces are wiped down, any debris is removed, and the entire bus is misted with a disinfectant. Throughout the day surfaces are wiped as needed between riders.
Passenger/Trip Database	All information on trips and scheduling is maintained in a map-based computer software program called Route Match.



<p>Adequate seating</p>	<p>All seating is according to manufacturer's recommended capacity and usage. The driver and passengers are properly seated using the provided seat restraint devices. There is also space to accommodate 4 wheelchairs with seat and wheel restraints. Additionally, rider's utilize spaced seating for social distancing.</p>
<p>Driver Identification</p>	<p>When transporting passengers, all drivers will have a picture identification displayed at all times. Drivers also have name tag and company logo on their uniform/person for identification.</p>
<p>Passenger Assistance</p>	<p>Door-to-door service is available to all clients. Drivers are required to assist all passengers from the door of their pick-up point onto the vehicle as well as, off the vehicle and to the door at their destination. Drivers may not assist wheelchairs up or down more than one step unless it can be performed safely as determined by the driver.</p>
<p>Smoking, Eating and Drinking</p>	<p>Smoking, eating and drinking is prohibited onboard all vehicles.</p>

Two-way Communications	All vehicles are equipped with a two-way radio communication device to provide audible accessibility between the driver and base at all times.
Air Conditioning/Heating	All vehicles are equipped with air conditioners and heaters.
Billing Requirements	All riders are expected to pay fare at time that they receive services. Passengers must have exact change; drivers do not carry cash.

## COMMISSION STANDARDS

Findings:

Recommendations:

## COMPLIANCE WITH 41-2, F.A.C.

### Compliance with Local Standards

*“...shall adhere to Commission approved standards...”*

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	Escorts are limited to one per rider, as deemed medically necessary. Escorts must be at least 16 years old and pay the standard fare. Dependent children may be transported if the child is over 5 years old and the medical appointment is for the child.
Use, Responsibility, and cost of child restraint devices	Children under 5 must be in an appropriate safety seat. Child seat may be provided by the transport company if requested or can be furnished by the rider. Driver is responsible for properly securing the child and the child seat.
Out-of-Service Area trips	Out-of-service area trips provided only as approved by LCB and CTC.
CPR/1st Aid	Not required
Driver Criminal Background Screening	Criminal background and drug check (with local law enforcement and Florida Dept. of Law Enforcement) are done prior to date of hire.
Rider Personal Property	Riders may carry personal property on vehicles if it can be placed on lap or under seat. Drivers may not handle customer's property. Exception is shopping trips, customer may have 2-3 bags, and driver may assist to ensure bags are safely stowed on vehicle.
Advance reservation requirements	Trips must be scheduled a minimum of 72 hours prior to date of travel or 2 weeks in advance of date of travel.
Pick-up Window	There is a two hour pick-up window prior to appointment time. Three hours are required for outlying areas.

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
On-time performance	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Passenger No-shows	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Accidents	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Roadcalls <i>Average age of fleet:</i>	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Complaints <i>Number filed:</i>	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Call-Hold Time	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A

## LOCAL STANDARDS

Findings:

Recommendations:

**COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT**

**REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.**

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE  
AVAILABLE UPON REQUEST?  Yes  No

ARE ACCESSIBLE FORMATS ON THE SHELF?  Yes  No

IF NOT, WHAT ARRANGEMENTS ARE IN PLACE TO HAVE MATERIAL  
PRODUCED IN A TIMELY FASHION UPON REQUEST?

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?  
 Yes  No

IS THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH  
THE OFFICE PHONE NUMBER?  Yes  No

Florida Relay System:  
Voice- 1-800-955-8770  
TTY- 1-800-955-8771

EXAMINE OPERATOR MANUALS AND RIDER INFORMATION. DO CURRENT POLICIES COMPLY WITH ADA PROVISION OF SERVICE REQUIREMENTS REGARDING THE FOLLOWING:

<b>Provision of Service</b>	<b>Training Provided</b>	<b>Written Policy</b>	<b>Neither</b>
Accommodating Mobility Aids	Yes	Yes	
Accommodating Life Support Systems (O <sub>2</sub> Tanks, IV's...)	Yes	Yes	
Passenger Restraint Policies	Yes	Yes	
Standee Policies (persons standing on the lift)	Yes	Yes	
Driver Assistance Requirements	Yes	Yes	
Personal Care Attendant Policies	Yes	Yes	
Service Animal Policies	Yes	Yes	
Transfer Policies (From mobility device to a seat)	Yes	Yes	
Equipment Operation (Lift and securement procedures)	Yes	Yes	
Passenger Sensitivity/Disability Awareness Training for Drivers	Yes	Yes	

RANDOMLY SELECT ONE OR TWO VEHICLES PER CONTRACTOR (DEPENDING ON SYSTEM SIZE) THAT ARE IDENTIFIED BY THE CTC AS BEING ADA ACCESSIBLE AND PURCHASED WITH PRIVATE FUNDING, AFTER 1992. CONDUCT AN INSPECTION USING THE ADA VEHICLE SPECIFICATION CHECKLIST.

N/A None of the vehicles were purchased with private funding.

INSPECT FACILITIES WHERE SERVICES ARE PROVIDED TO THE PUBLIC (ELIGIBILITY DETERMINATION, TICKET/COUPON SALES, ETC...).

IS A RAMP PROVIDED?                     Yes     No

ARE THE BATHROOMS ACCESSIBLE?     Yes     No



# Bus and Van Specification Checklist

Name of Provider: Marion Transit

Vehicle Number (either VIN or provider fleet number): 1603

Type of Vehicle:  Minivan  Van  Bus (>22')  
 Minibus (<= 22')  Minibus (>22')

Person Conducting Review: Liz Mitchell - Ocala Marion TPO

Date: 2/4/21

## Review the owner's manual, check the stickers, or ask the driver the following:

- The lift must have a weight limit of at least 600 pounds.
- The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?
- The lift must be "interlocked" with the brakes, transmission, or the door, so the lift will not move unless the interlock is engaged. Ensure the interlock is working correctly.

## Have the driver lower the lift to the ground:

- Controls to operate the lift must require constant pressure.
- Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.
- Sufficient lighting shall be provided in the step well or doorway next to the driver, and illuminate the street surface around the lift, the lighting should activate when the door/lift is in motion. Turn light switch on, to ensure lighting is working properly.

## Once the lift is on the ground, review the following:

- Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- Side barriers must be at least 1 ½ inches high.
- The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- The platform must be slip-resistant.
- Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- The lift must have two handrails.
- The handrails must be 30-38 inches above the platform surface.
- The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

- If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- Lifts may be marked to identify the preferred standing position (suggested, not required)

**Have the driver bring the lift up to the fully raised position (but not stowed):**

- When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and carefully jump up and down to see how far the lift sways.
- The lift must be designed to allow boarding in either direction.

**While inside the vehicle:**

- Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
- The securement system must accommodate all common wheelchairs and mobility aids.
- The securement system must keep mobility aids from moving no more than 2 inches in any direction.
- A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.

**Vehicles under 22 feet must have:**

- One securement system that can be either forward or rear-facing.
- Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

**Vehicles over 22 feet must have:**

- Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
- Aisles, steps, and floor areas must be slip resistant.
- Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

# COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

Table 1. ADA Compliance Review - Provider/Contractor Level of Service Chart

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor
Marion Transit Services	43	43	Marion County

BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

Yes     No

## ADA COMPLIANCE

Findings:

Recommendations:

**FY 2020 / 2021 GRANT QUESTIONS**

**The following questions relate to items specifically addressed in the FY 2020 / 2021 Trip and Equipment Grant.**

DO YOU KEEP ALL RECORDS PERTAINING TO THE SPENDING OF TDTF DOLLARS FOR FIVE YEARS? (Section 7.10: Establishment and Maintenance of Accounting Records, T&E Grant, and FY 2020-2021 )

Yes  No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY N/A )

Yes  No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY 2020-2021 )

Yes  No

**STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)**

DATE OF LAST REVIEW: 1/2020

STATUS REPORT DATED: N/A

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

## ON-SITE OBSERVATION OF THE SYSTEM

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  
 Yes  No

Does the vehicle have two-way communications in good working order?  
 Yes  No

If used, was the lift in good working order?  
 Yes  No



Was there safe and appropriate seating for all passengers?

Yes  No

Did the driver properly use the lift and secure the passenger?

Yes  No

If No, please explain:

CTC: Marion Transit County: Marion

Date of Ride: 2/3/21

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD	1	1	1	1
Medicaid				
Other ADA	5	5	5	5
Other				
Other)				
Other				
Totals	6	6	6	6

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**



# Scheduled Trips Summary - FL\_Marion

For Time Period: 2/3/2021

Printed: 2/2/2021 3:50:51PM

Run Name: Unassigned

Vehicle: Bus 1405

Driver Name:

Driver Trish

Miles Out

Cash

Signature [Signature]

Miles In

Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Fletcher, Leonie	7:45:00AM	Silver Springs Shores 303 Oak Track Dr Ocala, FL 34472 <i>7:19 175362</i>	8:15:00AM	Family Care Spec 2300 Se 17th St #402 Ocala, FL 34471 <i>175375 7:52</i>	Ambulatory	\$ 2.00	(352) 680-0279

Request Time: 8:15 am

Funding Source: ADA

Assistance Needs: General Comments [\*ADA Client/1 hour window unless TD trip.]

Saint Clair, Abel	8:30:00AM	9 Fir Drive Pl Ocala, FL 34472 <i>7:32 175368</i>	9:00:00AM	Ocala Home Division 2860 SE 1st Ave Ocala, FL 34471 <i>175378 8:02</i>	Ambulatory	\$ 0.00	(352) 512-4831
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Request Time: 9:00 am

Funding Source: TD

Assistance Needs: Requires Door-to-Door assistance

*Ride along started*

Corcoran, Robert	9:00:00AM	Silver Springs Shores 9321 Spring Rd Ocala, FL 34472	9:30:00AM	Walmart 34 Bahia Ave Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 687-4873
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Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
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Request Time: 9:30 am  
 Funding Source: ADA  
 Assistance Needs:

Kearney, McKinley	9:30:00AM	Silver Springs Shores 510 Clear Rd Ocala, FL 34472	10:00:00AM	Regions Bank - Shores 9297 Se Maricamp Rd Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 687-8911
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Request Time: 10:00 am  
 Funding Source: ADA  
 Assistance Needs: General Comments [Palm Gardens]

Fletcher, Leonie	9:45:00AM	Family Care Spec 2300 Se 17th St #402 Ocala, FL 34471	10:15:00AM	Publix 7578 Se Maricamp Rd Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 680-0279
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Request Time: 10:15 am  
 Funding Source: ADA  
 Assistance Needs: General Comments [\*ADA Client/1 hour window unless TD trip.]

Kearney, McKinley	10:30:00AM	Regions Bank - Shores 9297 Se Maricamp Rd Ocala, FL 34472	11:00:00AM	Publix 7578 Se Maricamp Rd Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 687-8911
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Request Time: 11:00 am  
 Funding Source: ADA  
 Assistance Needs: General Comments [Palm Gardens]

Corcoran, Robert	11:30:00AM	Walmart 34 Bahia Ave Ocala, FL 34472	12:00:00PM	Silver Springs Shores 9321 Spring Rd Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 687-4873
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Request Time: 11:30 am  
 Funding Source: ADA  
 Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Fletcher, Leonie	12:15:00PM	Publix 7578 Se Maricamp Rd Ocala, FL 34472	12:45:00PM	Silver Springs Shores 303 Oak Track Dr Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 680-0279

Request Time: 12:15 pm

Funding Source: ADA

Assistance Needs: General Comments [\*ADA Client/1 hour window unless TD trip.]

VanBlarcom, Christine	12:30:00PM	Silver Springs Shores 4 Clear Pl Ocala, FL 34472	1:00:00PM	Associates for Evaluation 1515 E Silver Springs Blvd #217 Ocala, FL 34470 <i>Cancelled</i>	Ambulatory	\$ 2.00	(941) 615-7069 <i>n/s</i>
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Request Time: 1:00 pm

Funding Source: ADA

Assistance Needs:

Kearney, McKinley	1:00:00PM	Publix 7578 Se Maricamp Rd Ocala, FL 34472	1:30:00PM	Silver Springs Shores 510 Clear Rd Ocala, FL 34472	Ambulatory	\$ 2.00	(352) 687-8911
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Request Time: 1:00 pm

Funding Source: ADA

Assistance Needs: General Comments [Palm Gardens]

Banfield, William	1:30:00PM	Silver Springs Shores 7 Emerald Ct Ocala, FL 34472	2:00:00PM	Regions Bank - Shores 9297 Se Maricamp Rd Ocala, FL 34472 <i>ride along completed before this time</i>	Ambulatory	\$ 2.00	(352) 537-0915
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Request Time: 2:00 pm

Funding Source: ADA

Assistance Needs: *✓ Mary Nugent wheelchair*

## RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin

County: Marion

Date of Call: 2/3/21

Funding Source: N/A

1) Did you receive transportation service on 2/3/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 2/3/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

15

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Nicest people. I love these people. The best  
drivers - outstanding!  
\_\_\_\_\_  
\_\_\_\_\_

## RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin  
Date of Call: 2/3/21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 2/3/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 2/3/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

In the past occasional late pick up, but  
lately very good.  
\_\_\_\_\_  
\_\_\_\_\_



## RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin

County: Marion

Date of Call: 2/3/21

Funding Source: N/A

1) Did you receive transportation service on 2/3/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

1-2 x month

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 2/3/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

It meets my needs.

**Additional Comments:**

I'd like to compliment Trish. She understands.

Dispatch + Reservations always try to accommodate me.

Yvonne, Brenda + Mickey are great.

## RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin  
Date of Call: 2/3/21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 2/3/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 2/3/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

It's my way to get around because I don't drive and I can't use Suntran.

**Additional Comments:**

Everyone's been great. Service has been much better over the last year and a half than before then.

**ON-SITE OBSERVATION OF THE SYSTEM**

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation: 2/2/2021

Please list any special guests that were present: N/A

Location: Northeast Ocala

Number of Passengers picked up/dropped off: 2

Ambulatory 0

Non-Ambulatory 2

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  
 Yes  No

Does the vehicle have two-way communications in good working order?  
 Yes  No

If used, was the lift in good working order?  
 Yes  No

Was there safe and appropriate seating for all passengers?

Yes  No

Did the driver properly use the lift and secure the passenger?

Yes  No

If No, please explain:

CTC: Marion Transit County: Marion

Date of Ride: 2/2/2021

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD	1	2		
Medicaid				
Other				
Other				
Other)				
Other				
Totals	1	2		

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**



# Scheduled Trips Summary - FL\_Marion

For Time Period: 2/2/2021

Printed: 2/1/2021 1:13:33PM

Run Name: Unassigned  
Driver Name:

Vehicle: Bus 1405

Driver Tush  
Signature [Signature]

Miles Out 175279  
Miles In           

Cash             
Tickets           

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Johnson, Nicole ✓	8:30:00AM	4945 NE 15th Place Ocala, FL 34470	9:00:00AM	Employ U 1515 E Silver Springs Blvd Suite #130 Ocala, FL 34470	Lift to Load	\$ 2.00 <i>Cash</i>	(302) 242-2453

Funding Source: ADA  
Assistance Needs:

Peltier, Sylvia ✓	8:30:00AM	Cypress Villas 667 Ne 26th Ct Apt #D Ocala, FL 34470	9:00:00AM	Publix 3450 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$ <del>2.00</del> <i>4.00</i>	(618) 435-7365
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Funding Source: ADA  
Assistance Needs: General Comments [Client is requesting for driver to honk the horn..]

Morgan, Robert ✓	9:15:00AM	Silver Springs Manor 5401 E Silver Springs Blvd #22 Silver Springs, FL 34488	9:45:00AM	Advanced Imaging 2300 Se 17th St #800 Ocala, FL 34471	Lift to Load	\$ 2.00	(352) 361-1726
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Funding Source: ADA  
Assistance Needs: General Comments [USES WALKER/ LTL/ O2 GOOD 4HRS]

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Peltier, Sylvia	11:00:00AM	Publix 3450 E Silver Springs Blvd Ocala, FL 34470	11:30:00AM	Cypress Villas 667 Ne 26th Ct Apt #D Ocala, FL 34470	Ambulatory	\$ 2.00	(618) 435-7365

Funding Source: ADA

Assistance Needs: General Comments [Client is requesting for driver to honk the horn..]

Taylor, Racheleah	12:30:00PM	905 Ne 4th St Ocala, FL 34470	1:00:00PM	Associated Comprehensive Eye Care 2437 E Fort King St Ocala, FL 34471	Ambulatory	\$ 2.00	(352) 512-5520
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Funding Source: ADA

Assistance Needs: Visually Impaired; Requires Door-to-Door assistance [Client Blind]



# RIDER/BENEFICIARY SURVEY

Staff making call: ANTON SCHAUERTE County: Marion  
Date of Call: 2/2/21 Funding Source: N/A

1) Did you receive transportation service on 2/2/2021  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

"I'm glad we have Marion Transit. It's  
been a blessing for me and I'm sure  
it has been for others, too."

# RIDER/BENEFICIARY SURVEY

Staff making call: ANTON SCHAEFERTE County: Marion  
Date of Call: 2/2/21 Funding Source: N/A

1) Did you receive transportation service on 2/2/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

"All the drivers are courteous, kind, and  
helpful. I have no problem with any of  
the drivers. They are so nice."

**ON-SITE OBSERVATION OF THE SYSTEM**

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  
 Yes  No

Does the vehicle have two-way communications in good working order?  
 Yes  No

If used, was the lift in good working order?  
 Yes  No

Was there safe and appropriate seating for all passengers?

Yes  No

Did the driver properly use the lift and secure the passenger?

Yes  No

If No, please explain:

CTC: TOM WILDER

County: MARION

Date of Ride: 2-4-21

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid				
Other <u>5311</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Other				
Other)				
Other				
Totals	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**



# Scheduled Trips Summary - FL\_Marion

For Time Period: 2/4/2021

Printed: 2/3/2021 4:10:20PM

Run Name: Unassigned  
Driver Name:

Vehicle: Bus 1603

Driver \_\_\_\_\_

Miles Out

Cash

Signature \_\_\_\_\_

Miles In

Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Cotto, Daisy	9:00:00AM	Marion Oaks 14581 Sw 38th Terrace Rd Ocala, FL 34473	9:30:00AM	Walmart 9570 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 2.00	(862) 224-7264

Funding Source: 5311

Assistance Needs: General Comments []

Cotto, Daisy	11:30:00AM	Walmart 9570 Sw Highway 200 Ocala, FL 34481	12:00:00PM	Marion Oaks 14581 Sw 38th Terrace Rd Ocala, FL 34473	Ambulatory	\$ 2.00	(862) 224-7264
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Funding Source: 5311

Assistance Needs: General Comments []

# RIDER/BENEFICIARY SURVEY

Staff making call: L. Mitchell  
Date of Call: 2/4/21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on \_\_\_\_\_?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait



Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

\_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Very good

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# RIDER/BENEFICIARY SURVEY

Staff making call: L. Mitchell  
Date of Call: 2/4/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 2/4/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

*Drivers are very professional and very helpful*

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## RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp County: Marion  
Date of Call: 2/11/21 Funding Source: N/A

- 1) Did you receive transportation service on 2/2/21?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No  
If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week
- 4) Have you ever been denied transportation services?  
 Yes  
 No. If no, skip to question # 4  
A. How many times in the last 6 months have you been refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.  
B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

*-aggressive  
driver  
nothers major*

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

9

8) What does transportation mean to you? (Permission granted by Michael McClam for use in publications.)

*Mobility, ability to get where I need to go.*

Additional Comments:

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## RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp  
Date of Call: 2/11/21

County: Marion  
Funding Source: N/A

- 1) Did you receive transportation service on 2/11/21?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No  
If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week
- 4) Have you ever been denied transportation services?  
 Yes  
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

- Drivers - specify *-Very slow*
- Reservations - specify length of wait
- Vehicle condition
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

8) What does transportation mean to you? (Permission granted by Rene Micerola for use in publications.)  
*"My life line"*

**Additional Comments:**

*'We would like Tuesday & Thursdays for shopping if possible*

## RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp County: Marion  
Date of Call: 2/12/21 Funding Source: N/A

- 1) Did you receive transportation service on 2/11/2021?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No  
If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week
- 4) Have you ever been denied transportation services?  
 Yes  
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait



Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Ronald Muzzy for use in publications.)

Being able to get around.

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp County: Marion  
Date of Call: 2/11/2021 Funding Source: N/A

- 1) Did you receive transportation service on 2/11/20?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No  
If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week
- 4) Have you ever been denied transportation services?  
 Yes  
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Willie Luke for use in publications.)

"Everything to me"

Additional Comments:

The ability to get to the Dr means the  
world to me.

# RIDER/BENEFICIARY SURVEY

Staff making call: Tracy Sapp  
Date of Call: 2/11/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 2/10/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Valarte for use in publications.)

"without it I don't know what I would do"

**Additional Comments:**

Drivers go over and beyond in their jobs. Loves every one of them. They make me feel safe on that van. This service is such a blessing, they don't make us feel like a problem.

# RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley  
Date of Call: 02/08/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/08/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much? I do not have a copay for my dialysis appointments on M-W-F. I pay \$4 roundtrip for doctor appointments.

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week  
3x weekly since 2006 (dialysis)

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

6) Did you have a problem with your trip on 02/08/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

8

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

individual had no additional comments

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# RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley  
Date of Call: 02/09/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 01/19/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week  
2-3x monthly

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

6) Did you have a problem with your trip on 01/19/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait



Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

They are great. The drivers are very nice and they always  
say Hi and talk to me. I tell you what they are so polite  
and the other people on the bus are nice too.

# RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley  
Date of Call: 02/10/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/05/2021?  Yes or  No

shopping trip

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much? \$2.00 one-way \$4.00 roundtrip

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional → + shopping

6) Did you have a problem with your trip on 02/05/2021 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Dannie Hopkins for use in publications.)

**Additional Comments:**

I have been using them for a long time. I broke my neck and they  
have really helped me get to Walmart or the doctor. All the drivers and  
dispatchers are considerate and good. I do sometimes gripe to them, but  
that is on me when I am having a frustrating day. The drivers are  
very helpful and even help me find a motorized cart in  
Walmart's parking lot.

# RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley  
Date of Call: 02/10/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/10/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week  
*I have MS and have clinic appointments weekly.*

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/10/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10 +

8) What does transportation mean to you? (Permission granted by Marylou Dutton for use in publications.)

**Additional Comments:**

Honestly, without Marion Transit, I would not be here. It is  
heaven sent. They are very polite and care about you and  
your disability. They treat you with respect. These drivers  
are on the front line and people need to be patient with them.

# RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley  
Date of Call: 02/11/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/11/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much? \$4 roundtrip

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

6) Did you have a problem with your trip on 02/11/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

I give them 99.9%. I just wish they could pick me  
up earlier for shopping trips so I do not get home so  
close to my seizure medication time.

# RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley  
Date of Call: 02/11/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/11/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much? \$4 roundtrip

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

6) Did you have a problem with your trip on 02/11/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait



Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

8 to 9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

I really like Albert. He is one of the better drivers. Sometimes  
when there is a different driver it does not go quite as  
smoothly. I feel that sometimes they overschedule dialysis  
riders.

# RIDER/BENEFICIARY SURVEY

\* Alvin - regular driver

Staff making call: M. Mulligan  
Date of Call: 02/04/2021

County: Marion  
Funding Source: N/A

\* Riding for over 3 years

1) Did you receive transportation service on 02/01/2021?  Yes or  No  
*Monday*

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

*Monday* 6) Did you have a problem with your trip on 02/01/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Nancy Ascierto for use in publications.) Getting to my doctor

**Additional Comments:**

(Ms. Ascierto)

Alvin is the best. She has <sup>err-</sup> ~~two~~ two  
family members but they work and cannot drive  
her.

# RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan  
Date of Call: 02/04/2021

County: Marion  
Funding Source: N/A

Tuesday

1) Did you receive transportation service on 02/02/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services? 2-3x/wk

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

- None  3-5 Times
- 1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

- Ineligible  Space not available
- Lack of funds  Destination outside service area
- Other Called in too close to an appointment

5) What do you normally use the service for?

- Medical MD, PT  Education/Training/Day Care
- Employment  Life-Sustaining/Other
- Nutritional

6) Did you have a problem with your trip on 02/02/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

- Advance notice  Cost
- Pick up times not convenient  Late pick up-specify time of wait
- Assistance  Accessibility
- Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Riding Marion Transp for 2+ years and is  
Very appreciative of the service.  
\_\_\_\_\_  
\_\_\_\_\_

# RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan  
Date of Call: 02/04/2021

County: Marion  
Funding Source: N/A

- 1) Did you receive transportation service on Could not recall exact date.?  Yes or  No  
2) Where you charged an amount in addition to the co-payment?  Yes or  No  
*Currently in the hospital*

If so, how much?

- 3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week  
*Wound care - every other day  
Dialysis - 3x/wk*

- 4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

- A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times  
 1-2 Times  6-10 Times

If none, skip to question # 4.

- B. What was the reason given for refusing you transportation services?

Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?

Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10!

8) What does transportation mean to you? (Permission granted by Yolanda Belo for use in publications.) I am happy that they provide a professional service to get to places I need to be.

**Additional Comments:**

As a retired nurse, she was very impressed at how professional, nice, and on time Transit is. She did not know about the stopping, so she said she would inquire once she is out of the hospital.

# RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan  
Date of Call: 02/04/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 01/29/2021?  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

\$4.00 / round trip

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional - Shopping

6) Did you have a problem with your trip on 01/29/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait



Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Client wished for ~~other~~<sup>error</sup> transportation to other places than doctor or shopping, like Senior Centers or Silver Sneakers locations.

# RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan  
Date of Call: 02/05/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on Few weeks ago ~01/14/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

↳ when needed

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on ~01/14/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10!

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

She has been using Marion Transit for over 25  
years. The schedulers are very nice, excellent people.  
She wished shopping could be moved to Tuesday instead of  
Monday due to holidays, like President's Day.

# RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan  
Date of Call: 02/08/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/04/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional - groceries

6) Did you have a problem with your trip on 02/04/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Staff making call: M. Malligan  
Date of Call: 02/08/2021

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 02/01/2021?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week     Other     1-2 Times/Week     3-5 Times/Week  
*↳ Sometimes Every other week*

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None                       3-5 Times

1-2 Times                 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible                 Space not available

Lack of funds             Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical                     Education/Training/Day Care

Employment               Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/01/2021?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10+!

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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## RIDER/BENEFICIARY SURVEY

Staff making call: Shakyla Irby  
Date of Call: 1/19/21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 1/11/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/11/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait



Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby  
Date of Call: 1 / 18 / 21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 1/15/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/15/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

A safe way to get to one place to another  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby  
Date of Call: 1/22/21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 1/19/21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/19/21?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby  
Date of Call: 1 / 22 / 21

County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 1 / 18 / 21?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

N/A

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# Contractor Survey

Marion County

Florida Center for the Blind

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**Contractor name** (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip?

Yes  No

2. Do the riders/beneficiaries call your facility directly to issue a complaint?

Yes  No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes  No N/A

If yes, is the phone number posted the CTC's?

Yes  No N/A

4. Are the invoices you send to the CTC paid in a timely manner?

Yes  No N/A

5. Does the CTC give your facility adequate time to report statistics?

Yes  No

6. Have you experienced any problems with the CTC?

Yes  No

If yes, what type of problems?

**Comments:**

We have an agreement to have MT transport our clients to our facility for training purposes. They are trained on how to ride public transportation independently without assistance. Once training is complete MT transports our clients to doctors appointments and shopping as needed. They pay the \$2.00 fare and once qualified they ride under TD qualifications.



# Contractor Survey

Marion County

Advocacy Resources Center

---

**Contractor name** (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip?

Yes  No

2. Do the riders/beneficiaries call your facility directly to issue a complaint?

Yes  No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes  No

If yes, is the phone number posted the CTC's?

Yes  No

4. Are the invoices you send to the CTC paid in a timely manner?

Yes  No N/A

5. Does the CTC give your facility adequate time to report statistics?

Yes  No N/A

6. Have you experienced any problems with the CTC?

Yes  No

If yes, what type of problems?

**Comments:**

We have an agreement with MT for them to utilize our fleet of buses during an emergency situation if needed, to transport riders.

**Level of Cost  
Worksheet 1**

**Insert Cost page from the AOR.**

INSERTED



## CTC Expense Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

CTD Status: Under Review

Expense Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Labor	\$ 1,532,431	\$ 205,352	\$ 1,737,783	\$ 1,532,769	\$ 168,211	\$ 1,700,980
Fringe Benefits	\$ 443,602	\$ 37,198	\$ 480,800	\$ 424,742	\$ 34,418	\$ 459,160
Services	\$ 257,859	\$ 0	\$ 257,859	\$ 289,071	\$ 0	\$ 289,071
Materials & Supplies Consumed	\$ 378,170	\$ 78,666	\$ 456,836	\$ 421,427	\$ 91,402	\$ 512,829
Utilities	\$ 32,428	\$ 12,477	\$ 44,905	\$ 29,813	\$ 6,654	\$ 36,467
Casualty & Liability	\$ 144,655	\$ 33,471	\$ 178,126	\$ 88,767	\$ 27,960	\$ 116,727
Taxes	\$ 854	\$ 0	\$ 854	\$ 782	\$ 0	\$ 782
Miscellaneous	\$ 17,186	\$ 0	\$ 17,186	\$ 13,450	\$ 0	\$ 13,450
Interest	\$ 994	\$ 0	\$ 994	\$ 504	\$ 0	\$ 504
Leases & Rentals	\$ 10,621	\$ 0	\$ 10,621	\$ 14,683	\$ 0	\$ 14,683
Capital Purchases	\$ 389,179	\$ 58,930	\$ 448,109	\$ 0	\$ 50,000	\$ 50,000
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0	\$ 0	\$ 328,059	\$ 0	\$ 328,059
<b>Purchased Transportation Services</b>						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Total - Expense Sources</b>	<b>\$3,207,979</b>	<b>\$426,094</b>	<b>\$3,634,073</b>	<b>\$3,144,067</b>	<b>\$378,645</b>	<b>\$3,522,712</b>

## Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit				
Private For-Profit				
Government				
Public Transit Agency	3			
<b>Total</b>	3			

2. How many of the operators are coordination contractors? 0

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? N/A

Does the CTC have the ability to expand? Yes

4. Indicate the date the latest transportation operator was brought into the system. N/A  
\_\_\_\_\_

5. Does the CTC have a competitive procurement process? Yes

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties
X	None

Which of the methods listed on the previous page was used to select the current operators?

N/A

7. Which of the following items are incorporated in the review and selection of transportation operators for inclusion in the coordinated system?

	Capabilities of operator
	Age of company
	Previous experience
	Management
	Qualifications of staff
	Resources
	Economies of Scale
	Contract Monitoring
	Reporting Capabilities
	Financial Strength
	Performance Bond
	Responsiveness to Solicitation

	Scope of Work
	Safety Program
	Capacity
	Training Program
	Insurance
	Accident History
	Quality
	Community Knowledge
	Cost of the Contracting Process
	Price
	Distribution of Costs
X	Other: (list) None

8. If a competitive bid or request for proposals has been used to select the transportation operators, to how many potential operators was the request distributed in the most recently completed process? N/A

How many responded? \_\_\_\_\_

The request for bids/proposals was distributed:

N/A \_\_\_\_\_ Locally      N/A \_\_\_\_\_ Statewide      N/A \_\_\_\_\_ Nationally

9. Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? Yes

## Level of Availability (Coordination) Worksheet 3

**Planning** – What are the coordinated plans for transporting the TD population?

Plans are coordinated between Marion Transit Services and the LCB.

**Public Information** – How is public information distributed about transportation services in the community?

Marion Senior Services has an outreach division that distributes brochures, and ads. The website, web links and bus wraps with decals that provide MT's name and phone number are utilized.

**Certification** – How are individual certifications and registrations coordinated for local TD transportation services?

Certification is given to older adults, persons with disabilities, disadvantaged residents with priority given to those who do not own or drive a vehicle and who do not have family or friends to assist them.

**Eligibility Records** – What system is used to coordinate which individuals are eligible for special transportation services in the community?

The criteria is based on where the rider resides, there is also a vetting process that considers physical ability, age, medical conditions, and income level.

**Call Intake** – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

There is an automated system that answers and places them in a waiting pattern until one of the reservationists is available. There are three (3) reservationists taking calls at any given time.

**Reservations** – What is the reservation process? How is the duplication of a reservation prevented?

Reservationist utilizes a system (RouteMatch) that confirms the customer is an existing rider, schedules the trip in the system and triggers an alert should there be a duplication. If it is a new customer it is determined what funding will be utilized and proper scheduling procedure is followed.

**Trip Allocation** – How is the allocation of trip requests to providers coordinated?

N/A

**Scheduling** – How is the trip assignment to vehicles coordinated?

A trip scheduler assigns by geographic location utilizing RouteMatch.

**Transport** – How are the actual transportation services and modes of transportation coordinated?

The RouteMatch system allocates trips according to trip type and time of day.

**Dispatching** – How is the real time communication and direction of drivers coordinated?

Drivers are given a manifest with a list of scheduled riders in the morning. They maintain communication and results throughout the day with the RouteMatch system on tablets and two-way communication as needed.

**General Service Monitoring** – How is the overseeing of transportation operators coordinated?

The CTC oversees the managers and the managers oversee the operators.

**Daily Service Monitoring** – How are real-time resolutions to trip problems coordinated?

Dispatchers utilize RouteMatch system to identify nearby drivers available to lend assistance. Drivers have two-way communication systems on the buses and dispatch is in contact with them at any time.



**Trip Reconciliation – How is the confirmation of official trips coordinated?**

A trip manager confirms all trips daily and verifies that the information on the manifest is accurate.

**Billing – How is the process for requesting and processing fares, payments, and reimbursements coordinated?**

All payment methods are coordinated by the trips manager. The trips manager coordinates with the rider to ensure they are aware of their financial obligation pertaining to their upcoming trip.

**Reporting – How is operating information reported, compiled, and examined?**

The RouteMatch system maintains all data required. Data is compiled according to CTD guidelines and submitted based on deadlines.

**Cost Resources – How are costs shared between the coordinator and the operators (s) in order to reduce the overall costs of the coordinated program?**

N/A Operators are not utilized.

**Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision?**

The outreach program, website, brochures distributed to local merchants, neighborhoods and through the mail, in-person presentations. There is continuous communication and coordination with SunTran for client vetting and route optimization.

**Overall – What type of formal agreement does the CTC have with organizations, which provide transportation in the community?**

N/A



February 3, 2021

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

**RE: AGENCY CONTACT INFORMATION**

To: District Five

This letter provides certification of the current agency contacts:

- Ms. Jennifer Martinez, Executive Director – [jmartinez@marionseniorservices.org](mailto:jmartinez@marionseniorservices.org)
- Mr. Tom Wilder, Transportation Director – [twilder@marionseniorservices.org](mailto:twilder@marionseniorservices.org)
- Ms. Rhonda Blaney, Finance Director – [rblaney@marionseniorservices.org](mailto:rblaney@marionseniorservices.org)
- Mr. Herman Schulz, Transit Manager – [hschulz@marionseniorservices.org](mailto:hschulz@marionseniorservices.org)
- Ms. Karen Williams, Trips Manager – [kwilliams@marionseniorservices.org](mailto:kwilliams@marionseniorservices.org)
- Mr. Ken McKelvy, Transit Manager – [kmckelvy@marionseniorservices.org](mailto:kmckelvy@marionseniorservices.org)

Sincerely,

Tom Wilder, Transportation Director



Florida Department of Transportation

RIK SCOTT  
GOVERNOR

133 South Semoran Blvd.  
Orlando, Florida 32807

MIKE PATA  
COMMISSIONER

October 8, 2018

Tom Wilder, Transportation Director  
Marion Senior Services  
1101 SW 20<sup>th</sup> Court  
Ocala, FL 34471

**RE: Compliance Notice for the Marion Senior Services 2018 Triennial Review**

Dear Mr. Wilder:

This letter is to confirm that our site visit for the 2018 Marion Senior Services Triennial Review on July 9, 2018 was satisfactory and we have found your agency to comply with the Florida Department of Transportation's (FDOT) regulations for providing public transportation services and for receiving federal funding under 49 U.S.C. § 5310, § 5311, and § 5339. A summary of review findings is provided as an appendix to this Compliance Notice. Your agency's response was received by the FDOT reviewer via the Corrective Action Plan (CAP) on September 14, 2018.

Your cooperation during the entire process was greatly appreciated and we look forward to working with you in the future to provide safe and efficient transportation for the residents of Marion County.

Should you have any questions or require additional information, please do not hesitate to contact me directly at (407) 482-7860, [diane.poitras@dot.state.fl.us](mailto:diane.poitras@dot.state.fl.us) or Kayla Costello (407) 482-7887, [kayla.costello@dot.state.fl.us](mailto:kayla.costello@dot.state.fl.us).

Sincerely,

Diane Poitras  
Transit Programs Administrator  
FDOT District Five

Attachment 1 – Triennial Review CAP Matrix

DP/kc

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

## COMPLAINT & COMPLIMENTS PROCEDURE

### **1.0 Purpose**

1.1 This document spells out the proper procedure for handling Complaints or Compliments for Marion Transit. Because we provide a community service, the agency is subject to receiving complaints and/or compliments regarding our service, employees or both.

Marion Transit strives to provide excellent service to our clients/customers.

#### **Customers have the right to:**

- File complaints without fear of retaliation;
- Prompt investigations and effective resolutions; and
- Current and complete program information.

#### **Customers are responsible for:**

- Filing complaints in a timely manner (state local time frame), and
- Providing CTC with pertinent information.

#### **Determination of complaint:**

- Title VI: Discrimination based on race, color, religion, sex, or national origin.
- ADA: Discrimination of qualified disabled individual, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.

#### **Time Frame for complaints:**

- Title VI: No later than 180 days from the date of the alleged discrimination.
- ADA: No later than 60 days from the date of the alleged discrimination.
- Record retention of complaints filed is 5 years.

**Note:** Title VI / ADA Complaint form is available on Marion Transit webpage.

### **2.0 Roles Responsibilities**

**2.1 Supervisors/Managers** – responsible for ensuring that complaints are fully investigated in a timely manner. Proposed actions for improvement are documented and if warranted disciplinary action is taken. Compliments are also documented and discussed with the employee.

**2.2 Drivers/Employees** – responsible for providing a service to our customers that meet or exceed expectations. Notify their respective supervisor as soon as practical of any potential

**Page 2**      **COMPLAINT & COMPLIMENTS PROCEDURE CONTINUED**

situation(s) that may cause someone to initiate a complaint against the agency and/or employee.

**3.0 Procedures**

Any Marion Transit employee can receive a compliment or complaint from a citizen. When a compliment or complaint is being made the employee receiving the information is required to document with as much information including; who, what, when, where, how, and why. Forms are available to document both types of incidents and may be accessed by contacting the Transit Office Assistant.

Once the incident is documented, it should be forwarded to the respective supervisor/manager for further investigation. The supervisor/manager will make the Transportation Director aware of the complaint or compliment and forward the report(s) once the investigation is completed.

In the case of a complaint, the supervisor/manager will propose actions to remedy the situation. Both the supervisor/manager and Transportation Director will determine outcomes.

Once a complaint or compliment is completed, copies of the report will be placed in the respective Marion Transit employee folder and/or Master Index Folder. The person making the complaint should be notified of the outcome if warranted.

Complaints that may warrant severe disciplinary action will be brought to the attention of the Executive Director and Human Resources.

All complaints and/or compliments should be kept in a common index file for easy access by Month/Year.

Note: Copies of forms are attached.

+++ END +++



# Complaint Report

MARION TRANSIT

Date:

Bus # & Driver:

Written By:

Complaint made by:

Address / Phone:

**Complaint Details: (Who, What, When, Where, How, Why)**

**Proposed Action Purposes**

Supervisor Name & Signature: \_\_\_\_\_

Director Comments:

Signature & Date: \_\_\_\_\_



ROUTING #

# Complaint Report

MARION TRANSIT

Date: 9/8/2020 @ 904 AM

Bus # & Driver: IN GENERAL

Written By: Cyndi

Compliment made by: Lynn Ennis

Address / Phone: 407-760-7902

### Complaint Details:

She said that every time a bus comes in the development to pick up the lady across the street at 7318 Cherry Pass (Carol Guinn) she said that the bus blocks her driveway and she has to take her kid to school and her to work. She said that she can't be blocking the street. She said that the bus needs to see if they can pull into the driveway, instead of blocking her.

Supervisor Comments: I spoke w/ Ms. Ennis. Apologized for drivers blocking her driveway. Will put CLIENT note to not block neighbors driveway across from Ms. Guinns driveway.

Supervisor Name & Signature: KEN McKelvey Ken McKelvey

Director Comments:

*Concurred*

Director Signature & Date: [Signature] 9/9/20



# MARION TRANSIT

## SUPERVISOR INCIDENT ANALYSIS REPORT (Attach to Incident Report)

Incident Description – Complaint	Date of Incident 9/8/2020
----------------------------------	------------------------------

Employee Involved – General Complaint	Bus# N/A
---------------------------------------	----------

Details determined by investigation/review – Caller Lynn Ennis called to advise our bus blocks her driveway when picking up a client at 7318 Cherry Pass. She is asking that we not block her driveway, because she takes her kid to school and herself to work.

Corrective Action(s) YES or NO  
(If yes, corrective action completed – Date Completed)  
Supervisor spoke with Ms. Ennis. Apologized for drivers blocking her driveway.

Changes (if any) to prevent future incidents of this type –  
All drivers will  
Notes added to client file advising drivers not to block Ms. Ennis driveway.

Supervisor <i>Ken McKelvy</i>	Date 9-8-20
----------------------------------	----------------

Director <i>Dan Wilder</i>	Date 9-9-20
-------------------------------	----------------



February 3, 2021

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

RE: Section 49 Code of Federal Regulations, part 21 and Federal Transit Administration (FTA)  
Circular 4702.

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit has not made any changes to the Title VI Plan implemented on July 1, 2016. As of December 31, 2020, Marion Senior Services, Inc. d/b/a Marion Transit does not have any Title VI related investigations, complaints or lawsuits to report to the Department. Below is a list of all public notices located throughout our facility and the active URL where our public notice is located.

1. Front Lobby
2. Transportation Bay
3. All Buses
4. <http://www.marionseniorservices.org/me/marion-senior-services/transit-services-12864.html?navId=1382>

Sincerely,

  
Tom Wilder, Transportation Director



*Florida Department of Transportation*

RICK SCOTT  
GOVERNOR

133 S. Semoran Blvd  
Orlando, FL 32807

MIKE DEW  
SECRETARY

August 7, 2018

Tom Wilder  
Marion Senior Services  
1101 SW 20<sup>th</sup> Court  
Ocala, FL 34471

**Re: Marion Senior Services Title VI Plan Review - Letter of Concurrence**

Dear Mr. Wilder,

The Department has completed a review of the Marion Senior Services Title VI Plan adopted May 2016, amended June 2018. We find the Title VI Plan to be in compliance with Section 49 Code of Federal Regulations, part 21 and Federal Transit Administration (FTA) Circular 4702.1B as well as the Department's Title VI Plan Guidance. Therefore, the Department is in concurrence with the Marion Senior Services Title VI Plan.

We appreciate the opportunity to review the document and ensure compliance with the federal and state requirements. Please include a copy of this letter in the appendices of your agency's Title VI Plan as outlined in the Title VI requirements. The Department also recommends proper documentation of the receipt of concurrence letter in the plan's activity log.

If you have any questions, please contact me at (407) 482-7860 or e-mail [diane.poitras@dot.state.fl.us](mailto:diane.poitras@dot.state.fl.us).

Sincerely,

A handwritten signature in blue ink that reads "Diane Poitras".

Diane Poitras  
Transit Programs Administrator  
District 5

DP/kc

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

A handwritten signature in blue ink that reads "Tom Wilder".

## **MARION TRANSIT**

### **REASONABLE MODIFICATION POLICY**

The Department of Transportation has revised its rules under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

It now specifically provides that transportation agencies are required to make reasonable modifications to policies, practices and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.

Marion Transit is committed to providing safe, reliable, efficient, and accessible service to all its customers. To ensure equality and fairness, Marion Transit will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all services.

Exceptions would include modifications that:

- Cause a direct threat to the health and/or safety of others;
- Result in a fundamental alteration of the nature of the service;
- Are not necessary in order for the individual with a disability to fully utilize Marion Transit.

A request for modification of policy or procedures to participate with Marion Transit program or service should contact:

Tom Wilder, Transportation Director  
1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471  
352-620-3071 or [twilder@marionseniorservices.org](mailto:twilder@marionseniorservices.org)

**Reasonable Modification Request Determination**

For each reasonable modification request, consider each of the questions below. If the request does not provide enough specific information related to a question, consider what additional information is needed and how it would impact your answer to the question. Once each question has been considered, indicate what action you would take related to the request. If the decision would vary based on other factors/information, note the assumptions you made in making your decision.

- Does the person making the request have a disability? Circle: Yes or No  
What change in policy is being requested? \_\_\_\_\_  
\_\_\_\_\_
- Because of the person's disability, is the requested change needed to fully benefit from the transportation service? \_\_\_\_\_  
\_\_\_\_\_
- Would granting the request create a direct threat to the health or safety of others? \_\_\_\_\_  
\_\_\_\_\_
- Would granting the request fundamentally change the nature of the transportation service? \_\_\_\_\_  
\_\_\_\_\_

Determination -

- Grant the request
- Deny the request

If denied, please explain reason: \_\_\_\_\_  
\_\_\_\_\_

✓ Date and method the requestor was notified of decision: \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MARIONTRANSIT

## American with Disabilities Act Transportation-Related ADA Policies and Procedures

Marion Transit is committed to complying with all applicable provisions of the Americans with Disabilities Act, as amended (ADA), and applicable state and local laws and maintains liability coverage for required services to individuals with disabilities. It is Marion Transit's policy not to discriminate against any participant or employee regarding any terms or conditions of their participation with programs at Marion Senior Services, Inc. and access to services provided within, including transportation, on the basis of such individual's disability.

Consistent with this policy of non-discrimination, Marion Transit, will provide reasonable accommodations to an individual with a disability, as defined in the ADA or applicable law, who has made Marion Transit aware of his or her disability at intake, unless doing so would cause an undue hardship to the agency.

The agency also wishes to participate in a timely, good faith, interactive process with a disabled participant to determine effective reasonable accommodations, if any, which can be made in response to a request for accommodations. Requests should be made to the Transportation Director. By working together in good faith, the Agency hopes to implement any reasonable accommodations that are appropriate and consistent with its legal obligations.

Any participant who has questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the Transportation Director or Human Services Director. All such inquiries or complaints will be treated as confidential to the greatest extent possible and will only be disclosed on a need-to-know basis.

# MARIONTRANSIT

## **Terms Used in This Policy**

As used in this ADA policy, the following terms have the indicated meaning:

- **Disability:** A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.
- **Major life activities:** Term includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.
- **Substantially limiting:** In accordance with the ADA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADA regulations.
- **Reasonable accommodation:** Includes any changes or adjustments to the human services transportation program and may include making existing transportation services readily accessible to and usable by individuals with disabilities.
- **Undue hardship:** An action requiring significant difficulty or expense by Marion Transit in determining whether an accommodation would impose an undue hardship on Marion Transit factors to be considered include:
  - The nature and cost of the accommodation.
  - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons affected, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.
  - The type of operations of the agency, including its composition, structure and functions.

## **Right to Use Marion Transit Transportation Services**

Transportation services will not be denied to any participant with a disability, if the individual is capable of using the service and abides by Marion Transit rider rules (see below).

Marion Transit further does not require an individual with a disability to use designated priority seats, if the individual does not choose to use these seats.

Marion Transit does not require that an individual with a disability be accompanied by an attendant.

# MARIONTRANSIT

## **Rules for Rider Conduct**

Marion Transit may refuse service to any individual who engages in violent, seriously disruptive, or illegal conduct, or represents a direct threat to the health or safety of others.

The definition of “direct threat” is intended to be interpreted consistently with the parallel definition in the Department of Justice regulations. That is, CFR, Title 49, Part 37 does not require a public entity to permit an individual to participate in or benefit from the services, programs, or activities of that public entity when that individual poses a direct threat to the health or safety of others. In determining whether an individual poses a direct threat to the health or safety of others, a public entity must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk, the probability that the potential injury will actually occur, and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

Marion Transit strictly prohibits the use of alcohol and/or drugs, and/or the possession of a firearm/weapon by any participant while on board a vehicle. The use of drugs and/or alcohol or the possession of a firearm/weapon will result in immediate discharge.

Marion Transit Drivers will make reasonable attempts resolve issues with riders. If service is denied, the Driver will document the incident or incidents leading to the service denial on the incident Report (see Exhibit A), substantiating how such an incident rises to the level of seriously disruptive behavior or a direct threat.

## **Boarding and Securement: Policies and Procedures for Wheelchair-Bound Participants**

It is the policy of Marion Transit to comply with all the legal requirements of Federal and State laws and regulations as they pertain to individuals with disabilities. Marion Transit transit program provides quality transportation services without discrimination to all persons, including individuals with disabilities. Service is provided in a manner that meets the following goals:

1. Provide safe, accessible and dignified services to all persons.
2. Expedite the safe and efficient boarding, securing, transporting and alighting of all passengers, regardless of mobility status.
3. Accommodate the wide range of mobility aids within the confines of available vehicles and standard equipment.
4. Minimize potential damage to mobility aids and transit system equipment in the process.



# MARIONTRANSIT

Marion Transit's transit program has the capacity to carry a wheelchair and occupant. A wheelchair is defined as a mobility aid belonging to any class of three or four-wheeled devices used by individuals with mobility impairments, whether operated manually or powered. A "common wheelchair" does not exceed 30 inches in width and 48 inches in length measured two inches above the ground and does not weight more than 800 or 1000 pounds when occupied based on the capacity of the bus lift.

Marion Transit does not allow Segway personal transportation devices onto transportation vehicles, nor does the agency allow such devices in its offices.

**Boarding:** Drivers and scheduling practices will provide adequate time for a passenger with a disability to board and/or disembark the vehicle. It is the responsibility of the driver to determine the safest location for passenger boarding based on conditions and individual needs upon arrival at the pick-up site. The passenger will maneuver the mobility aid to the vehicle. Only a properly trained transit employee can operate the lift, secure the wheelchair on the lift and in the securement station.

A person with a disability who is not using a wheelchair or other seated mobility aid may use the lift to board or alight the vehicle upon request.

Drivers will make themselves available for assistance to persons with disabilities and will assist upon request of the passenger. Drivers will leave their seat to assist a passenger with using the vehicle ramp, lift and/or securement systems. Drivers will use the accessibility-related equipment and features on their vehicles.

**Securement:** Securement of the "common wheelchair" class of mobility device is the responsibility of the driver and drivers will be trained in the proper operation of all securement equipment based on manufacturer specifications. Marion Transit utilizes universal tie-downs to secure mobility devices.

Marion Transit shall respond to requests for reasonable modification to policies and practices consistent with its transportation program, unless the request would fundamentally alter the nature of Marion Transit's services, programs or activities. All requests for modification are to be in writing (any format) with the name of the individual requesting modification and other relevant contact information and shall be delivered to the Transportation Director. Forms are also available on the [www.marionseniorservices.org](http://www.marionseniorservices.org) website.

## **ADA Complaint Procedures**

Marion Transit's Transportation Director and leadership staff are responsible for ADA grievances. The ADA Coordinator is Tom Wilder, Transportation Director as the ADA Coordinator's alternate is Donna Tackett, Human Resources Director to address the agency's compliance with ADA regulations as it relates to the transportation program and ADA transportation related concerns and grievances.

Transportation related ADA concerns, grievances or complaints are required to be submitted to Transportation Director at 1101 SW 20<sup>th</sup> Court, Ocala, Florida 34471 on the agency's Complaint Form (see Exhibit B for complete instructions on the process). This form is also available on the

# **MARIONTRANSIT**

agency website [www.marionseniorservices.org](http://www.marionseniorservices.org)

## **Equipment for Accessible Service**

Marion Transit shall ensure that vehicle operators and other personnel are thoroughly trained on the operation and make use of accessibility-related equipment or features required by Part 38 of this title and shall maintain in operative condition those features of facilities and vehicles that are required to make the vehicles and facilities readily accessible to and usable by individuals with disabilities. These features include lifts and other means of access to vehicles, securement devices, signage and systems to facilitate communications with persons with impaired vision or hearing.

Marion Transit shall establish a system of regular and frequent maintenance checks of lifts sufficient to determine if they are operative (this is part of the Daily Pre/Post Trip Inspection conducted on every vehicle). Drivers are required to immediately report to the Transit Manager any failure of a lift or other accessibility feature. Accessibility features shall be repaired promptly if they are damaged or out of order. When an accessibility feature is out of order, Marion Transit shall take reasonable steps to accommodate individuals with disabilities who would otherwise use the feature.

Vehicle accessibility features include:

- Lifts and ramps
- Mobility aid securement areas and systems
- Lighting
- Seatbelts and/or shoulder harnesses (required to be used by all passengers)
- Signage

Facility features include:

- Signage
- Accessible paths to and within facilities
- Ramps

## **Wheelchairs and Other Mobility Devices**

Marion Transit's transit program has the capacity to carry a wheelchair and occupant. Marion Transit does not allow Segway personal transportation devices onto transportation vehicles, nor does the agency allow such devices in its Centers.

## **Service Animals**

Marion Transit allows passengers to bring a service animal. When booking a trip, riders should advise reservations they will have a service animal riding with them.

## **Effective Communications**

Marion Transit will make every accommodation to communicate with persons who have disabilities affecting hearing, speaking, reading, writing or comprehension, as long as the accommodation does not place an undue burden upon the organization.

# MARIONTRANSIT

## **ADA Training for Employees**

Marion Transit has designed a training program that provides complete information on accessibility-related equipment and accommodations required by the ADA training is thoroughly define in the agency's Transportation Operating Policies and Procedures (Exhibit C). Employees further acknowledge that they have received and read the agency's transportation-related ADA Policy as documented with Exhibit D and is include in driver training files.

ADA training ensures that employees understand the importance of keeping equipment and accommodations in good working order and that employee provide excellent customer service to people with disabilities. The training program:

- Covers all aspects of service delivery;
- Includes regular updates as necessary on new technologies and refresher in-service training on serving people with disabilities;
- Addresses both technical tasks (operating all accessibility equipment and features) and human relations (providing assistance to individuals with disabilities in boarding, alighting and securement, sensitivity & etiquette in serving persons with disabilities, communicating with individuals with different types of disabilities); and,
- Vehicle mechanics (maintaining all accessibility equipment and keeping maintenance and repair records).

Marion Transit's Transportation Director, reporting to the Marion Senior Services, Inc. Executive Director, is responsible for the oversight of the transportation program, including its policies and procedures, and supervising employees to ensure they provide proper and consistent levels of service to individuals with disabilities.

## **Description of Services and Scheduling Rides**

Transportation services are offered Monday – Friday from 5:00 a.m. to \*7:00 p.m. transportation service requests are to be made up to 2 weeks but not less than \*72 hours in advance of your appointment time. Transportation requests must be made by calling Reservations at 352-620-3072 Monday through Friday 8:00 a.m. to 5:00 p.m.

(\*ADA & Dialysis riders may make special request with Reservations)

## **Reasonable Modifications Requests**

Marion Transit shall respond to requests for reasonable modification to policies and practices consistent with its transportation program, unless the request would fundamentally alter the nature of Marion Transit's services, programs or activities. All requests for modification are to be in writing (any format) with the name of the individual requesting modification and other relevant contact information and shall be delivered to the Transportation Director. Forms are also available on the agency website [www.marionseniorservices.org](http://www.marionseniorservices.org)

## **Use of Cell Phones**

Each Driver has read and signed acknowledging the use of cell phone policy which forbids use of cell phones while driving.

# MARIONTRANSIT

## **Ridership by Unaccompanied Minors**

Marion Transit provides transportation to unaccompanied minors as long as the minor is accompanied by an adult. Unaccompanied minors (ages 15 and above) are provided transportation services to/from school activities and/or doctor's appointments with prior approval/permission granted by the minor's parent/guardian.

## **Travel Attendants**

Marion Transit allows for participants to be accompanied by travel attendants in the event that it is necessary, and the vehicle is not to capacity. Prior knowledge of ridership by a participant traveling with an attendant is necessary to make sure the vehicle is not to capacity.

## **Food and/or Beverage Consumption**

There is no consumption of food and/or beverages on Marion Transit vehicles.

## **Bicycles and Strollers**

Marion Transit makes all reasonable accommodations for bicycles and strollers as appropriate.

## **Oxygen and Other Health Aids**

Marion Transit does not prohibit an individual with a disability from traveling with a respirator or portable oxygen supply, as long as the health aid is classified as a portable oxygen concentrator as defined in 49 CFR, 177.870(e).

\*\*\*END\*\*\*

**MARION TRANSIT  
INCIDENT REPORT**

INCIDENT TYPE/DESCRIPTION: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM or PM

ROUTE: \_\_\_\_\_ BUS#: \_\_\_\_\_ DRIVER NAME: \_\_\_\_\_

PASSENGERS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_

OTHER: \_\_\_\_\_

**INCIDENT DETAILS**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NARRATIVE: (Who, What, When, Where, Why?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

***MARIONTRANSIT***

A DIVISION OF

**Marion Senior Services, Inc.**

Title VI Complaint Form

Or

ADA Complaint Form

(Circle One)

Consistent with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), the Agency has designated an individual as the Title VI/ADA Coordinator. The Coordinator is responsible for accepting complaints of discrimination on the basis of race, color, national origin, sex, age, disability, religion and family status in the provision of services, activities, programs, or benefits provided by the Agency.

A Complaint shall be submitted in writing within the following time frames:

- **Title VI: No later than 180 days from the date** of the alleged discrimination based on race, color, religion, sex or national origin.
- **ADA: No later than 60 days from the date** of the alleged discrimination of a qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of or be subjected to discrimination in programs, services or activities sponsored by Marion Senior Services.

Complaints shall include the name, address, and phone number of the complainant, along with the location, date and description of the problem. Complaints shall be processed in accordance with the applicable law.

Note: Marion Senior Services, Inc. does not discriminate based on race, color, national origin, sex, age, disability, religion or family status in any program or service. Persons with questions about nondiscrimination or those needing special accommodations under the ADA or language services should contact **Tom Wilder (352) 620-3071**.

**Please submit this form in person at the address below, or mail this form to:**

**Marion Transit Services a Division of Marion Senior Services, Inc.  
Tom Wilder, Transportation Director  
1101 SW 20<sup>th</sup> Court  
Ocala, FL 34471**

**MARIONTRANSIT**  
*A DIVISION OF*  
**Marion Senior Services, Inc.**

**Submit a Civil Rights Title VI/ADA Complaint:**

**Section I**

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

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

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements (Circle):

Large Print    Audio Tape    TDD    Other

**Section II**

Are you filling this complaint on your own behalf?     Yes\*     No

\*If you answered "yes" to this question, go to Section III

If not, please supply the name and relationship of the person for whom you are complaining for:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.     Yes     No

**Section III**

I believe the discrimination I experienced was based on (check all that applies):

Race     Color     National Origin     Gender     Religion     Disability     Age  
 Family Status

Date of Alleged Discrimination (Month, Day, Year)

\_\_\_\_\_

Explain as clearly as possible what happened and why you believe you discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARIONTRANSIT**  
*A DIVISION OF*  
**Marion Senior Services, Inc.**

**Section IV**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

Federal Agency                       State Agency  
 Federal Court                       Local Agency  
 State Court

Please provide information about a contact person at the agency/court where the complaint was filed.

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Section V**

Name of the agency complaint is against:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date required below.

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



# MARIONTRANSIT

## Substance Abuse Policy

Zero Tolerance

In accordance with USDOT and FTA Regulations

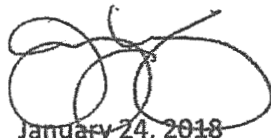
*MARIONTRANSIT* is dedicated to providing safe, dependable, and economical transportation service to its patrons. *MARIONTRANSIT* employees are a valuable resource and it is our agency's goal to provide a safe, healthy and satisfying working environment, free of the potential dangers posed by a safety-sensitive employee's use of prohibited drugs or misuse of alcohol.

This policy is established to comply with the Federal Transit Administration regulations codified as 49 CFR Part 655, as amended and USDOT regulations codified as 49 CFR Part 40, as amended. ***Policy provisions authorized by MARIONTRANSIT are italicized and bolded throughout this policy.*** All other policy provisions are implemented under the authority of the United States Department of Transportation (USDOT) and the Federal Transit Administration (FTA).

This policy is approved by: Jennifer Martinez

Title of approving official: Executive Director – Marion Senior Services, Inc.

Signature of approving official:



Date signed:

January 24, 2018

Policy effective date:

January 24, 2018

# MARIONTRANSIT

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# MARIONTRANSIT

## 1. Testing Program Background

The Omnibus Transportation Employee Testing Act of 1991 (OTETA) directed the United States Department of Transportation (USDOT) to promulgate regulations outlining the procedures for transportation workplace drug and alcohol testing. The USDOT regulations titled, "Procedures for Transportation Workplace Drug and Alcohol Testing" are codified as 49 CFR Part 40. The regulations ensure uniform practices for specimen collections, laboratory analysis, medical review, result reporting and the Return-to-Duty process for violating employees. The regulations are applicable to safety-sensitive employees in transportation workplaces throughout the nation (transit, railroad, aviation, commercial drivers, etc.).

The OTETA also directed each transportation administration to craft industry-specific regulations that define which employees are subject to testing, the testing circumstances, policy statement requirements and training requirements, relevant to that industry. *MARIONTRANSIT* is required to comply with both the USDOT regulations described above, as well as the Federal Transit Administration regulations "Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations" which are codified as 49 CFR Part 655.

## 2. Employee Applicability

This policy and the USDOT/FTA testing program apply to all safety-sensitive *MARIONTRANSIT* employees. The policy also applies to volunteers who are required to hold a Commercial Drivers License (CDL) and volunteers that receive remuneration in excess of actual expenses accrued while carrying out assigned duties. Adherence to this policy and the USDOT/FTA testing program is a condition of employment in a safety-sensitive position with *MARIONTRANSIT*. All employees of *MARIONTRANSIT* who perform, or could be called upon to perform, any of the following duties are defined as safety-sensitive employees:

1. Operate a public transportation vehicle, while in or out of service
2. Control the movement of a public transportation vehicle

The *MARIONTRANSIT* positions classified as safety-sensitive include:

- Transportation Director
- Transit Manager
- Transportation Trip Manager
- Transit Assistant
- Transportation Office Assistant
- Transportation Accounting Clerk
- Transportation Dispatchers
- Transportation Reservation Clerks
- Transportation Scheduler
- Transit Drivers

# MARIONTRANSIT

## 3. USDOT/FTA Prohibited Drug Classes

- Amphetamines
- Cocaine
- Marijuana
- Opioids
- Phencyclidine (PCP)

## 4. Pre-employment Drug and Alcohol Background Checks

In accordance with 49 CFR Part 40.25, **MARIONTRANSIT** must make and document good faith efforts to perform drug and alcohol background checks for all applicants applying for a safety-sensitive position and all current employees applying for transfer into a safety-sensitive position. Testing information will be requested from each of the applicant's previous DOT covered employers during the two years prior to the date of application. **MARIONTRANSIT** must obtain the applicant's written consent for the release of their drug and alcohol testing information from their previous DOT covered employers to **MARIONTRANSIT**. Applicants refusing to provide written consent are prohibited from performing safety-sensitive functions for **MARIONTRANSIT**.

Safety-sensitive applicants who have previously violated the USDOT testing program must provide documentation that they have successfully completed the USDOT's Return-to-Duty process with a DOT-qualified Substance Abuse Professional (SAP). Failure to provide satisfactory documentation will exclude the applicant from being hired or transferred into a safety-sensitive position with **MARIONTRANSIT**.

## 5. Pre-Employment Testing

All applicants for safety-sensitive positions shall undergo a pre-employment urine drug test. **MARIONTRANSIT** must receive an MRO-verified negative drug test result prior to the applicant's first performance of any safety sensitive function, including behind-the-wheel training.

*If an applicant's pre-employment urine drug test result is verified as positive, the applicant will be excluded from consideration for employment in a safety-sensitive position with **MARIONTRANSIT**. The applicant will be provided a list of USDOT-qualified Substance Abuse Professionals.*

An employee returning from an extended leave period of 90 consecutive days or more, and whose name was also removed from the random testing pool for 90 days or more, must submit to a pre-employment urine drug test. **MARIONTRANSIT** must be in receipt of a negative drug test result prior to the employee resuming any safety-sensitive function.

## 6. Random Testing

Safety-sensitive employees will be subject to random, unannounced testing. **MARIONTRANSIT** will perform random testing in a manner that meets or exceeds the FTA minimum annual testing requirements, as amended. The selection of employees for random testing will be made using a scientifically valid method. All safety-sensitive employees will have an equal chance of being selected each time a random draw is performed. Random alcohol tests will be conducted just

# MARIONTRANSIT

before, during or just after the employee's performance of a safety-sensitive function. Random drug tests may be conducted anytime an employee is on duty, on call for duty or on standby for duty.

Once an employee is notified that they have been selected for a random test, they must proceed immediately to the testing location. Failure to proceed immediately may be deemed a refusal to test.

## 7. Reasonable Suspicion Testing

All safety-sensitive employees must submit to reasonable suspicion drug and/or alcohol testing when a supervisor or company official trained in detecting signs and symptoms of drug use and alcohol misuse has made specific, contemporaneous, articulable observations concerning an employee's appearance, speech, behavior and/or body odor. Reasonable suspicion testing for alcohol misuse will occur when observations are made just before, during, or just after the employee's performance of a safety-sensitive function. Reasonable suspicion testing for prohibited drugs may be conducted anytime an employee is on duty or on standby for duty and a trained supervisor has made the observations.

## 8. Post-Accident Testing

Fatal Accidents: Safety-sensitive employees must submit to post-accident drug and alcohol testing following an accident involving a public transportation vehicle that results in the loss of human life. In addition to a surviving operator of the vehicle, any other surviving, safety-sensitive employee whose performance could have contributed to the accident must also be tested.

Non-Fatal Accidents: All safety-sensitive employees whose actions cannot be completely discounted as a contributing factor must submit to post-accident drug and alcohol testing when a non-fatal accident meets one or more of the following thresholds:

1. An individual suffers bodily injury and immediately receives medical treatment away from the scene
2. One or more vehicles incurs disabling damage that requires the vehicle(s) to be towed away from the accident scene
3. If the public transportation vehicle is a rail car, trolley car, trolley bus or vessel and has been removed from service.

**MARIONTRANSIT** officials will use the best information available at the scene, to determine if a safety-sensitive employee's performance can be completely discounted as a contributing factor to the accident.

Post-accident drug and alcohol tests will be conducted as soon as practicable following the accident. Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until the employee undergoes a post-accident alcohol test. Any safety-sensitive employee who leaves the scene of the accident without a justifiable reason or explanation prior to submitting to drug and alcohol testing will be deemed

# MARIONTRANSIT

to have refused the test. However, employees are not prohibited from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

## 9. Urine Specimen Collections

Urine specimen collections will be conducted in accordance with USDOT rule, 49 CFR Part 40, as amended. Collectors will be appropriately trained and qualified to perform urine specimen collections for USDOT covered employers. Urine specimen collectors will use the split-specimen collection method and will afford the donor (employee) the greatest degree of privacy permitted per 49 CFR Part 40, as amended. When an observed collection is required, the observer will be of the same gender as the donor (employee).

## 10. Refusal to Submit to Urine Drug Testing

The following actions constitute a "refusal to test" in accordance with 49 CFR Part 40, as amended:

- (1) Failure to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer (pre-employment testing not applicable).
- (2) Failure to remain at the testing site until the testing process is completed (after the process has been started)
- (3) Failure to provide a urine specimen for any drug test required by this part or DOT agency regulations
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen
- (5) Failure to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (6) Failure or decline to take an additional drug test the employer or collector has directed you to take
- (7) Failure to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by *MARIONTRANSIT*
- (8) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- (9) For an observed collection, failure to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (10) Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process.
- (11) Admitting to the collector or MRO that you adulterated or substituted the specimen.
- (12) When the MRO verifies your drug test result as adulterated or substituted.

Refusing to submit to a USDOT/FTA required test is a violation of the USDOT/FTA testing

# MARIONTRANSIT

program. Employees are required to be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

## 11. Urine Specimen Analysis

All specimens will be transported or shipped to a laboratory certified by the Department of Health and Human Services (DHHS). All specimens will be analyzed at the laboratory in accordance with 49 CFR Part 40, as amended. The procedures that will be used to test for the presence of prohibited drugs will protect the employee and the integrity of the drug testing process, safeguard the validity of the test results and ensure that the test results are attributed to the correct employee. Laboratory confirmed drug test results will be released only to a certified Medical Review Officer (MRO) for review and verification.

### Negative-Dilute Specimens

Upon receipt of an MRO verified negative-dilute drug test result with creatinine levels greater than 5 mg/dl and less than 20 mg/dl, *MARIONTRANSIT* will require applicants and employees to submit to a second urine collection per 49 CFR Part 40.197. The collection of the second specimen will not be conducted using direct observation procedures. The MRO verified result of the second urine drug test will be accepted by *MARIONTRANSIT* as the final result and the test of record. *MARIONTRANSIT will apply this policy provision uniformly for all pre-employment and random urine drug tests reported by the Medical Review Officer to have creatinine levels greater than 5mg/dl but less than 20mg/dl (negative-dilute results).* Once notified that a second collection is required, employees must proceed immediately for testing. An employee's failure to report immediately may be deemed as a refusal to submit to testing, which is a violation of the USDOT/FTA testing program. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

## 12. Role of the Medical Review Officer (MRO)

The role of the Medical Review Officer is to review and verify laboratory confirmed test results obtained through a DOT-covered employer's testing program. When a non-negative drug test result is received, the MRO will communicate with the donor (employee) to determine if a legitimate medical explanation exists. When a legally prescribed medication has produced a non-negative result, the MRO will verify the prescription and report the result as "negative" to *MARIONTRANSIT*. Medical conditions and other information obtained by the MRO during the interview with the donor will be maintained in a confidential manner. However, if the MRO believes that a medication prescribed to the donor may pose a significant safety risk, the MRO will require the donor to contact his/her prescribing physician and request that the physician contact the MRO within 5 business days. The MRO and prescribing physician will consult to determine if the employee's medication use presents a significant safety risk. *MARIONTRANSIT* will be notified by the MRO when the outcome of the consultation results in a determination that the donor's medication use presents a significant safety risk. If the employee's prescribing physician fails to respond, the safety concern will be reported to *MARIONTRANSIT* without consultation. Based on the MRO recommendation, *MARIONTRANSIT* may deem the employee medically disqualified from performing safety-sensitive functions. The MRO assigned to review

# MARIONTRANSIT

and verify laboratory drug test results for *MARIONTRANSIT* is:

Dr. Randy Barnett D.D.  
First Source Solutions  
100 HIGHPOINT DR., STE. 102  
CHALFONT, PA 18914  
215-396-5500 FAX 215-396-5610

13. **Consequence for MRO Verified Positive Drug Test**

When *MARIONTRANSIT* is notified of an MRO verified positive drug test, or a test refusal due to adulteration or substitution; the violating employee will be immediately removed from safety-sensitive duty and provided a list of DOT-qualified Substance Abuse Professionals. Applicants will be excluded from hire and provided a list of DOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

14. **Split Specimen Testing**

As an important employee protection, split specimen collection procedures will be used for all USDOT/FTA urine collections. When an employee challenges an MRO verified result, he/she may request that the split specimen (bottle B) be tested at a different DHHS certified laboratory that conducted the test of the primary specimen (bottle A). Instructions for requesting the split specimen test will be provided by the Medical Review Officer during his/her interview with the donor (employee). In accordance with USDOT rule, *MARIONTRANSIT* will ensure that the fee to process the split specimen test is covered, in order for a timely analysis of the split specimen. *MARIONTRANSIT may seek reimbursement for the cost of the split specimen test.*

15. **Alcohol Prohibition**

Safety-sensitive employees are prohibited from consuming alcohol while performing safety-sensitive functions, within (4) four hours prior to performing a safety sensitive function, or during the hours that they are on call or standby for duty. No safety-sensitive employee shall report for duty or remain on duty while having an alcohol concentration of 0.02 or greater. Safety-sensitive employees must not consume alcohol within eight (8) hours following an accident or until the employee submits to post-accident testing, whichever occurs first.

16. **Alcohol Testing**

All alcohol screening tests and confirmation tests will be performed in accordance with USDOT rule, 49 CFR Part 40. The procedures that will be used to test for alcohol misuse will protect the employee and the integrity of the testing process, safeguard the validity of the test results, and ensure the test results are attributed to the correct employee.

When an alcohol-screening test indicates a blood alcohol concentration (BAC) of 0.02 or greater, a confirmation test will be performed using an evidential breath-testing device listed on the USDOT/ODAPC webpage as an "Approved Evidential Breath Measurement Device". The confirmed blood alcohol concentration (BAC) result will be transmitted by the technician to *MARIONTRANSIT* in a confidential manner. A safety-sensitive employee who has a confirmed



# MARIONTRANSIT

blood alcohol concentration (BAC) of 0.02 or greater but less than 0.04 will be removed from safety-sensitive duties for a period of at least (8) eight hours or until test results fall below 0.02.

## 17. Consequence for a USDOT/FTA Confirmed Alcohol Violation

A safety-sensitive employee who has a confirmed blood alcohol concentration (BAC) of 0.04 or greater has violated the USDOT/FTA testing program and will be removed from safety-sensitive duty and provided a list of DOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

## 18. Refusal to Submit to Alcohol Testing

The following actions constitute a refusal to submit to an alcohol test:

- (1) Fail to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer.
- (2) Fail to remain at the testing site until the testing process is complete
- (3) Fail to provide an adequate amount of saliva or breath for any USDOT required alcohol test
- (4) Fail to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (5) Fail to undergo a medical examination or evaluation, as directed by the [Agency]
- (6) Fail to sign the certification at Step 2 of the ATF
- (7) Fail to cooperate with any part of the testing process.

Refusing to submit to a USDOT/FTA required test is a violation of USDOT/FTA testing program. Employees must be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

## 19. MARIONTRANSIT Testing Program Contacts

### Designated Employer Representative (Drug & Alcohol Program Manager)

Tom Wilder, Transportation Director  
1101 SW 20<sup>th</sup> Court, Ocala, FL 34471  
352-620-3519  
twilder@marionseniorservices.org

### Alternate (back-up) Program Manager

Donna Tackett, Human Resources Director  
1101 SW 20<sup>th</sup> Court, Ocala, FL 34471  
352-620-3501  
dtackett@marionseniorservices.org

# **MARIONTRANSIT**

The referenced USDOT and FTA regulations, as well informational material related to this testing program are available for review and/or download from the Florida Department of Transportation's Substance Abuse Management Website: <http://sam.cutr.usf.edu>. Further information may be obtained from the USDOT's Office of Drug and Alcohol Policy and Compliance website: <https://www.transportation.gov/odapc> and the Federal Transit Administration's (FTA) website: <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Default.aspx>

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CERTIFICATE OF COMPLIANCE**

725-030-10  
TRANSIT  
12/01

for a  
SECTION 5311 SUBRECIPIENT  
(Certifying compliance with 49 CFR Parts 40, 655)  
To  
Florida Department of Transportation

DATE 2/3/2021

Section 5311 Subrecipient Information:

AGENCY NAME: Marion Senior Services, Inc.

ADDRESS: 1101 SW 20<sup>th</sup> Court, Ocala, FL 34471

PHONE: 352-620-3071

FDOT District Office Information:

NAME: FDOT District 5, Modal Development Office

ADDRESS: 420 W. Landstreet, Orlando, FL 32824

PHONE: (321) 319-8174

I, Tom Wilder (Name), Transportation Director (Title)

hereby certify that Marion Senior Services, Inc. d/b/a Marion Transit and its applicable  
(Name of Subrecipient)  
contractor(s) (listing attached hereto) for N/A  
(Name of Subrecipient)

has (have) established and implemented an anti-drug and alcohol misuse prevention program in accordance with the provisions of 49 CFR Parts 40 and 655 as amended. I further certify that the employee training conducted under this part meets the requirements of 49 CFR Parts 40 and 655 as amended.

  
\_\_\_\_\_  
Signature

Attachment: (Applicable Contractor(s) - Name, Address, Phone #, Contact Person)















FSSolutions

**Random Compliance Report**  
 Marion Transit Services  
 For 2020  
 Created: 1/6/2021 3:26 PM

Selection Period	Emp Drug Pop	Drug Selection Count	Drug Selection Pct	Drug Completed Count	Drug Completed Pct	Emp Alc Pop	Alc Selections Count	Alc Selection Pct	Alc Completed Count	Alc Completed Pct
01/01/2020 - 03/31/2020	47	6	12.77%	6	100.00%	47	2	4.26%	2	100.00%
04/01/2020 - 06/30/2020	51	7	13.73%	7	100.00%	51	2	3.92%	2	100.00%
07/01/2020 - 09/30/2020	33	6	18.18%	5	83.33%	33	2	6.06%	1	50.00%
10/01/2020 - 12/31/2020	31	5	16.13%	5	100.00%	31	2	6.45%	0	0.00%
<b>Total</b>	<b>41</b>	<b>24</b>	<b>58.54%</b>	<b>23</b>	<b>95.83%</b>	<b>41</b>	<b>8</b>	<b>19.51%</b>	<b>5</b>	<b>62.50%</b>

**Drug**

21 - 50% Annual Random Drug Requirement  
 23 - # of Random Drug Tests Completed  
 0 - # Random Drug Tests to be Completed by Year End

**Alcohol**

5 - 10% Annual Random Alcohol Requirement  
 5 - # of Random Alcohol Tests Completed  
 0 - # Random Alcohol Tests to be Completed by Year End

Disclaimer: Alcohol results do not have an agency and therefore all Alcohol results will appear regardless of the Agency that was selected.

# MARION TRANSIT

Driver Safety Meeting/Training  
October 11, 2018 – 5:00 PM till 7:00 PM

- Director Updates
- United Way Drive
- Special Recognitions – Hurricane Michael

\*\*\*\*\*

1. Training Topic – Pre & Post Trip

2. USDOT/FTA Drug & Alcohol Testing Program – (Handbook)

- NOTES:
- 
- 

## ADMINISTRATIVE

Karen –

Herman –

- Odometer – Ford Digital (**IMPORTANT**)
- Bus assignments - changes
- Pre-Trip Importance
- Driver - Bus requirements - inspections
- Time off requests – short notice

Tom –

- On the job injuries, must report.
- Rear end accidents – do's & don'ts
- Incident Reports – Importance of providing "heads up" to Supervisor(s)
- Triannual Review – Letter of Compliance

- FTO Certificates

## SAVE THE DATES

- ✓ Annual MSS Christmas Party – Friday, November 30<sup>th</sup> @ 6PM. Ewers Center CFC

Questions?

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# MARION TRANSIT

Driver Safety Meeting/Training  
September 26, 2019 – 5:00 PM till 7:00 PM

✓ **MSS Director Updates**

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✓ **Training Topic #1: Drug & Alcohol Annual**

Video: Prescription for Safety – CUTRUSF – YouTube

NOTES:

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## ADMINISTRATIVE

Karen –

- ✓ No Shows – Cancellations

Herman –

- ✓ Time management
- ✓ Running late – what to do
- ✓ Breaks
- ✓ Teamwork - Helping
- ✓ Video observations –
  - Venting to clients
  - Violations
  - Notify Management (don't wait to see if complaint comes in first)

Tom –

- ✓ Hurricane preparedness – let the clients know
- ✓ On-Time Performance
- ✓ Recent client incident – social media
- ✓ New buses for 2020 – 5310 Grant Award
- ✓ Management

Presentations –

- ✓ FTO Certificates
- ✓ Transit STAR of the Quarter
- ✓ Volunteer Letters

Other - Quiz Safety Questions

## SAVE THE DATES

### Working Holiday's:

- ✓ Veteran's Day – Monday, November 11<sup>th</sup>
  - ✓ Day after Thanksgiving – Friday, November 29<sup>th</sup>
  - ✓ Day before Christmas – Tuesday, December 24<sup>th</sup>
-

# Marion Transit

## Training Lesson Plan

Topic	FTA Drug & Alcohol Testing Program – Annual
Instructor(s)	Online, Video & Handbook
Methodology	Circle:    Video            Lecture            Other:    Online

Length of Training:	2 Hours (60 minutes Drug & 60 minutes Alcohol)
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Objective (As a result of this training what will the student learn/be able to do)
Understand the rules and procedures developed by the US Department of Transportation for the mandated for drug and alcohol testing in the transportation workplace. 49 CFR Part 40 “Procedures for Transportation Workplace Drug and Alcohol Testing Programs.

Assessment (Assignments, projects, exams to show what they have learned)
Each student will receive the USDOT/FTA Drug and Alcohol Testing Program Handbook for Transit Employers and Employees. A certificate of completion will be issued.  Quiz  Completed in December 2020.

Approval:		Date: 12/1/2020
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Director:		Date: 12/1/2020
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Mission: “Is to provide public transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.

Rev. 8/2018



February 3, 2021

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

**RE: VEHICLE MAINTENANCE PLAN**

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit has not made any changes to the Vehicle Maintenance Plan implemented November 2017 to comply and incorporate FDOT Preventative Maintenance Standards Manual Edition 4.1.

The Preventative Maintenance Plan is attached for reference if necessary.

Sincerely,

  
Tom Wilder, Transportation Director



February 3, 2021

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

Re: ANNUAL CERTIFICATION – 2020  
49 U.S.C. 5310 – VEHICLES

To: District Five:

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit is in compliance with the following criteria:

1. The Section 5310 vehicles(s) continue to be used for the purpose for which the grant was approved.
2. The vehicle(s) and equipment do not exceed that which is needed for operations.
3. The vehicle(s) have not been sold, damaged or otherwise taken out of service.
4. There has not been a reduction in local contributions made to the project.

Tom Wilder, Transportation Director

Attachments



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/04/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown of Florida, Inc. 1720 SE 16th Avenue, Suite 301  Ocala FL 34471		<b>CONTACT NAME:</b> Sandra Perryman <b>PHONE (A/C, No, Ext):</b> (352) 732-5010 <b>FAX (A/C, No):</b> (352) 732-5344 <b>E-MAIL ADDRESS:</b> Sandra.perryman@bbocaia.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Philadelphia Indemnity Insurance Company	<b>NAIC #</b> 18058
		<b>INSURER B:</b> Bridgefield Employers Insurance Company	10701
		<b>INSURER C:</b> The Hanover Insurance Company	22292
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:** 20-21                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2078734	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2078734	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB706046	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	83050566	03/31/2020	03/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers Liability			LHJ941015207	01/01/2020	01/01/2021	Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Attn: Diane Poitras, Transit Programs Administrator Diane.Poitras@dot.state.fl.us See attached schedule - certificate holder is listed as loss payee as respects the units on the schedules shown

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Florida Department of Transportation District 5 420 W Landstreet Rd  Orlando FL 32824		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 	

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# Philadelphia Indemnity Insurance Company

## Loss Payee Schedule

**Policy Number:** PHPK2220717

### Loss Payee

First Data Merchant Services Corp  
Mail Stop 189  
4000 Coral Ridge Dr  
Coral Springs, FL 33065-7614

FL - Loc #1 - Bld #1 - BUSINESS PERSONAL PROPERTY (OFFICES (N.O.C.))

### Loss Payee

Leaf Capital Funding, LLC ISAOA  
c/o Ins Service Center  
PO Box 979127  
Miami, FL 33197-9127

FL - Loc #1 - Bld #1 - BUSINESS PERSONAL PROPERTY (OFFICES (N.O.C.))

LOAN # 1002648078001

Re: Contents

### Loss Payee-Auto

Florida Department of Transportation  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

FL - Veh #2 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6C1112253

FL - Veh #3 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG2C1113660

FL - Veh #5 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7D1120637

FL - Veh #6 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG4D1121678

FL - Veh #7 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG5D1121172

FL - Veh #8 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG1D1122030

FL - Veh #9 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG2D1121971

FL - Veh #11 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG3E1171067

FL - Veh #12 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG9E1170795

FL - Veh #13 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7E1171119

FL - Veh #16 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1187506

FL - Veh #17 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1188493



# Philadelphia Indemnity Insurance Company

## Loss Payee Schedule

**Policy Number:** PHPK2220717

### Loss Payee-Auto

Florida Department of Transportation  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

FL - Veh #20 2016 FORD ECONOLINE - 1FD4E4FSXGDC03214  
FL - Veh #21 2016 FORD ECONOLINE - 1FD4E4FS6GDC03212  
FL - Veh #22 2016 FORD ECONOLINE - 1FD4E4FS8GDC03213  
FL - Veh #23 2016 FORD ECONOLINE - 1FD4E4FS4GDC03211  
FL - Veh #24 2016 FORD ECONOLINE - 1FD4E4FS1GDC03215  
FL - Veh #25 2017 FORD TRANSIT - 1FDVU4XG2HKA67568  
FL - Veh #26 2017 FORD TRANSIT - 1FDVU4XG7HKA67565  
FL - Veh #27 2017 FORD TRANSIT - 1FDVU4XG4HKA67569  
FL - Veh #28 2017 FORD TRANSIT - 1FDVU4XG9HKA67566  
FL - Veh #29 2017 FORD TRANSIT - 1FDVU4XG0HKA67567  
FL - Veh #30 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG2JN002324  
FL - Veh #31 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG1JN002394  
FL - Veh #32 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002336  
FL - Veh #33 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002403  
FL - Veh #34 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG5JN002298  
FL - Veh #38 2019 FORD ECONOLINE - 1FD4E4FS5KDC27574  
FL - Veh #39 2019 FORD ECONOLINE - 1FD4E4FS4KDC29672  
FL - Veh #40 2019 FORD ECONOLINE - 1FD4E4FS3KDC66499  
FL - Veh #41 2019 FORD ECONOLINE - 1FD4E4FS6KDC66500  
FL - Veh #42 2019 FORD ECONOLINE - 1FD4E4FS8KDC66501  
FL - Veh #43 2019 FORD ECONOLINE - 1FD4E4FSXKDC66502

# Philadelphia Indemnity Insurance Company

## Loss Payee Schedule

**Policy Number:** PHPK2220717

### Loss Payee-Auto

Florida Department of Transportation  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

FL - Veh #44 2019 FORD ECONOLINE - 1FDFE4FS1KDC66503

### Loss Payee-Auto

The Commission for the Transportation  
of the Disadvantaged  
605 Suwannee St MS 49  
Tallahassee, FL 32399-6509

FL - Veh #4 2012 DODGE GRAND CARAVAN SE - 2C4RDGBG4CR281275

FL - Veh #10 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG9D1129596

FL - Veh #14 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1171940

FL - Veh #15 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1187734

FL - Veh #18 2015 FORD E450 SUPER DUTY - 1FDFE4FS3FDA30490

FL - Veh #19 2015 FORD E450 SUPER DUTY - 1FDFE4FS5FDA30491

### Loss Payee-Auto

Florida Dept of Transportation District  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

FL - Veh #37 2019 FORD ECONOLINE - 1FDFE4FS2KDC29671

FL - Veh #45 2021 FORD ECONOLINE - 1FDFE4FN0MDC14258

FL - Veh #46 2021 FORD ECONOLINE - 1FDFE4FN2MDC14259

FL - Veh #47 2021 FORD ECONOLINE - 1FDFE4FN2MDC14262

# Philadelphia Indemnity Insurance Company

## Additional Insured Schedule

**Policy Number:** PHPK2220717

### Additional Insured

Florida Department of Transportation  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

CA2001 - FL - Veh #11 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG3E1171067  
CA2001 - FL - Veh #12 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG9E1170795  
CA2001 - FL - Veh #13 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7E1171119  
CA2001 - FL - Veh #16 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1187506  
CA2001 - FL - Veh #17 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1188493  
CA2001 - FL - Veh #2 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6C1112253  
CA2001 - FL - Veh #20 2016 FORD ECONOLINE - 1FDFE4FSXGDC03214  
CA2001 - FL - Veh #21 2016 FORD ECONOLINE - 1FDFE4FS6GDC03212  
CA2001 - FL - Veh #22 2016 FORD ECONOLINE - 1FDFE4FS8GDC03213  
CA2001 - FL - Veh #23 2016 FORD ECONOLINE - 1FDFE4FS4GDC03211  
CA2001 - FL - Veh #24 2016 FORD ECONOLINE - 1FDFE4FS1GDC03215  
CA2001 - FL - Veh #25 2017 FORD TRANSIT - 1FDVU4XG2HKA67568  
CA2001 - FL - Veh #26 2017 FORD TRANSIT - 1FDVU4XG7HKA67565  
CA2001 - FL - Veh #27 2017 FORD TRANSIT - 1FDVU4XG4HKA67569  
CA2001 - FL - Veh #28 2017 FORD TRANSIT - 1FDVU4XG9HKA67566  
CA2001 - FL - Veh #29 2017 FORD TRANSIT - 1FDVU4XG0HKA67567  
CA2001 - FL - Veh #3 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG2C1113660  
CA2001 - FL - Veh #30 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG2JN002324  
CA2001 - FL - Veh #31 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG1JN002394  
CA2001 - FL - Veh #32 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002336

# Philadelphia Indemnity Insurance Company

## Additional Insured Schedule

**Policy Number:** PHPK2220717

### Additional Insured

Florida Department of Transportation  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

CA2001 - FL - Veh #33 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002403  
CA2001 - FL - Veh #34 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG5JN002298  
CA2001 - FL - Veh #5 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7D1120637  
CA2001 - FL - Veh #6 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG4D1121678  
CA2001 - FL - Veh #7 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG5D1121172  
CA2001 - FL - Veh #8 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG1D1122030  
CA2001 - FL - Veh #9 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG2D1121971

### Additional Insured

The Commission for the Transportation  
of the Disadvantaged  
605 Suwannee St MS 49  
Tallahassee, FL 32399-6509

CA2048 - FL - Veh #10 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG9D1129596  
CA2048 - FL - Veh #14 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1171940  
CA2048 - FL - Veh #15 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1187734  
CA2048 - FL - Veh #18 2015 FORD E450 SUPER DUTY - 1FD4E4FS3FDA30490  
CA2048 - FL - Veh #19 2015 FORD E450 SUPER DUTY - 1FD4E4FS5FDA30491  
CA2048 - FL - Veh #4 2012 DODGE GRAND CARAVAN SE - 2C4RDGBG4CR281275

# Philadelphia Indemnity Insurance Company

## Additional Insured Schedule

**Policy Number:** PHPK2220717

### Additional Insured

EpicMD Technologies, LLC  
dba Alivi EpicNEMT Network  
8323 NW 12th St Ste 208  
Doral, FL 33126-1840

CA2048 - FL - Veh #0 - MANUSCRIPT ENDORSEMENT - AUTO

### Additional Insured

Florida Dept of Transportation District  
District 5  
420 W Landstreet Rd  
Orlando, FL 32824-7805

CA2048 - FL - Veh #37 2019 FORD ECONOLINE - 1FDFE4FS2KDC29671

## **MARION TRANSIT TRAINING POLICY AND PROCEDURES**

### **1.0 Purpose**

**1.1.** This document discusses the Marion Transit policy for providing initial and on-going training. Marion Transit personnel received periodic in-service training conducive to their respective position. Drivers are required to complete quarterly scheduled in-service training as assigned. Driver's initial training consists of 80 hours of Field Training Operators Course that covers all the required training specific to rule 14-90.

A Training Manual for on-going and refresher training and testing of employees is kept by the Transit Assistant. The manual will contain training course content, curriculum, lesson plans, testing requirements, etc. On-going/refresher training and testing sessions will be conducted as necessary to remain compliant with Rule 14-90. The drivers are required to attend training and testing in all areas specified by Rule 14-90 at least once every three years.

### **2.0 Rule 14-90 Specific Driver Training**

1. Bus transit system safety and operational policies and procedures.
2. Operational bus and equipment inspections.
3. Bus equipment familiarization.
4. Basic operations and maneuvering.
5. Boarding and alighting passengers.
6. Operation of wheelchair lifts and other special equipment.
7. Defensive driving.
8. Passenger assistance and securement.
9. Handling of emergencies and security threats.
10. Security and threat awareness.
11. Driving conditions.

In addition, drivers will receive training, bulletins, and/or flyers that cover the following topics throughout the year or as necessary:

1. Communication and handling of unsafe conditions, security threats, and emergencies.
2. Familiarization and operation of safety and emergency equipment, wheelchair lift equipment, and restraining devices.
3. Application and compliance with all applicable federal and state laws, rules, and regulations.
4. ADA & Title VI overview and handling of complaints.



### **3.0 Roles and Responsibilities**

**3.1 Transit Personnel** - responsible for successfully completing required training as assigned.

**3.2 Transit Assistant** - Custodian of the training files and assists drivers with necessary training material.

**3.3 Field Training Operators** – FTO’s will consist of senior drivers who will work with new drivers and ensure they are trained as outlined in the FTO program course.

**3.4 Supervisors** – responsible for selecting the training topics and ensuring that personnel complete the training and that records are kept once completed. Each topic will include a lesson plan and sign-up sheet of attendees. Oversee the FTO program and update/revise as necessary.

### **4.0 Training Records**

**4.1 Records** – proof of training which includes sign-up sheets and lesson plans are kept in the transit assistant office. Certificates that are issued are filed in the driver or employee file with a sample attached to the lesson plan.

All training and testing activities are to be recorded and retained in files for a minimum of five years.

+++ END +++



February 3, 2021

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

**RE: 5311 COST ALLOCATION METHODOLOGY**

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit will utilize reports provided by our transit software program (RouteMatch) to provide a methodology based on productivity of the various funding sources for providing public transportation.

Attached is an example of our productivity report broken down by funding source. This was run for the time period of November 1 – November 30. 5311 trips accounted for:

- Service miles reported was 27,309 of the total system 55,215 service miles or 49.45%.
- Service hours reported was 1500.43 of the total system 3588.35 service hours or 39.05%.

This methodology allows us to bill 49.45% of our total direct costs and 42% of our salaries and benefits to 5311 or non-urbanized transportation service for the time period.

This methodology specifically accounts for the cost(s) of providing non-urbanized transportation service in Marion County.

Sincerely,

  
Tom Wilder, Transportation Director

Attachment – RouteMatch Report





Productivity by Funding Source - FL\_Marion

For Time Period: 11/1/2020 - 11/30/2020

Printed: 2/5/2021 2:39:03PM

Service Miles	Non-Rev Miles	No Show Miles	Revenue Hours	Passenger Hours	Cancel	Attn Count	AMB	Vehicle Miles	Passengers
Revenue Miles	Passenger Miles	Service Hours	Non-Rev Hours	No Show Hours	No Shows	Guest Count	Wheelchair	Vehicle Hours	One Way Trips
<b>5311</b>									
27,309	6,674	0	1,116.83	1,160.90	110	72	1,064	44,382	1,622
20,635	27,964	1,500.43	383.60	2.00	58	0	486	2,681.67	1,550
<b>ADA</b>									
8,293	1,291	0	559.58	378.50	55	87	455	29,228	1,033
7,002	6,743	678.70	119.12	0.00	34	0	491	2,028.48	946
<b>TD</b>									
19,612	3,477	0	1,154.55	896.95	163	85	1,029	43,838	1,787
16,135	17,218	1,409.72	255.16	1.00	79	0	673	2,937.28	1,702
<b>Unidentifiable</b>									
711	711	0	0.00	0.00	0	0	0	0	0
0	0	57.42	57.42	0.00	0	0	0	0.00	0
<b>Grand Totals</b>									
55,926	12,153	0	2,830.97	2,436.35	328	244	2,548	117,448	4,442
43,773	51,925	3,646.27	815.30	3.00	171	0	1,650	7,647.43	4,198

Reporting year: January 1, 2020 – December 31, 2020 (All awarded projects currently in operation)

## SECTION 5310 PROGRAM PERFORMANCE MEASURES ANNUAL REPORT (JAN 1 – DEC 31, 2020)

Agencies that have received funding through the FTA Section 5310 program must collect the following data as part of the annual program performance measure report. For this report, recipients must submit **both quantitative and qualitative** information on each of the following measures as applicable to your agency. Please submit this report with your agency’s Annual Certifications package.

There are two (2) versions of the performance report to be completed as applicable to your agency:

- (1) **SECTION 5310 CAPITAL AWARD PERFORMANCE REPORT** - Complete this report if your agency has a Section 5310 Capital Award in operation during this reporting period. This means that your agency has acquired a vehicle, equipment, or other item via capital Section 5310 award(s), and is using the vehicle or item to provide Section 5310-eligible transportation service.
- (2) **SECTION 5310 OPERATING AWARD PERFORMANCE REPORT** - Complete this report if your agency has a Section 5310 Operating Award in operation during this reporting period. This means that your agency has provided Section 5310-eligible trips **and** either anticipates receiving or has already received reimbursement for these trips through the Section 5310 program.

Complete **both reports** if your agency has both types of Section 5310 awards in operation during the 2020 calendar year, Jan 1 - Dec 31.

**Tip: Refer to the Fact Sheet provided with your agency’s most recent grant application to obtain baseline performance data. If your agency is a Community Transportation Coordinator (CTC), you may use data from your Annual Operating Report (AOR).**

Section 5310 Annual Reporting Period Summary							
Reporting Agency:	Marion Senior Services, Inc. d/b/a Marion Transit						
Address:	1101 SW 20 <sup>th</sup> Court						
City:	Ocala	County:	Marion	State:	FL	Zip:	34471
Service Area i.e., Palm Bay-Melbourne UZA (Consult FDOT District office if unknown)	Marion County, Florida.						
Contact Person:	Tom Wilder, Transportation Director						
Phone Number:	352-620-3071	Email:	twilder@marionseniorservices.org				
Total Section 5310 capital awarded projects in operation during this reporting period:							1
Total Section 5310 operating awarded projects in operation during this reporting period:							0

Reporting year: January 1, 2020 – December 31, 2020 (All awarded projects currently in operation)

SECTION 5310 CAPITAL AWARD PERFORMANCE REPORT

**Gaps in Service Filled:** Provision of transportation options that would not otherwise be available to seniors and individuals with disabilities, measured by the numbers of seniors and individuals with disabilities afforded mobility resulting from Section 5310 capital projects in operation for the current reporting year.

Number of senior and individuals with disabilities (unduplicated) <b>PER YEAR.</b>	Calculation	TOTAL
		RouteMatch Software Jan 1, 2020 – December 31, 2020

Discuss any impacts to the quality of transportation options provided to seniors and individuals with disabilities not captured above.

COVID19 impacted our unduplicated riders reducing the number.

**Ridership:** Actual or estimated number of rides (as measured by one-way trips) provided annually for seniors or individuals with disabilities on Section 5310-supported vehicles and services resulting from Section 5310 capital projects in operation during the current reporting year.

*Note: See Fact Sheet in 5310 Instruction Manual for instructions*

Number of one-way trips provided to seniors and individuals with disabilities <b>PER YEAR:</b>	Calculation	TOTAL
		Report from RouteMatch Software. January 1, 2020 – December 31, 2020.

*One-way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, and then exits the vehicle. Each different destination would constitute a passenger trip.*

Discuss any impacts to the quality of transportation options provided to seniors and individuals with disabilities not captured above.

This is a reduction in the number of one-way trips is due to COVID19.

Reporting year: January 1, 2020 – December 31, 2020 (All awarded projects currently in operation)

SECTION 5310 OPERATING AWARD PERFORMANCE REPORT – Not Applicable.

**Service Improvements:** related to geographic coverage, service quality, and/or service times that impact availability of transit services for seniors and individuals with disabilities resulting from Section 5310 operating projects in operation during the current reporting year.

*Note: See Fact Sheet in 5310 Instruction Manual for instructions*

	Calculations	Results
Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities.	N/A	
Total square miles of transportation service coverage.	N/A	
Number of days the vehicles are in operation to provide service to seniors and individuals with disabilities <b>PER YEAR.</b>	N/A	
Number of hours of service <b>AVERAGE PER DAY.</b>	N/A	
Posted hours of the normal operating hours the agency provides service to seniors and individuals with disabilities <b>PER WEEK</b> (this does not include non-scheduled emergency availability).		M – F: Saturday: Sunday: Total (WEEK):

Discuss any impacts to the quality of your agency’s transportation service not captured above.

N/A

**Ridership:** Actual or estimated number of rides (as measured by one-way trips) provided annually for seniors or individuals with disabilities on Section 5310-supported vehicles and services because of Section 5310 operating projects in operation during the current reporting year.

*Note: See Fact Sheet in 5310 Instruction Manual for instructions*

	Calculations	TOTAL
Number of one-way trips provided to seniors and individuals with disabilities <b>PER YEAR</b>	N/A	

Reporting year: January 1, 2020 – December 31, 2020 (All awarded projects currently in operation)

*One-way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, and then exits the vehicle. Each different destination would constitute a passenger trip.*

Discuss any impacts to the quality of trips provided to seniors and individuals with disabilities not captured above.

N/A

**Physical Improvements:** Please list any additions or changes to environmental infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and/or vehicles that impact the availability of transportation services to seniors and individuals with disabilities as a result of Section 5310 operating projects in operation during the current reporting year.

N/A

**Other Improvements:** Please identify any additional transportation program performance enhancements that resulted from Section 5310 operating projects in operation during the current reporting year.

N/A



Transportation  
Disadvantaged

# CTC Organization

County: Marion

Fiscal Year: 7/1/2019 - 6/30/2020

CTC Status: Submitted

CTD Status: Under Review

Date Initiated: 9/8/2020

**CTC Organization Name:** Marion Senior Services, Inc.

**Address:** 1101 SW 20 CT

**City:** Ocala

**State:** FL

**Zip Code:** 34471

**Organization Type:** Private Non Profit

**Network Type:** Partial Brokerage

**Operating Environment:** Rural

**Transportation Operators:** No

**Number of Transportation Operators:** 0

**Coordination Contractors:** Yes

**Number of Coordination Contractors:** 2

**Provide Out of County Trips:** No

**Local Coordinating Board (LCB) Chairperson:** Commissioner Michele Stone

**CTC Contact:** Tom Wilder


**CTC Contact Title:** Transportation Director

**CTC Contact Email:** twilder@marionseniorservices.org

**Phone:** (352) 620-3519

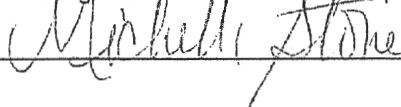
## CTC Certification

I, Tom Wilder, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): 

## LCB Certification

I, Commissioner Michele Stone, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature): 



## Organization – Coordination Contractor

**County:** Marion

**CTC Status:** Submitted

**CTC Organization:** Marion Senior Services, Inc.

**Fiscal Year:** 7/1/2019 - 6/30/2020

**Upload Date:** 9/8/2020

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**Coordination Contractor Name:** ARC  
**Address:** 2800 SE Maricamp Road  
**City:** Ocala  
**State:** FL  
**Zip Code:** 34471  
**Organization Type:** Private Non Profit  
**Operating Environment:** Rural  
**Provide Out of County Trips:** No  
**Who Do You Serve:** Persons with Disabilities  
**Contact Person:** Frank Sofia  
**Contact Title:** CEO  
**Contact Email:** fsofia@mcarc.com  
**Phone:** (352) 387-2210

### Coordination Contractor Certification

By submission of this form, I, Frank Sofia , as the authorized representative of ARC , hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): \_\_\_\_\_



## Organization – Coordination Contractor

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 7/1/2019 - 6/30/2020

Upload Date: 9/8/2020

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**Coordination Contractor Name:** Florida Center for the Blind, Inc  
**Address:** 1411 NE 22nd Avenue  
**City:** Ocala  
**State:** FL  
**Zip Code:** 34470  
**Organization Type:** Private Non Profit  
**Operating Environment:** Rural  
**Provide Out of County Trips:** Yes  
**Who Do You Serve:** Individuals who are blind or visually impaired  
**Contact Person:** Anissa Pieriboni  
**Contact Title:** President/CEO  
**Contact Email:** apieriboni@flblind.org  
**Phone:** (352) 873-4700

### Coordination Contractor Certification

By submission of this form, I, Anissa Pieriboni, as the authorized representative of Florida Center for the Blind, Inc , hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): \_\_\_\_\_





**Transportation  
Disadvantaged**

## CTC Trips

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Service Type - One Way</b>						
Fixed Route/Fixed Schedule						
Daily Pass Trips	0	N/A	0	0	N/A	0
Weekly Pass Trips	0	N/A	0	0	N/A	0
Monthly Pass Trips	0	N/A	0	0	N/A	0
Deviated Fixed Route Service	0	N/A	0	0	N/A	0
Complementary ADA Service	0	N/A	0	0	N/A	0
Paratransit						
Ambulatory	44,850	14,308	59,158	55,358	25,486	80,844
Non-Ambulatory	27,158	2,297	29,455	29,282	2,322	31,604
Stretcher	0	0	0	0	0	0
Transportation Network Companies	0	N/A	0	0	N/A	0
Taxi	0	N/A	0	0	N/A	0
School Board (School Bus)	0	N/A	0	0	N/A	0
Volunteers	0	N/A	0	0	N/A	0
<b>Total - Service Type</b>	<b>72,008</b>	<b>16,605</b>	<b>88,613</b>	<b>84,640</b>	<b>27,808</b>	<b>112,448</b>
<b>Contracted Transportation Operator</b>						
How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC)	0	N/A	0	0	N/A	0
<b>Total - Contracted Transportation Operator Trips</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Revenue Source - One Way</b>						
Agency for Health Care Administration (AHCA)	233	0	233	2,373	0	2,373
Agency for Persons with Disabilities (APD)	0	1,477	1,477	0	26,380	26,380
Comm for the Transportation Disadvantaged (CTD)	30,240	N/A	30,240	33,703	N/A	33,703
Dept of Economic Opportunity (DEO)	0	0	0	0	0	0
Dept of Children and Families (DCF)	0	0	0	0	0	0
Dept of Education (DOE)	0	0	0	0	0	0
Dept of Elder Affairs (DOEA)	0	0	0	0	0	0
Dept of Health (DOH)	0	0	0	0	0	0
Dept of Juvenile Justice (DJJ)	0	0	0	0	0	0
Dept of Transportation (DOT)	24,384	13,704	38,088	31,529	1	31,530
Local Government	16,595	0	16,595	17,034	0	17,034
Local Non-Government	1	1,424	1,425	1	1,427	1,428
Other Federal & State Programs	555	0	555	0	0	0
<b>Total - Revenue Source</b>	<b>72,008</b>	<b>16,605</b>	<b>88,613</b>	<b>84,640</b>	<b>27,808</b>	<b>112,448</b>



**Transportation  
Disadvantaged**

## CTC Trips (cont'd)

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Passenger Type - One Way</b>						
Older Adults	7,392	0	7,392	10,381	0	10,381
Children At Risk	1,403	0	1,403	2,325	0	2,325
Persons With Disabilities	57,009	16,605	73,614	64,259	27,808	92,067
Low Income	6,025	0	6,025	6,817	0	6,817
Other	179	0	179	858	0	858
<b>Total - Passenger Type</b>	<b>72,008</b>	<b>16,605</b>	<b>88,613</b>	<b>84,640</b>	<b>27,808</b>	<b>112,448</b>
<b>Trip Purpose - One Way</b>						
Medical	44,193	0	44,193	52,830	0	52,830
Employment	2,092	363	2,455	1,910	0	1,910
Education/Training/Daycare	5,951	16,242	22,193	5,760	27,808	33,568
Nutritional	16,312	0	16,312	18,964	0	18,964
Life-Sustaining/Other	3,460	0	3,460	5,176	0	5,176
<b>Total - Trip Purpose</b>	<b>72,008</b>	<b>16,605</b>	<b>88,613</b>	<b>84,640</b>	<b>27,808</b>	<b>112,448</b>
<b>Unduplicated Passenger Head Count (UDPHC)</b>						
UDPHC	2,052	142	2,194	3,189	91	3,280
<b>Total - UDPHC</b>	<b>2,052</b>	<b>142</b>	<b>2,194</b>	<b>3,189</b>	<b>91</b>	<b>3,280</b>
<b>Unmet &amp; No Shows</b>						
Unmet Trip Requests	5	N/A	5	27	N/A	27
No Shows	3,989	N/A	3,989	3,018	N/A	3,018
<b>Customer Feedback</b>						
Complaints	11	N/A	11	20	N/A	20
Commendations	35	N/A	35	59	N/A	59



Transportation Disadvantaged

## Coordination Contractor Trips

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: ARC

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Service Type - One Way</b>		
<b>Fixed Route/Fixed Schedule</b>		
Daily Pass Trips	N/A	N/A
Weekly Pass Trips	N/A	N/A
Monthly Pass Trips	N/A	N/A
Deviated Fixed Route Service	N/A	N/A
Complementary ADA Service	N/A	N/A
<b>Paratransit</b>		
Ambulatory	13,541	0
Non-Ambulatory	2,297	0
Stretcher	0	0
Transportation Network Companies	N/A	N/A
Taxi	N/A	N/A
School Board (School Bus)	N/A	N/A
Volunteers	N/A	N/A
<b>Total - Service Type</b>	<b>15,838</b>	<b>0</b>
<b>Contracted Transportation Operator</b>		
How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC	N/A	N/A
<b>Total - Contracted Transportation Operator Trips</b>	<b>0</b>	<b>0</b>
<b>Revenue Source - One Way</b>		
Agency for Health Care Administration (AHCA)	0	0
Agency for Persons with Disabilities (APD)	1,477	0
Comm for the Transportation Disadvantaged (CTD)	N/A	N/A
Dept of Economic Opportunity (DEO)	0	0
Dept of Children and Families (DCF)	0	0
Dept of Education (DOE)	0	0
Dept of Elder Affairs (DOEA)	0	0
Dept of Health (DOH)	0	0
Dept of Juvenile Justice (DJJ)	0	0
Dept of Transportation (DOT)	13,541	0
Local Government	0	0
Local Non-Government	820	0
Other Federal & State Programs	0	0
<b>Total - Revenue Source</b>	<b>15,838</b>	<b>0</b>



## Coordination Contractor Trips (cont'd)

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: ARC

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Passenger Type - One Way</b>		
Older Adults	0	0
Children At Risk	0	0
Persons With Disabilities	15,838	0
Low Income	0	0
Other	0	0
<b>Total - Passenger Type</b>	<b>15,838</b>	<b>0</b>
<b>Trip Purpose - One Way</b>		
Medical	0	0
Employment	0	0
Education/Training/Daycare	15,838	0
Nutritional	0	0
Life-Sustaining/Other	0	0
<b>Total - Trip Purpose</b>	<b>15,838</b>	<b>0</b>
<b>Unduplicated Passenger Head Count (UDPHC)</b>		
UDPHC	92	0
<b>Total - UDPHC</b>	<b>92</b>	<b>0</b>
<b>Unmet &amp; No Shows</b>		
Unmet Trip Requests	N/A	N/A
No Shows	N/A	N/A
<b>Customer Feedback</b>		
Complaints	N/A	N/A
Commendations	N/A	N/A



**Transportation Disadvantaged**

## Coordination Contractor Trips

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: Florida Center for the Blind, Inc

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Service Type - One Way</b>		
Fixed Route/Fixed Schedule		
Daily Pass Trips	N/A	N/A
Weekly Pass Trips	N/A	N/A
Monthly Pass Trips	N/A	N/A
Deviated Fixed Route Service	N/A	N/A
Complementary ADA Service	N/A	N/A
Paratransit		
Ambulatory	767	0
Non-Ambulatory	0	0
Stretcher	0	0
Transportation Network Companies	N/A	N/A
Taxi	N/A	N/A
School Board (School Bus)	N/A	N/A
Volunteers	N/A	N/A
<b>Total - Service Type</b>	<b>767</b>	<b>0</b>
<b>Contracted Transportation Operator</b>		
How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC	N/A	N/A
<b>Total - Contracted Transportation Operator Trips</b>	<b>0</b>	<b>0</b>
<b>Revenue Source - One Way</b>		
Agency for Health Care Administration (AHCA)	0	0
Agency for Persons with Disabilities (APD)	0	0
Comm for the Transportation Disadvantaged (CTD)	N/A	N/A
Dept of Economic Opportunity (DEO)	0	0
Dept of Children and Families (DCF)	0	0
Dept of Education (DOE)	0	0
Dept of Elder Affairs (DOEA)	0	0
Dept of Health (DOH)	0	0
Dept of Juvenile Justice (DJJ)	0	0
Dept of Transportation (DOT)	163	0
Local Government	0	0
Local Non-Government	604	0
Other Federal & State Programs	0	0
<b>Total - Revenue Source</b>	<b>767</b>	<b>0</b>



**Transportation  
Disadvantaged**

## Coordination Contractor Trips (cont'd)

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: Florida Center for the Blind, Inc

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Passenger Type - One Way</b>		
Older Adults	0	0
Children At Risk	0	0
Persons With Disabilities	767	0
Low Income	0	0
Other	0	0
<b>Total - Passenger Type</b>	<b>767</b>	<b>0</b>
<b>Trip Purpose - One Way</b>		
Medical	0	0
Employment	363	0
Education/Training/Daycare	404	0
Nutritional	0	0
Life-Sustaining/Other	0	0
<b>Total - Trip Purpose</b>	<b>767</b>	<b>0</b>
<b>Unduplicated Passenger Head Count (UDPHC)</b>		
UDPHC	50	0
<b>Total - UDPHC</b>	<b>50</b>	<b>0</b>
<b>Unmet &amp; No Shows</b>		
Unmet Trip Requests	N/A	N/A
No Shows	N/A	N/A
<b>Customer Feedback</b>		
Complaints	N/A	N/A
Commendations	N/A	N/A



**Transportation  
Disadvantaged**

## CTC Vehicles & Drivers

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Vehicle Miles</b>						
Deviated Fixed Route Miles	24,038	N/A	24,038	0	N/A	0
Complementary ADA Service Miles	86,946	N/A	86,946	0	N/A	0
Paratransit Miles	776,153	116,541	892,694	823,124	159,569	982,693
Transportation Network Companies (TNC) Miles	0	N/A	0	0	N/A	0
Taxi Miles	0	N/A	0	0	N/A	0
School Board (School Bus) Miles	0	N/A	0	0	N/A	0
Volunteers Miles	0	N/A	0	0	N/A	0
<b>Total - Vehicle Miles</b>	<b>887,137</b>	<b>116,541</b>	<b>1,003,678</b>	<b>823,124</b>	<b>159,569</b>	<b>982,693</b>
<b>Roadcalls &amp; Accidents</b>						
Roadcalls	18	3	21	13	1	14
Chargeable Accidents	5	0	5	3	0	3
<b>Vehicle Inventory</b>						
Total Number of Vehicles	43	18	61	41	14	55
Number of Wheelchair Accessible Vehicles	43	5	48	41	4	45
<b>Drivers</b>						
Number of Full Time & Part Time Drivers	39	31	70	38	20	58
Number of Volunteer Drivers	0	0	0	0	0	0



**Transportation  
Disadvantaged**

## Coordination Contractor Vehicles & Drivers

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: ARC

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Vehicle Miles</b>		
Deviated Fixed Route Miles	N/A	N/A
Complementary ADA Service Miles	N/A	N/A
Paratransit Miles	106,839	0
Transportation Network Companies (TNC) Miles	N/A	N/A
Taxi Miles	N/A	N/A
School Board (School Bus) Miles	N/A	N/A
Volunteers Miles	N/A	N/A
<b>Total - Vehicle Miles</b>	<b>106,839</b>	<b>0</b>
<b>Roadcalls &amp; Accidents</b>		
Roadcalls	3	0
Chargeable Accidents	0	0
<b>Vehicle Inventory</b>		
Total Number of Vehicles	14	0
Number of Wheelchair Accessible Vehicles	4	0
<b>Drivers</b>		
Number of Full Time & Part Time Drivers	20	0
Number of Volunteer Drivers	0	0





**Transportation  
Disadvantaged**

## Coordination Contractor Vehicles & Drivers

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: Marion Senior Services, Inc.  
Florida Center for the Blind, Inc

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Vehicle Miles</b>		
Deviated Fixed Route Miles	N/A	N/A
Complementary ADA Service Miles	N/A	N/A
Paratransit Miles	9,702	0
Transportation Network Companies (TNC) Miles	N/A	N/A
Taxi Miles	N/A	N/A
School Board (School Bus) Miles	N/A	N/A
Volunteers Miles	N/A	N/A
<b>Total - Vehicle Miles</b>	<b>9,702</b>	<b>0</b>
<b>Roadcalls &amp; Accidents</b>		
Roadcalls	0	0
Chargeable Accidents	0	0
<b>Vehicle Inventory</b>		
Total Number of Vehicles	4	0
Number of Wheelchair Accessible Vehicles	1	0
<b>Drivers</b>		
Number of Full Time & Part Time Drivers	11	0
Number of Volunteer Drivers	0	0



**Transportation  
Disadvantaged**

## CTC Revenue Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

CTD Status: Under Review

Revenue Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Agency for Health Care Administration (AHCA)	\$ 19,640	\$ 0	\$ 19,640	\$ 35,179	\$ 0	\$ 35,179
Agency for Persons with Disabilities (APD)	\$ 0	\$ 151,928	\$ 151,928	\$ 0	\$ 221,643	\$ 221,643
Dept of Economic Opportunity (DEO)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Children and Families (DCF)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Education (DOE)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Elder Affairs (DOEA)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Health (DOH)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Juvenile Justice (DJJ)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Commission for the Transportation Disadvantaged (CTD)</b>						
Non-Sponsored Trip Program	\$ 843,668	N/A	\$ 843,668	\$ 782,845	N/A	\$ 782,845
Non-Sponsored Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Rural Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
TD Other	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Department of Transportation (DOT)</b>						
49 USC 5307	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5310	\$ 360,833	\$ 136,023	\$ 496,856	\$ 384,043	\$ 0	\$ 384,043
49 USC 5311	\$ 617,253	\$ 0	\$ 617,253	\$ 645,639	\$ 0	\$ 645,639
49 USC 5311 (f)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Block Grant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Service Development	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Commuter Assistance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other DOT	\$ 292,446	\$ 0	\$ 292,446	\$ 0	\$ 13,742	\$ 13,742
<b>Local Government</b>						
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
County Cash	\$ 703,181	\$ 0	\$ 703,181	\$ 817,540	\$ 0	\$ 817,540
County In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
City Cash	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
City In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Cash	\$ 322,889	\$ 0	\$ 322,889	\$ 318,601	\$ 0	\$ 318,601
Other In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Local Non-Government</b>						
Farebox	\$ 68,285	\$ 9,325	\$ 77,610	\$ 112,700	\$ 12,639	\$ 125,339
Donations/Contributions	\$ 4,000	\$ 0	\$ 4,000	\$ 0	\$ 0	\$ 0
In-Kind Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Non-Government	\$ 12,024	\$ 28,692	\$ 40,716	\$ 45,100	\$ 3,000	\$ 48,100
<b>Other Federal &amp; State Programs</b>						
Other Federal Programs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other State Programs	\$ 21,015	\$ 0	\$ 21,015	\$ 0	\$ 0	\$ 0
<b>Total - Revenue Sources</b>	<b>\$ 3,265,234</b>	<b>\$ 325,968</b>	<b>\$ 3,591,202</b>	<b>\$ 3,141,647</b>	<b>\$ 251,024</b>	<b>\$ 3,392,671</b>



**Transportation  
Disadvantaged**

## Coordination Contractor Revenue Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: ARC

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Revenue Sources</b>		
Agency for Health Care Administration (AHCA)	\$ 0	\$ 0
Agency for Persons with Disabilities (APD)	\$ 151,928	\$ 0
Dept of Economic Opportunity (DEO)	\$ 0	\$ 0
Dept of Children and Families (DCF)	\$ 0	\$ 0
Dept of Education (DOE)	\$ 0	\$ 0
Dept of Elder Affairs (DOEA)	\$ 0	\$ 0
Dept of Health (DOH)	\$ 0	\$ 0
Dept of Juvenile Justice (DJJ)	\$ 0	\$ 0
<b>Commission for the Transportation Disadvantaged (CTD)</b>		
Non-Sponsored Trip Program	N/A	N/A
Non-Sponsored Capital Equipment	N/A	N/A
Rural Capital Equipment	N/A	N/A
TD Other	N/A	N/A
<b>Department of Transportation (DOT)</b>		
49 USC 5307	\$ 0	\$ 0
49 USC 5310	\$ 132,465	\$ 0
49 USC 5311	\$ 0	\$ 0
49 USC 5311 (f)	\$ 0	\$ 0
Block Grant	\$ 0	\$ 0
Service Development	\$ 0	\$ 0
Commuter Assistance Program	\$ 0	\$ 0
Other DOT	\$ 0	\$ 0
<b>Local Government</b>		
School Board (School Bus)	N/A	N/A
County Cash	\$ 0	\$ 0
County In-Kind	\$ 0	\$ 0
City Cash	\$ 0	\$ 0
City In-Kind	\$ 0	\$ 0
Other Cash	\$ 0	\$ 0
Other In-Kind	\$ 0	\$ 0
<b>Total Non-Government</b>		
Farebox	\$ 9,325	\$ 0
Donations/Contributions	\$ 0	\$ 0
In-Kind Services	\$ 0	\$ 0
Other Non-Government	\$ 15,922	\$ 0
<b>Other Federal &amp; State Programs</b>		
Other Federal Programs	\$ 0	\$ 0
Other State Programs	\$ 0	\$ 0
<b>Total - Revenue Sources</b>	<b>\$ 309,690</b>	<b>\$ 0</b>



**Transportation  
Disadvantaged**

## Coordination Contractor Revenue Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: Florida Center for the Blind, Inc

	Selected Reporting Period Coordination Contractors	Previous Reporting Period Coordination Contractors
<b>Revenue Sources</b>		
Agency for Health Care Administration (AHCA)	\$ 0	\$ 0
Agency for Persons with Disabilities (APD)	\$ 0	\$ 0
Dept of Economic Opportunity (DEO)	\$ 0	\$ 0
Dept of Children and Families (DCF)	\$ 0	\$ 0
Dept of Education (DOE)	\$ 0	\$ 0
Dept of Elder Affairs (DOEA)	\$ 0	\$ 0
Dept of Health (DOH)	\$ 0	\$ 0
Dept of Juvenile Justice (DJJ)	\$ 0	\$ 0
<b>Commission for the Transportation Disadvantaged (CTD)</b>		
Non-Sponsored Trip Program	N/A	N/A
Non-Sponsored Capital Equipment	N/A	N/A
Rural Capital Equipment	N/A	N/A
TD Other	N/A	N/A
<b>Department of Transportation (DOT)</b>		
49 USC 5307	\$ 0	\$ 0
49 USC 5310	\$ 3,558	\$ 0
49 USC 5311	\$ 0	\$ 0
49 USC 5311 (f)	\$ 0	\$ 0
Block Grant	\$ 0	\$ 0
Service Development	\$ 0	\$ 0
Commuter Assistance Program	\$ 0	\$ 0
Other DOT	\$ 0	\$ 0
<b>Local Government</b>		
School Board (School Bus)	N/A	N/A
County Cash	\$ 0	\$ 0
County In-Kind	\$ 0	\$ 0
City Cash	\$ 0	\$ 0
City In-Kind	\$ 0	\$ 0
Other Cash	\$ 0	\$ 0
Other In-Kind	\$ 0	\$ 0
<b>Local Non-Government</b>		
Farebox	\$ 0	\$ 0
Donations/Contributions	\$ 0	\$ 0
In-Kind Services	\$ 0	\$ 0
Other Non-Government	\$ 12,770	\$ 0
<b>Other Federal &amp; State Programs</b>		
Other Federal Programs	\$ 0	\$ 0
Other State Programs	\$ 0	\$ 0
<b>Total - Revenue Sources</b>	<b>\$ 16,328</b>	<b>\$ 0</b>



**Transportation  
Disadvantaged**

## CTC Expense Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Expense Sources</b>						
Labor	\$ 1,532,431	\$ 205,352	\$ 1,737,783	\$ 1,532,769	\$ 168,211	\$ 1,700,980
Fringe Benefits	\$ 443,602	\$ 37,198	\$ 480,800	\$ 424,742	\$ 34,418	\$ 459,160
Services	\$ 257,859	\$ 0	\$ 257,859	\$ 289,071	\$ 0	\$ 289,071
Materials & Supplies Consumed	\$ 378,170	\$ 78,666	\$ 456,836	\$ 421,427	\$ 91,402	\$ 512,829
Utilities	\$ 32,428	\$ 12,477	\$ 44,905	\$ 29,813	\$ 6,654	\$ 36,467
Casualty & Liability	\$ 144,655	\$ 33,471	\$ 178,126	\$ 88,767	\$ 27,960	\$ 116,727
Taxes	\$ 854	\$ 0	\$ 854	\$ 782	\$ 0	\$ 782
Miscellaneous	\$ 17,186	\$ 0	\$ 17,186	\$ 13,450	\$ 0	\$ 13,450
Interest	\$ 994	\$ 0	\$ 994	\$ 504	\$ 0	\$ 504
Leases & Rentals	\$ 10,621	\$ 0	\$ 10,621	\$ 14,683	\$ 0	\$ 14,683
Capital Purchases	\$ 389,179	\$ 58,930	\$ 448,109	\$ 0	\$ 50,000	\$ 50,000
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0	\$ 0	\$ 328,059	\$ 0	\$ 328,059
<b>Purchased Transportation Services</b>						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Total - Expense Sources</b>	<b>\$ 3,207,979</b>	<b>\$ 426,094</b>	<b>\$ 3,634,073</b>	<b>\$ 3,144,067</b>	<b>\$ 378,645</b>	<b>\$ 3,522,712</b>



## Coordination Contractor Expense Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: ARC

Expense Sources	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
Labor	\$ 196,867	\$ 0
Fringe Benefits	\$ 37,198	\$ 0
Services	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 76,951	\$ 0
Utilities	\$ 12,477	\$ 0
Casualty & Liability	\$ 31,273	\$ 0
Taxes	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0
Interest	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0
Capital Purchases	\$ 55,000	\$ 0
Contributed Services	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0
<b>Purchased Transportation Services</b>		
Bus Pass	N/A	N/A
School Board (School Bus)	N/A	N/A
Transportation Network Companies (TNC)	N/A	N/A
Taxi	N/A	N/A
Contracted Operator	N/A	N/A
<b>Total Expense Sources</b>	<b>\$ 409,766</b>	<b>\$ 0</b>



## Coordination Contractor Expense Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2019 - 06/30/2020

Upload Date: 9/8/2020

Coordination Contractor: Florida Center for the Blind, Inc

Expense Sources	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
<b>Expense Sources</b>		
Labor	\$ 8,485	\$ 0
Fringe Benefits	\$ 0	\$ 0
Services	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 1,715	\$ 0
Utilities	\$ 0	\$ 0
Casualty & Liability	\$ 2,198	\$ 0
Taxes	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0
Interest	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0
Capital Purchases	\$ 3,930	\$ 0
Contributed Services	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0
<b>Purchased Transportation Services</b>		
Bus Pass	N/A	N/A
School Board (School Bus)	N/A	N/A
Transportation Network Companies (TNC)	N/A	N/A
Taxi	N/A	N/A
Contracted Operator	N/A	N/A
<b>Total - Expense Sources</b>	<b>\$46,328</b>	<b>\$0</b>

County: Marion  
 CTC: Marion Senior Services, Inc.  
 Contact: Tom Wilder  
 1101 SW 20 CT  
 Ocala, FL 34471  
 352-620-3519  
 Email: twilder@marionseniorservices.org

Demographics	Number
Total County Population	0
Unduplicated Head Count	2,194

Florida Commission for the



Trips By Type of Service	2018	2019	2020
Fixed Route (FR)	0	0	0
Deviated FR	0	0	0
Complementary ADA	0	0	0
Paratransit	106,024	112,448	88,613
TNC	0	0	0
Taxi	0	0	0
School Board (School Bus)	0	0	0
Volunteers	0	0	0
<b>TOTAL TRIPS</b>	<b>106,024</b>	<b>112,448</b>	<b>88,613</b>

Vehicle Data	2018	2019	2020
Vehicle Miles	1,117,564	982,693	1,003,678
Roadcalls	33	14	21
Accidents	0	3	5
Vehicles	41	55	61
Drivers	57	58	70

Passenger Trips By Trip Purpose	2018	2019	2020
Medical	56,417	52,830	44,193
Employment	854	1,910	2,455
Ed/Train/DayCare	27,619	33,568	22,193
Nutritional	15,188	18,964	16,312
Life-Sustaining/Other	5,946	5,176	3,460
<b>TOTAL TRIPS</b>	<b>106,024</b>	<b>112,448</b>	<b>88,613</b>

Financial and General Data	2018	2019	2020
Expenses	\$3,628,916	\$3,522,712	\$3,634,073
Revenues	\$3,674,940	\$3,392,671	\$3,591,202
Commendations	66	59	35
Complaints	16	20	11
Passenger No-Shows	3,364	3,018	3,989
Unmet Trip Requests	50	27	5

Passenger Trips By Revenue Source	2018	2019	2020
CTD	30,772	33,703	30,240
AHCA	5,164	2,373	233
APD	22,414	26,380	1,477
DOEA	0	0	0
DOE	0	0	0
Other	47,674	49,992	56,663
<b>TOTAL TRIPS</b>	<b>106,024</b>	<b>112,448</b>	<b>88,613</b>

Performance Measures	2018	2019	2020
Accidents per 100,000 Miles	0	0.31	0.50
Miles between Roadcalls	33,866	70,192	47,794
Avg. Trips per Passenger	32.31	34.28	40.39
Cost per Trip	\$34.23	\$31.33	\$41.01
Cost per Paratransit Trip	\$34.23	\$31.33	\$41.01
Cost per Total Mile	\$3.25	\$3.58	\$3.62
Cost per Paratransit Mile	\$3.25	\$3.58	\$3.62

Trips by Provider Type	2018	2019	2020
CTC	83,610	84,640	72,008
Transportation Operator	0	0	0
Coordination Contractor	22,414	27,808	16,605
<b>TOTAL TRIPS</b>	<b>106,024</b>	<b>112,448</b>	<b>88,613</b>





February 3, 2021

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

**RE: SYSTEM SAFETY PROGRAM PLAN**

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit has not made any major changes to the System Safety Program Plan (SSPP) implemented and adopted in July 2016 and it is currently in effect.

Sincerely,

Tom Wilder, Transportation Director

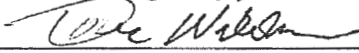
**BUS TRANSIT SYSTEM  
ANNUAL SAFETY CERTIFICATION**

**DATE:** February 3, 2021  
**BUS TRANSIT SYSTEM:** Marion Senior Services, Inc. d/b/a Marion Transit  
**ADDRESS:** 1101 S.W. 20<sup>th</sup> Court  
Ocala, Florida 34471

**IN ACCORDANCE WITH FLORIDA STATUTE 341.061**

**THE BUS TRANSIT SYSTEM NAMED ABOVE HEREBY CERTIFIES TO THE FOLLOWING:**

1. The adoption of a System Safety Program Plan (SSPP) and the Security Program Plan (SPP) pursuant to Florida Department of Transportation safety standards set for in Rule Chapter 14-90, Florida Administrative Code (F.A.C.).  
Current date of Adopted SSPP: July 29, 2016  
Current date of Adopted SPP: August 1, 2016
2. Compliance with adopted safety standards in the SSPP and the SPP.
3. Performance of annual safety inspections on all operational buses in accordance with Rule 14-90.009, F.A.C. (This should be signed by the Officer responsible for management of the bus transit system to certify compliance.)

  
\_\_\_\_\_  
*Signature*  
Tom Wilder  
\_\_\_\_\_  
*Name (Printed or Typed):*  
Transportation Director  
\_\_\_\_\_  
*Title*

4. Name and address of entity(ies) which has (have) performed safety inspections:

Advanced Tire & Service  
\_\_\_\_\_  
*Name*  
2199 NW 10<sup>th</sup> Street  
\_\_\_\_\_  
*Address (Street Number)*  
Ocala, FL 34475  
\_\_\_\_\_  
*Address (City, State, Zip Code)*  
January – December 2020.  
\_\_\_\_\_  
*Date(s) of Inspection*

Advanced Vehicle Modifications (Wheelchair Lifts)  
\_\_\_\_\_  
*Name*  
7265 SW 62<sup>nd</sup> Avenue, Unit #1  
\_\_\_\_\_  
*Address (Street Number)*  
Ocala, FL 34476  
\_\_\_\_\_  
*Address (City, State, Zip Code)*  
January – December 2020  
\_\_\_\_\_  
*Date(s) of Inspection*

**Continued:** Name and address of entity(ies) which has (have) performed safety inspections:

AAMCO

*Name*

661 S.W. 17<sup>th</sup> Loop

*Address (Street Number)*

Ocala, FL 34471

*Address (City, State, Zip Code)*

January – December 2018.

*Date(s) of Inspection*

Fisher's Auto Care

*Name*

2021 SW 27<sup>th</sup> Ave

*Address (Street Number)*

Ocala, FL 34471

*Address (City, State, Zip Code)*

January – December 2020

*Date(s) of Inspection*

5. Names and contact information for all **contract** bus transit systems subject to the provisions of Rule 14-90, F.A.C. N/A

Agency	FDOT CONTROL NUMBER	AGENCY'S CONTROL NUMBER	Title Holder	VIN #	YEAR/MAKE	Model	VEHICLE LENGTH (FEET)	AMBULATORY (seats)	WHEELCHAIR (seats)	ADA Accessory (Lift, ramp, etc.)	Current Use	Current Condition	Location of Property	Year of Grant Award and Program Number	Acquisition Date	Cost of Property	% of Federal participation on In the cost of the property	Expected Retirement Date
Marion	N/A	1202 (32)	Marion Transit	1GB6G5BG2C1113680	2012/Chevy	Glaval	23	13	4	Lift	Spare	Good	In-house	2012; Sec. 5310	3/16/2012	\$74,758	90	2021
Marion	91589	1204 (41)	FDOT	1GB6G5BG6C1112253	2012/Chevy	Glaval	23	12	4	Lift	Spare	Good	In-house	2012; Sec. 5310	3/16/2012	\$74,758	90	2021
Marion	TD	1205 (50)	TD	2C4RDG8G4CR281275	2012/Dodge	Caravan	12	6	1	Ramp	Spare	Good	In-house	N/A	6/28/2012	\$45,752	0	2021
Marion	N/A	1301 (04)	Marion Transit	1GB6G5BG8D1129598	2013/Chevy	Glaval	23	10	6	Lift	Spare	Good	In-house	N/A	6/26/2013	\$75,635	0	2022
Marion	94517	1302 (07)	FDOT	1GB6G5BG1D1122030	2013/Chevy	Glaval	23	10	6	Lift	Spare	Good	In-house	2013; Sec. 5310	5/17/2013	\$76,491	90	2022
Marion	N/A	1303 (24)	Marion Transit	1GB6G5BG2D1121971	2013/Chevy	Glaval	23	10	2	Lift	Spare	Good	In-house	2013; Sec. 5310	5/17/2013	\$76,491	90	2022
Marion	94513	1304 (26)	FDOT	1GB6G5BG7D1120637	2013/Chevy	Glaval	23	10	4	Lift	Daily Use	Good	In-house	2013; Sec. 5310	5/17/2013	\$76,491	90	2021
Marion	94514	1305 (31)	FDOT	1GB6G5BG4D1121678	2013/Chevy	Glaval	23	10	6	Lift	Daily Use	Good	In-house	2013; Sec. 5310	5/17/2013	\$76,491	90	2022
Marion	N/A	1306 (42)	Marion Transit	1GB6G5BG5D1121172	2013/Chevy	Glaval	23	10	6	Lift	Daily Use	Good	In-house	2013; Sec. 5310	5/17/2013	\$76,491	90	2021
Marion	94556	1401 (08)	FDOT	1GB6G5BG7E1171119	2014/Chevy	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2014; Sec. 5310	6/30/2014	\$76,760	85	2022
Marion	TD	1402 (10)	TD	1GB6G5BG8E1187734	2014/Chevy	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	N/A	6/30/2014	\$76,760	0	2022
Marion	94557	1403 (17)	FDOT	1GB6G5BG6E1187506	2014/Chevy	Glaval	23	10	4	Lift	Daily Use	Excellent	In-house	2014; Sec. 5310	8/20/2014	\$76,760	86	2022
Marion	TD	1404 (18)	TD	1GB6G5BG9E1171940	2014/Chevy	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	N/A	6/30/2014	\$76,760	0	2022
Marion	94558	1405 (29)	FDOT	1GB6G5BG6E1188493	2014/Chevy	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2014; Sec. 5310	8/20/2014	\$76,760	86	2022
Marion	94555	1406 (34)	FDOT	1GB6G5BG9E1170795	2014/Chevy	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2014; Sec. 5310	6/30/2014	\$76,760	86	2022
Marion	94549	1407 (37)	FDOT	1GB6G5BG3E1171067	2014/Chevy	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2014; Sec. 5310	6/30/2014	\$76,760	86	2022
Marion	TD	1501 (15)	TD	1FDFE4FS3FDA30490	2015/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	N/A	6/29/2015	\$77,150	0	2022
Marion	TD	1502 (40)	TD	1FDFE4FSSFDA30491	2015/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	N/A	6/29/2015	\$77,150	0	2022
Marion	94583	1601 (05)	FDOT	1FDFE4FS4GDC03211	2016/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022
Marion	94585	1602 (09)	FDOT	1FDFE4FS8GDC03213	2016/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022
Marion	94591	1603 (11)	FDOT	1FDFE4FS1GDC03215	2016/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022
Marion	94586	1604 (20)	FDOT	1FDFE4FSXGDC03214	2016/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022
Marion	94584	1605 (21)	FDOT	1FDFE4FS6GDC03212	2016/Ford E-450	Glaval	23	10	6	Lift	Daily Use	Excellent	In-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022
Marion	95526	1701	FDOT	1FDVU4XG7HKA67565	2017/Ford/Tran	Nations	22	9	2	Lift	Daily Use	Excellent	In-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024
Marion	95527	1702	FDOT	1FDVU4XG9HKA67566	2017/Ford/Tran	Nations	22	9	2	Lift	Daily Use	Excellent	In-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024
Marion	95528	1703	FDOT	1FDVU4XG0HKA67567	2017/Ford/Tran	Nations	22	9	2	Lift	Daily Use	Excellent	In-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024
Marion	95525	1704	FDOT	1FDVU4XG2HKA67568	2017/Ford/Tran	Nations	22	9	2	Lift	Daily Use	Excellent	In-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024
Marion	95529	1705	FDOT	1FDVU4XG4HKA67569	2017/Ford/Tran	Nations	22	9	2	Lift	Daily Use	Excellent	In-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024
Marion	95556	1801	FDOT	1HA6GUBG2JN002324	2018/Chev	Nations	24	11	4	Lift	Daily Use	Excellent	In-house	2017 Sec. 5310	9/30/2018	\$85,343	90	2026
Marion	50016	1802	FDOT	1HA6GUBG5JN002298	2018/Chev	Nations	24	11	4	Lift	Daily Use	Excellent	In-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026
Marion	50014	1803	FDOT	1HA6GUBG1JN002394	2018/Chev	Nations	24	11	4	Lift	Daily Use	Excellent	In-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026
Marion	50013	1804	FDOT	1HA6GUBG9JN002336	2018/Chev	Nations	24	11	4	Lift	Daily Use	Excellent	In-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026
Marion	50015	1805	FDOT	1HA6GUBG9JN002403	2018/Chev	Nations	24	11	4	Lift	Daily Use	Excellent	In-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026
Marion	50038	1900	FDOT	1FDFE4FS1KDC14093	2019/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027
Marion	50041	1901	FDOT	1FDFE4FSSKDC27574	2019/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027
Marion	50039	1902	FDOT	1FDFE4FS2KDC29671	2019/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027
Marion	50040	1903	FDOT	1FDFE4FS4KDC29672	2019/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027
Marion	50042	1904	FDOT	1FDFE4FS0KDC18264	2019/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027
Marion	50093	2001	FDOT	1FDFE4FS3KDC66499	2020/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028
Marion	50086	2002	FDOT	1FDFE4FS6KDC66500	2020/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028
Marion	50091	2003	FDOT	1FDFE4FS8KDC66501	2020/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028
Marion	50090	2004	FDOT	1FDFE4FSXKDC66502	2020/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028
Marion	50094	2005	FDOT	1FDFE4FS1KDC66503	2020/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028
Marion	50122	2101	FDOT	1FDFE4FN0MDC14258	2021/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2021; Sec. 5310	12/1/2020	\$83,010	90	2028
Marion	50123	2102	FDOT	1FDFE4FN2MDC14259	2021/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2021; Sec. 5310	12/1/2020	\$83,010	90	2028
Marion	50124	2105	FDOT	1FDFE4FN2MDC14262	2021/Ford E-450	Goshen	23	12	4	Lift	Daily Use	Excellent	In-house	2021; Sec. 5310	12/1/2020	\$83,010	90	2028

**COORDINATION AGREEMENT  
BETWEEN  
COMMUNITY TRANSPORTATION COORDINATOR  
AND  
THE FLORIDA CENTER FOR THE BLIND, INC.**

WHEREAS, Marion Senior Services in its role as the Community Transportation Coordinator (CTC) for Marion County, hereafter known as the CTC, and;

WHEREAS, in this capacity, the CTC has initiated a program to provide community transportation service clients, agencies, and organizations, provided such service complies with Chapter 427, Florida Statutes and Chapters 41-2 and 19-90, Florida Administrative Code, and;

WHEREAS, the Florida Center for the Blind, Inc., (hereafter referred to as AGENCY) is considered to be a bonafide ( *private-not-for-profit agency* or  *private-for-profit enterprise*) operating in Marion Senior Services, Inc. and is eligible for the services of the CTC. The transportation services described herein are deemed to comply with all applicable with all applicable state laws and regulations, and;

WHEREAS, the AGENCY currently provides services using its own vehicles in the provision of transportation to transportation disadvantaged clients that are unique in nature, and will provide the CTC the opportunity to develop a proposal for any new transportation services needed,

NOW THEREFORE, the CTC and AGENCY, in consideration of the mutual covenants hereinafter set forth, agree as follows:

1. AGENCY shall maintain daily records of ridership and provide such to CTC quarterly.
2. AGENCY shall act as a transportation provider based on the availability of AGENCY vehicles.
3. AGENCY, when acting as provider, shall furnish all vehicles which conform to the laws of the State of Florida as provided in Florida Statutes 427, and shall maintain same in good mechanical and clean condition.
4. AGENCY has developed and implemented a System Safety Program Plan (SSPP) and agrees to abide by said policy.
5. AGENCY shall maintain a minimum liability insurance rate of \$100,000 per person, and \$300,000 per incident in effect at all times.
6. AGENCY shall conduct a criminal background screening for all drivers. Should the AGENCY acquire vehicles that require a CDL license to operate, AGENCY shall conduct pre-employment drug screening and pre-employment physicals for all drivers at said time. However, the AGENCY shall conduct drug and/or alcohol testing when any of the following conditions exist:
  - a. In the event a qualified supervisor/company official has reasonable suspicion to believe that a covered employee has engaged in prohibited drug use and/or alcohol misuse;
  - b. In the event of a fatal accident; or
  - c. In the event of a non-fatal accident if an individual suffers bodily injury and immediately received medical treatment away from the scene of the accident, any vehicle incurs disabling damage as the result of the occurrence and a vehicle is transported away from the scene by a tow truck, or the transit vehicle is removed from operation.

7. AGENCY will provide training to include safety, vehicle operations, and passenger sensitivity in accordance with Florida Statutes 427.
8. AGENCY agrees to submit an Annual Operating Report, Certifications of Compliance, Federal Transit Administration Drug and Alcohol Reports and quality assurance report to the CTC annually.
9. INDEMNIFICATION – The AGENCY shall pay on behalf of or indemnify and hold harmless Marion Senior Services, Inc., its employees, officers, agents and volunteers from and against all claims, actions,, damages, fees, fines, penalties, defense costs (including attorney fees and court costs, whether such fees and costs are incurred in negotiations, collection of attorneys' fees or at the trial level or on appeal), suits or liabilities which may arise out of any actual alleged negligent act, error, omission, or any default of the AGENCY (or AGENCY's officers, employees, agent, volunteers and subcontractors, if any) performance or failure to perform under terms of this contract. This indemnification and hold harmless agreement shall survive the termination of expiration of this agreement.
10. No changes to this Agreement or the Performance contemplated hereunder shall be made unless the same are in writing and signed by both parties hereto.
11. This Agreement may be terminated by either party by providing five (5) day written notice to the other party. This Agreement shall be for a period beginning 12-04-2019 and expires on 12-31-2020, unless terminated at an earlier date as described above.
12. AGENCY shall not be allowed to assign its rights, duties, and obligations pursuant to the Agreement to any entity (i) with AGENCY is affiliated, (ii) into which AGENCY may be merged or reorganized, or (iii) to which all or a portion of AGENCY's capital, stock, or assets may e sold without the prior written consent of CTC Marion County which shall not be unreasonably withheld. If approval for assignment is obtained, is shall not release the AGENCY from any liability or obligation under this Agreement.
13. Any notices, invoices, reports or any other type of documentation required by this Agreement shall be sufficient if sent by the parties postage paid in the United States mail, postage paid to the addresses listed below.
14. Due to safety concerns and issues presented in the past, the AGENCY and CTC have agreed that all transportation services provided by the CTC for the AGENCY's clients seeking training services at the AGENCY's location will be coordinated between the AGENCY and CTC directly. Clients of the AGENCY will not be allowed to coordinate their own transportation to and from the AGENCY.

**AGENCY'S Authorized Representative:**

Name: Anissa Pieriboni  
Title: President/CEO  
Address: \_\_\_\_\_  
1411 NE 22<sup>nd</sup> Avenue  
Ocala, Florida 34470  
Telephone: (352)873-4700  
Fax: (352)873-4751  
Electronic mail address:  
apieriboni@flblind.org

**COUNTY'S Authorized Representative:**

Name: Jennifer Martinez  
Title: Executive Director  
Address: \_\_\_\_\_  
1101 SW 20<sup>th</sup> Court  
Ocala, Florida 34471  
Telephone: (352)620-3501  
Fax: (352)629-3501  
Electronic mail address:  
JMartinez@marionseniorservices.org

15. The rights and obligations of the parties under this Agreement shall be governed by the laws of the State of Florida and the venue for any legal or judicial proceedings in connection with the enforcement or interpretation of this Agreement shall be in Marion County, Florida.

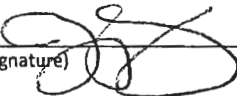
IN WITNESS THEREOF, the parties have executed the Agreement of the date first above written.

COUNTY/CTC:

Marion Senior Services  
(Name of COUNTY/county/CTC)

Jennifer Martinez  
(Printed or Typed Name)

Executive Director  
(Printed or Typed Title)

(Signature) 

December 4, 2019  
(Date)

AGENCY:

Florida Center for the Blind, Inc.  
(Name of Agency)

Anissa Pieriboni  
(Printed or Typed Name)

President/CEO  
(Printed or Typed Title)

(Signature) 

December 4, 2019  
(Date)

STATE OF FLORIDA  
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

**AGENCY CONTRACT**

Effective: January 1, 2020 to December 31, 2020

THIS CONTRACT is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, **MARION SENIOR SERVICES, INC.** designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Marion County, and hereinafter referred to as the “Coordinator” and **ADVOCACY RESOURCE CENTER MARION, INC.** hereinafter referred to as the “Agency”.

WHEREAS, the Coordinator is required, under Rule 41-2.011, F.A.C., when cost effective and efficient, to enter into contract with a transportation Agency to provide transportation services; and

WHEREAS, transportation disadvantaged funds includes any local government, state or federal funds that are for the transportation of transportation disadvantaged; and

WHEREAS, the Coordinator desires to contract with the Agency for the provision of transportation services for the transportation disadvantaged; and

WHEREAS, the Coordinator believes it to be in the public interest to provide such transportation services through the Agency for the residents of the service area who are clients of the Agency; and

WHEREAS, the Agency will provide the Coordinator the opportunity to develop a proposal for any new transportation services needed; and

WHEREAS, the Agency, in an effort to coordinate available resources, will make available transportation services to the Coordinator,

WHEREAS, this Contract allows for the provisions of transportation services be provided by the Agency, in accordance with Chapter 427, F.S., Rule 41-2, F.A.C., and the most current Community Transportation Coordinator policies.



NOW, THEREFORE, in consideration of the mutual covenants, promises and representations herein, the parties agree as follows:

THE AGENCY SHALL:

- A. Provide services and vehicles according to the conditions specified in Attachment I.
- B. Coordinate available resources and make available transportation services to the Coordinator. Such services shall be provided in accordance with Attachment I.
- C. Annually, submit to the Coordinator a Year to Date Operating Report (from the Annual Operating Report) detailing demographic, operational and financial data regarding coordination activities in the designated service area period covering July 1, through June 30 and due by August 1 every year. The report shall be prepared on forms provided by the Commission for the Transportation Disadvantaged, hereinafter Commission, and according to the instructions for the forms.
- D. Comply with audit and record keeping requirements by:
  1. Utilizing the Commission recognized Chart of Accounts defined in the Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Agencies with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.
  2. Maintaining and filing with the Coordinator such progress, fiscal, inventory and other reports as the Coordinator may require during the period of this contract.
  3. By reserving to the Coordinator, the right to conduct finance and compliance audits at any time. Such audits conducted by the Coordinator will be at the expense of the Coordinator.

- E. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of the five (5) years, the records shall be retained until resolution of the audit findings. The Agency shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Coordinator or Commission or this Agreement. The Commission and the Coordinator shall have full access to and the right to examine any of the records and documents during the retention period.
- F. Comply with Safety Requirements by:
1. Complying with Section 341 .061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board;
  2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;
  3. Complying with Coordinator's System Safety Program Plan (SSPP) for designated service area.
- G. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$100,000 for any one person and \$200,000 per occurrence at all times during the existence of this Contract along with Workers Comp. Upon the execution of this Contract, the Agency shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of \$1 million per occurrence must be approved by the Coordinator and/or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41- 2.006(1), FAC.
- H. Safeguard information by not using or disclosing any information concerning a user

of services under this Agreement for any purpose not in conformity with the local, state and federal regulations, including but not limited to 45 CFR, Part 205.50, except upon order of a court of competent jurisdiction, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

I. Protect Civil Rights by:

1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended. The Agency gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so required by the Coordinator. Agency shall also assure compliance with:

- a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.
- b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability in programs and activities receiving or benefiting from federal financial assistance.
- c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
- d. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
- e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
- f. All regulations, guidelines, and standards lawfully adopted under the above statutes.

- g The Americans with Disabilities Act of 1990, as it may be amended from time to time.

**HIPAA:** Agency agrees to enter into an agreement with Coordinator to comply with requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the Privacy Rule) and 45 C.F.R. 142.308 (a) as may be finalized and amended (Chain of Trust requirement) establishing required safeguards to ensure the security and confidentiality of protected client information. See Attachment IV

- 2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Agency, its successors, subcontractors, transferees, and assignees for the period during which such assistance is provided. Assuring that agency's, subcontractors, subgrantees, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Agency agrees that the Coordinator may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

- J. Agency's obligation to indemnify, defend, and pay for the defense or at the Coordinator's option, to participate and associate with the Coordinator in the defense and trial of any claim and any related settlement negotiations, shall be triggered by the Coordinator's notice of claim for indemnification to the Agency. Agency's inability to evaluate liability or its evaluation of liability shall not excuse the Agency's duty to defend and indemnify within seven days after such notice by the Coordinator is given by registered mail. Only an adjudication or judgement after the highest appeal is exhausted specifically finding the Coordinator solely negligent shall excuse performance of this provision by the Agency. Agency shall pay all costs and fees related to this obligation and its enforcement by the Coordinator. The Coordinator's failure to notify Agency of a claim shall not release Agency of the above duty to defend.

- K. Comply with all standards and performance requirements of the:
1. The Commission for the Transportation Disadvantaged (Attachment II);
  2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;
  - 3 Any entities that purchase service.

Failure to meet the requirements or obligations set forth in this Contract, and performance requirements established and monitored by the Coordinating Board in the approved Transportation Disadvantaged Service Plan shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Coordinator.

- L. Provide Corrective Action. A corrective action notice is a written notice to the Agency that the Agency is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. Agency agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.
- M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.
- N Return to the Coordinator any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency by the Coordinator. The Agency shall return any overpayment within thirty (30) calendar days after either discovery by the Agency, or notification of the Agency by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.

0. In performing this Contract, the Agency shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Agency shall insert the foregoing provision modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.
- P. By execution of this Contract, the Agency represents that it has not paid and, also, agrees not to pay, any bonus or commission for the purpose of obtaining an approval of its application for the financing hereunder. Funds disbursed to the Agency under this Contract shall not be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

#### THE COORDINATOR SHALL:

- A. Recognize the Agency as described in Chapter 427, F.S., and Rule 41-2, F.A.C.
- B. Insure that entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the coordinated system.
- C. At a minimum, annually monitor the Agency for insurance, safety and reporting requirements, pursuant to Chapter 427, F.S., and Rule 41-2, F.A.C. The information contained in the Annual Operating Report must be collected, at a minimum, quarterly from the Agency.

#### THE AGENCY AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will

at once notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency to the end that the Agency may proceed as soon as possible with the provision of transportation services.

B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.

C. Termination Conditions:

1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30) days' notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
2. Termination due to Lack of Designation - In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
3. Termination due to Disapproval of Memorandum of Agreement - In the event that the Commission does not accept and approve any contracted transportation rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
4. Termination due to Lack of Funds - In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.
5. Termination for Breach - Unless the Agency's breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency,

terminate this Contract upon no less than twenty-four (24) hours' notice. Notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract, and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator's right to remedies at law or to damages.

6. Upon receipt of a notice of termination of this Contract for any reason, the Agency shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.

D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.

E. Agency shall assign no portion of this Contract without the prior written consent of the Coordinator.

F. This Contract is the entire agreement between the parties.

G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.

H. Notice and Contact:

The name and address of the contract manager for the Coordinator for this Contract is:

Name: Frank Sofia  
Title: CEO

Address: 2800 SE Manatee Rd Ocala, FL  
Telephone: 352-387-2210

The representative/position of the Agency responsible for administration of the program under this contract is: Frank Sofia,  
telephone: 352-387-2210.



In the event that different representatives are designated by either party after execution of this Contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Contract.

This contract and its attachments contain all the terms and conditions agreed upon by the parties hereto.

WITNESS WHEREOF, the parties hereto have caused these presents to be executed

**Agency:**  
**Advocacy Resource Center Marion, Inc.**

**Community Transportation Coordinator**  
**Marion Senior Services**

  
\_\_\_\_\_

Authorized Signature

*Frank Sofia, CEO*

Name & Title of authorized individual

*1/8/2020*

Date:

Attachments that are part of this contract:

- I - Service Description
- II - Standards & Performance Requirements
- IV - HIPPA Assurance

  
\_\_\_\_\_

Authorized Signature

*Jennifer Martinez, Executive Director*

Name & Title of authorized individual

*1/8/2020*

Date:

**ATTACHMENT I  
SERVICE DESCRIPTION**

**ADVOCACY RESOURCE CENTER MARION, INC.**

1. The agency will be able to provide: (Type of service - ambulatory, non-ambulatory, stretcher, population, purpose)

Transportation for our 14 developmentally disabled adults to doctor & dental appointments, banks, grocery shopping, employment and volunteer jobs, weekly activities, church bowling, all Special Olympics events, outings (picnics, field trips, movies, etc.). All our residents are ambulatory.

2. The agency will be available to provide transportation: (Days & hours of availability).  
24 hours a day, 7 days a week for our 14 residents.

Days agency will not be able to provide services: (Holidays & other days not available).  
We provide services 365 days a year.

3. Vehicles agency will use to transport all passengers: (Vehicle inventory attached)

4. Vehicle/equipment standards, if any: (Identify standards such as functioning air conditions/heating, grab rails, stanchions, first aid kits, fire extinguishers, adequate communication equipment).

<ul style="list-style-type: none"><li>• All vehicles must display the agency's name, phone number and vehicle number unless confidentially of client is required.</li></ul>
<ul style="list-style-type: none"><li>• Vehicles used to fulfill non-emergency medical transportation services needs must comply with provisions of Rule 10C-7-45, FL Administrative Code and be issued a wheelchair permit if vehicle is equipped and used for transportation of wheelchairs.</li></ul>
<ul style="list-style-type: none"><li>• Vehicles must be equipped with properly functioning heating and air conditioning units.</li></ul>
<ul style="list-style-type: none"><li>• Stanchions and grab rails shall be functionally located throughout appropriate vehicles.</li></ul>
<ul style="list-style-type: none"><li>• Vehicles shall be properly maintained within reasonable limits which prevent hazardous conditions from occurring. Vehicles purchased with federal, state or local government funds must be maintained according to grant conditions. Vehicles may be subject to inspection by the FL Dept. of Transportation and/or the Coordinator.</li></ul>
<ul style="list-style-type: none"><li>• Vehicles must have a first aid kit and fire extinguisher.</li></ul>
<ul style="list-style-type: none"><li>• Vehicles must be equipped with two-way radio or equivalent</li></ul>

communication device.

- Toll free number for complaints shall be posted in each vehicle. In Marion County: 352-620-3071. (MSS Transportation)

5. Driver requirements, if any: (Identify requirements of drivers such as current license, vision, dress, specialized training, relationship with riders - provide assistance, physical contact, communication)

Drivers employed by the Agency shall:

- a) Perform their duties in due regard for the safety, comfort, and convenience of users and their property.
- b) Have a current valid Florida Chauffeurs/Class D License or commercial driver license.
- c) All drivers must pass a pre-employment and annual DOT physical examination and drug screen for public section bus driver and have vision which is correctable to 20/50.
- d) Dress appropriately and wear a photo identification.
- e) Announce him/herself at the address in an attempt to locate the user. If the user does not appear for pick up at the scheduled time, the driver must obtain clearance from the dispatcher before leaving the location without picking up the user.
- f) Open and close vehicle door when user enters and exits vehicle, and provide additional assistance to user if required or requested.

6. Training: (Identify required training of all personnel, including drivers, reservations, etc. Also provide how often this training is required and how it will be provided to agency's employees)

Driver and Agency personnel shall be trained by the Proposer to accommodate the special transportation needs of the elderly, disabled and/or socially disadvantaged users. The program developed should include a minimum of the following:

a.	Defensive driving technique.
b.	Instruction on minor, daily maintenance procedures, such as checking oil, and battery, fan belts, tire pressure, coolant level, etc.
c.	Training on the proper manipulation of wheelchair passengers.
d.	CPR
e.	First Aid
f.	Training in required forms and procedures.
g.	Sensitivity and awareness toward others.

7. Agency fare structure: (Identify fare structure and what services are eligible and ineligible) n/a

8. Billing/invoicing and reimbursement procedure for agency: (When, how often, what reports if any should be submitted) n/a

Reporting requirements: (Include all Requirements of Commission, Coordinator, Local Coordinating Board and any entities purchasing transportation)

Quarterly - Annual Operating Report cumulative data using approved TD Commission forms (previously distributed).

Other reports as may be required from time to time by CTC or funding entities.

## ATTACHMENT II

### The Commission for the Transportation Disadvantaged Standards and Performance Requirements

Pursuant to Rule 41-2.006, Florida Administrative Code, the Community Transportation Coordinator and any Transportation Agency from whom service is purchased or arranged by the Community Transportation Coordinator shall adhere to Commission approved standards. These standards shall include:

- (a) Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration;
- (b) An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Transportation Disadvantaged Service Plan;
- (c) Child restraint devices shall be determined locally as to their use, responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan;
- (d) Passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices;
- (e) Vehicle transfer points shall provide shelter, security, and safety of passengers;
- (f) A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board;
- (g) Out of service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips;
- (h) Interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which

could soil items placed in the vehicle or provide discomfort for the passenger;

- (i) Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;
- (j) Passenger/trip data base must be maintained or accessible by the Community Transportation Coordinator on each rider being transported within the system;
- (k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time;
- (l) Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle;
- (m) The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheel chair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver;

- (n) All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two- way communications in good working order and be audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after the adoption date of this section of the Rule;
- (o) All vehicles ordered or put into service after the adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after the adoption date of this section of the Rule;
- (p) First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan; and
- (q) Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

# HIPAA CONFIDENTIALITY AGREEMENT between Advocacy Resource Center Marion, Inc.. (Vendor)

and

Marion Senior Services, Inc.

## PURPOSE:

This agreement is made and entered into in order to ensure that clients' Protected Health Information (PHI) is appropriately safeguarded and that exchange of information as a Vendor of MSS be made with integrity and confidentiality.

The Vendor agrees to maintain the confidentiality of any information provided to them by MSS in accordance with the Health Portability and Accountability Act of 1996 (HIPAA) and associated regulations as set forth in Title 45 Code of Federal Regulations, Part 160 and 164, as may be amended (the Privacy Rule) and 45 Code of Federal Regulations 142.308 (a) (2) as may be finalized and amended (Chain of Trust requirement)

Vendor may use and/or disclose PHI only as permitted or required by this agreement or as otherwise required by law. Vendor may disclose PHI to, and permit the use of PHI by its employees only to the extent directly related to and necessary for the performance of the services and will be no more than the minimum PHI necessary to perform the services. Vendor will not use or disclose PHI in a manner inconsistent with obligations under the Privacy Rule, or that would violate the Privacy Rule if disclosed or used in such a manner.

Security measures maintained by Vendor shall include administrative safeguards, physical safeguards, technical security services and technical security mechanisms as necessary to protect such PHI. Upon request by MSS, Vendor shall provide a written description of such safeguards.

The Vendor agrees to amend this agreement from time to time, as necessary, for MSS to comply with requirements of the Privacy Rule.

Vendor agrees that it will immediately report to MSS any use or disclosure of PHI received from MSS that is not authorized by or otherwise constitutes a violation of this agreement.

Vendor agrees that upon termination of this agreement, it shall contact MSS with regard to any information currently in its possession that was received from or created on behalf of MSS, to determine whether MSS wishes to have said information returned to them or for Vendor to provide certification that information was destroyed.

Authorized signature:  Title: CEO Date: 1/8/2020



## Ridership Criteria

### TRANSPORTATION DISADVANTAGED PROGRAM:

427.011 Definitions.—For the purposes of ss. 427.011-427.017:

(1) “Transportation disadvantaged” means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202.

- Age – 60+ or -16 years old.
- Physical or Mental Disability
- Income level – 150% Federal Poverty = Less than \$18,084 annually.

\*\*\*\*\*

### SECTION 5311 PROGRAM:

Marion Transit as a sub-recipient of Section 5311 Program, 49 U.S.C. 5311 is to provide transportation to help meet needs of the community as a whole. While our priority is to maximize usage by *transportation disadvantaged* persons in general, we are open to the public during all operating hours. While the 5311 program focuses on residents within “rural” areas of our community, SunTran is the fixed route transportation provider within the City of Ocala and Marion Transit is the Paratransit provider.

Note: Riders in the 5311 Program must still follow the Reservation guidelines when scheduling a trip. (Details are in our brochure.)

\*\*\*\*\*

**Please call our Reservations and Information line if you have any questions:**

**352-620-3071**

Mission Statement - “Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience.”

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Burns FIRST NAME: Margaret MI: \_\_\_\_\_  
 ADDRESS: 8705-B Sw 95th St CITY: Ocala STATE: FL ZIP: 34481  
 COUNTY: Marion TELEPHONE #: (352) 237-8786 CELL #: (\_\_\_\_) \_\_\_\_\_  
 DOB: [REDACTED] / [REDACTED] / [REDACTED] SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: None RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

\_\_\_\_\_ Mental or Physical Disability \_\_\_\_\_ Poor\*  Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

YES / NO

1. N DO YOU OWN A CAR?
2. N DO YOU HAVE A VALID DRIVER'S LICENSE?
3. N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? \_\_\_\_\_
4. N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
6. N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Popeil</u>	<u>Primary Care</u>	<u>Every Month</u>
_____	_____	_____

**SECTION III -**

YES / NO

1. N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
2. N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
3. N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*[Handwritten signature]*  
1-1-19

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: Brenda Stewart DATE: 11 / 07 / 17  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Stewart RELATIONSHIP OR MARION TRANSIT: (Signature)

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

AUTHORIZATION

APPROVAL DATE: 11 / 07 / 17 Updated/Approved 5/19

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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+++ END +++



MARION TRANSIT  
CLIENT AFFIDAVIT

I hereby AFFIRM that MARGARET BURNS the information provided to Marion Transit  
PRINT NAME  
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to  
the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 5/17/19

Margaret Burns  
Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: CASTELLANETA FIRST NAME: <sup>AKA</sup> ROSE - ROSINA MI: M.  
ADDRESS: 6302 SW 84<sup>th</sup> ST CITY: Ocala STATE: FL ZIP: 34476  
COUNTY: Marion TELEPHONE #: (352) 854-3232 CELL #: ( )  
DOB: [REDACTED] SS#: [REDACTED]

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Mary Castellaneta RELATIONSHIP: Daughter AGE: 60 PHONE: SAA  
EMERGENCY CONTACT: Mary Castellaneta RELATIONSHIP: " AGE: " PHONE: "

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability  Poor\*  Age\*\*

(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- DO YOU OWN A CAR?
  - DO YOU HAVE A VALID DRIVER'S LICENSE?
  - COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? No. Car. No Lic
  - DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
  - DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
  - DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>DANIEL RITZ</u>	<u>EYE</u>	<u>3 to 4 months.</u>
<u>AUA</u> <u>Grocery Shopping</u>	<u>PCP</u>	<u>3 to 4 months</u>

**SECTION III -**

- YES / NO
- DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: (Amb)

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*[Signature]*

SIGNATURE OF PREPARER: \_\_\_\_\_ DATE: 11 / 17 / 2017  
(IF OTHER THAN APPLICANT) *[Signature]*

PREPARER - PRINT NAME: YVONNE ROSARIO RELATIONSHIP OR MARION TRANSIT: ( )

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

AUTHORIZATION

APPROVAL DATE: 11 / 07 / 17 Updated/Approved 5/19

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+++ END +++

MARION TRANSIT  
CLIENT AFFIDAVIT

I hereby AFFIRM that ROSINA CASTELLANETA the information provided to Marion Transit  
PRINT NAME  
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to  
the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: MAY 16, 2019

Rosina Castellaneta

Signature

Contact Information: MARY CASTELLANETA

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Edwards FIRST NAME: Dennis MI: \_\_\_\_\_  
 ADDRESS: 11062 SW 73rd Cir CITY: Ocala STATE: FL ZIP: 34476  
 COUNTY: Marion TELEPHONE #: (352) 854-5537 CELL #: (\_\_\_\_) \_\_\_\_\_  
 DOB: [REDACTED] / [REDACTED] / [REDACTED] SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Jasmine Edwards RELATIONSHIP: Sister AGE: \_\_\_\_\_ PHONE: 352-854-5537  
 EMERGENCY CONTACT: Jasmine Edwards RELATIONSHIP: Sister AGE: \_\_\_\_\_ PHONE: 352-854-5537

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability      \_\_\_\_\_ Poor\*       Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- N DO YOU OWN A CAR?
  - N DO YOU HAVE A VALID DRIVER'S LICENSE?
  - N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? \_\_\_\_\_
  - N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
  - N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
  - N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Quick Primary Care</u>	<u>Primary</u>	<u>Every 3 months</u>
<u>Ocala Kidney Group</u>	<u>Nephrology</u>	<u>Every 3 months</u>
<u>Shopping</u>		

**SECTION III -**

- YES / NO
- N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: Brenda Sheanski DATE: 11 / 17 / 16  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Sheanski RELATIONSHIP OR MARION TRANSIT: \_\_\_\_\_

-----

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

AUTHORIZATION

APPROVAL DATE: 11 / 17 / 16 Updated / Repeal 5/19

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_

+++ END +++



MARION TRANSIT  
CLIENT AFFIDAVIT

I hereby AFFIRM that DENNIS EDWARDS the information provided to Marion Transit  
PRINT NAME

to complete the **Client Intake Form** determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 5/16/2019

Dennis Edwards  
Signature

Contact Information:

352-854-5537

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: HUNTER Kennedy FIRST NAME: VALARIE MI: L.  
 ADDRESS: 5170 SE 112<sup>th</sup> ST Rd CITY: Belleview STATE: FL ZIP: 34420  
 COUNTY: MARION TELEPHONE #: ( ) - - CELL #: (352) 470-1321  
 DOB: [REDACTED] SS#: [REDACTED]

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: LADERRI Hunter RELATIONSHIP: Daughter AGE: 38 PHONE: 352-470-1509  
 EMERGENCY CONTACT: " RELATIONSHIP: " AGE: " PHONE: "

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability       Poor\*       Age\*\*

(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- N DO YOU OWN A CAR?
  - N DO YOU HAVE A VALID DRIVER'S LICENSE?
  - N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? Blind.
  - N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
  - N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
  - N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Heart of Florida</u>	<u>POP</u>	<u>6 months</u>
<u>Randall</u>	<u>EYE</u>	<u>6 months</u>
<u>Grocery Shopping</u>		

**SECTION III -**

- YES / NO
- DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: Pending copy of ID card

" Med AFF " Rec'd 1/29/18

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR , POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*[Signature]*

SIGNATURE OF PREPARER: \_\_\_\_\_ DATE: 01/23/2018  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: YVONNE ROSARIO RELATIONSHIP OR MARION TRANSIT: \_\_\_\_\_

-----

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

**AUTHORIZATION**

APPROVAL DATE: 01/23/18 Updated / Appvd 10/19

DENIED DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ REASON: \_\_\_\_\_

**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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+++ END +++



MARION TRANSIT

Hunter-Kennedy

CLIENT AFFIDAVIT

I hereby AFFIRM that Valaine Kennedy the information provided to Marion Transit  
PRINT NAME  
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: Oct. 4 - 2019

Valaine Kennedy  
Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a **mental or physical disability**, the **poor** (income level at or below 150% of the Federal Poverty Guidelines) by **age** (Age = 60+ or <16 years old) **unable to transport themselves**.

Marion Transit, 1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504

*Gate 1863<sup>FE</sup>*

**MARION TRANSIT  
CLIENT INTAKE FORM**

*TD*

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: PRUETT FIRST NAME: PATRICIA MI: \_\_\_\_\_  
 ADDRESS: 5327 SW 96<sup>th</sup> PI CITY: DEALIA STATE: FL ZIP: 34476  
 COUNTY: MARION TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ CELL #: (305) 793-8858  
 DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: RICHARD PIER RELATIONSHIP: FIANCEE AGE: \_\_\_\_\_ PHONE: 305-283-6011  
 EMERGENCY CONTACT: RICHARD PIER RELATIONSHIP: FIANCEE AGE: \_\_\_\_\_ PHONE: 305-283-6011

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability       Poor\*       Age\*\*

(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- DO YOU OWN A CAR?
  - DO YOU HAVE A VALID DRIVER'S LICENSE?
  - COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? 7/6/21 - OPEN HEART SURGERY
  - DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? CANNOT GET IN OR OUT
  - DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS? OF CAR - AS PER DR.
  - DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Urban</u>	<u>CARDIOLOGIST</u>	<u>New patient</u>
<u>Home Health Ser.</u>	<u>PCP</u>	<u>New patient</u>

**SECTION III -**

- YES / NO
- DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_

*GE SCREENSHOT*

*Copy DL + AFF*

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR , POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_

PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: needs to get a w/c -

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SIGNATURE OF PREPARER: [Signature] DATE: 02/08/2021  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: YVONNE ROSARIO RELATIONSHIP OR MARION TRANSIT: \_\_\_\_\_

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

**AUTHORIZATION**

APPROVAL DATE: 02/08/21

DENIED DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ REASON: \_\_\_\_\_

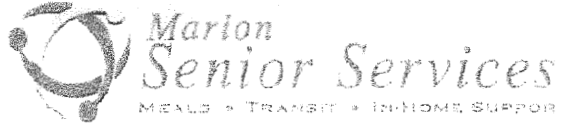
**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

COMMENTS: \_\_\_\_\_

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+++ END +++



MARION TRANSIT

CLIENT AFFIDAVIT

I hereby AFFIRM that PATRICIA PRUETT the information provided to Marion Transit  
PRINT NAME  
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 02-16-2021

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.



**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Roikes FIRST NAME: Gerald MI: \_\_\_\_\_  
 ADDRESS: 10960 SE 129<sup>th</sup> Ln CITY: Belleview STATE: FL ZIP: 34420  
 COUNTY: Marion TELEPHONE #: (352) 288-0578 CELL #: ( ) \_\_\_\_\_  
 DOB: [REDACTED] / [REDACTED] / [REDACTED] SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability       Poor\*       Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- N DO YOU OWN A CAR? \_\_\_\_\_
  - N DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_
  - N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? \_\_\_\_\_
  - N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR? \_\_\_\_\_
  - N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
  - N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS? \_\_\_\_\_
  - N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS? \_\_\_\_\_

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Shopping</u>	_____	_____
_____	_____	_____

**SECTION III -**

- YES / NO
- N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - Y ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: used medicaid for doctor visits

P- copy of ID and Client App 7-19-19

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR X, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: Brenda Shearburn DATE: 3 11 / 7 11 / 1 16  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Shearburn RELATIONSHIP OR MARION TRANSIT: (Circled)

-----  
OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

**AUTHORIZATION**

APPROVAL DATE: 11 / 1 / 11 / 1 / 16 Updated / Approval 9/19

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+++ END +++



Marion  
Senior Services

MEALS • TRANSIT • IN-HOME SUPPORT

MARION TRANSIT

CLIENT AFFIDAVIT

I hereby AFFIRM that GERALD ROIKES the information provided to Marion Transit  
PRINT NAME  
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to  
the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 9-27-19

Gerald Roikes

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504

---

OTD  
UNIT F

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Slocum FIRST NAME: DAVID MI: \_\_\_\_\_  
 ADDRESS: 9370 SW 85<sup>th</sup> TER. Unit F CITY: Ocala STATE: FL ZIP: 34481  
 COUNTY: MARION TELEPHONE #: (352) 854-2503 CELL #: ( ) - -  
 DOB: [REDACTED] SS#: [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Ken RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: Ken RELATIONSHIP: friend AGE: \_\_\_\_\_ PHONE: 732-915-2183

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability       Poor\*       Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- DO YOU OWN A CAR?
  - DO YOU HAVE A VALID DRIVER'S LICENSE?
  - COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? Cannot anymore
  - DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? Friends or family
  - DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS? are within the age as
  - DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS? have passed away

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Florida Cancer Sols</u>	<u>Cancer</u>	<u>every day</u>

**SECTION III -**

- YES / NO
- DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_

BE SCREENED HOT

Copy of DL + AFF

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR , POWER WHEELCHAIR \_\_\_\_\_, CANE , WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SIGNATURE OF PREPARER: Yvonne Rosario DATE: 2/9/2021  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: YVONNE ROSARIO RELATIONSHIP OR MARION TRANSIT: \_\_\_\_\_

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OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

**AUTHORIZATION**

APPROVAL DATE: 2/9/21

DENIED DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ REASON: \_\_\_\_\_

**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

+++ END +++



DAVID Slocum

MARION TRANSIT  
CLIENT AFFIDAVIT

I hereby AFFIRM that X DAVID Slocum the information provided to Marion Transit  
PRINT NAME

to complete the **Client Intake Form** determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: X 2/10/21

X [Signature]  
Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Souza FIRST NAME: Victor MI: \_\_\_\_\_  
 ADDRESS: 17345 SE 115<sup>th</sup> Terr Rd CITY: Summerfield STATE: FL ZIP: 34491  
 COUNTY: Marion TELEPHONE #: (914) 720-0090 CELL #: (\_\_\_\_) \_\_\_\_\_  
 DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability      \_\_\_\_\_ Poor\*       Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

YES / NO

1. N DO YOU OWN A CAR?
2. N DO YOU HAVE A VALID DRIVER'S LICENSE?
3. N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? \_\_\_\_\_
4. N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
6. N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Davinci Surgical</u>	<u>Urology</u>	<u>Monthly</u>
_____	_____	_____

**SECTION III -**

YES / NO

1. N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
2. N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
3. N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: *[Redacted Signature]* DATE: *[Redacted Date]* / *[Redacted Month]* / *[Redacted Year]*  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: *Brenda Shewhuit* RELATIONSHIP OR MARION TRANSIT: *[Redacted]*

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OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

AUTHORIZATION

APPROVAL DATE: *12* / *1* / *02* / *1* / *16* *updated / Appvd 5/19*

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

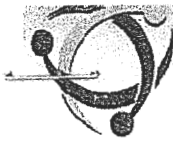
MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

+++ END +++





1201

**MARION TRANSIT  
CLIENT AFFIDAVIT**

I hereby AFFIRM that VICTOR SOUZA the information provided to Marion Transit  
PRINT NAME

to complete the **Client Intake Form** determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 5-17-2019

[Handwritten Signature]  
Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.



**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: WALKER FIRST NAME: DOROTHY MI: T  
 ADDRESS: 13791 SE 85TH CIRCLE CITY: SUMMERFIELD STATE: FL ZIP: 34491  
 COUNTY: MARION TELEPHONE #: (352) 347-9953 CELL #: ( ) - -  
 DOB: [REDACTED] SS#: [REDACTED]

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: ROBERT WALKER RELATIONSHIP: HUSBAND AGE: 87 PHONE: 352-347-9953

EMERGENCY CONTACT: JIM WALKER RELATIONSHIP: SON AGE: 52 PHONE: 603-566-2135

Transportation Disadvantaged (eligibility criteria) - Attach any documentation for eligibility claimed:

Mental or Physical Disability  Poor\*  Age\*\*

(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

YES / NO

- YES DO YOU OWN A CAR? SHARED OWNERSHIP
- YES DO YOU HAVE A VALID DRIVER'S LICENSE?
- NO COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? HAVEN'T DRIVEN IN YEARS
- YES DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
- NO COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? SEIZURE / STROKE HISTORY
- NO DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
- YES DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS? ON OCCASION

LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
_____	_____	_____
_____	_____	_____

**SECTION III -**

YES / NO

- NO DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
- NO DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
- NO ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: *Scotty Walker* DATE: 2 / 16 / 2021

SIGNATURE OF PREPARER: *Bonnie Zakas* DATE: 2 / 16 / 2021  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: BONNIE ZAKAS RELATIONSHIP OR MARION TRANSIT: DAUGHTER

=====

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

AUTHORIZATION

APPROVAL DATE: 2 / 16 / 21

DENIED DATE:  / /  REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE:  / /

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+++ END +++



MARION TRANSIT

CLIENT AFFIDAVIT

I hereby AFFIRM that Dorothy Walker the information provided to Marion Transit  
PRINT NAME  
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 2-16-21

Dorothy Walker  
Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Wylie FIRST NAME: Leo MI: \_\_\_\_\_  
 ADDRESS: 5347 SW 103rd Loop CITY: Ocala STATE: FL ZIP: 34476  
 COUNTY: Marion TELEPHONE #: (352) 873-1381 CELL #: (\_\_\_\_) \_\_\_\_\_  
 DOB: [REDACTED] / [REDACTED] / [REDACTED] SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability     
  Poor\*     
  Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

YES / NO

1. N DO YOU OWN A CAR?
2. N DO YOU HAVE A VALID DRIVER'S LICENSE?
3. N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? \_\_\_\_\_
4. N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
6. N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Ocala Eye Surgeons</u>	<u>Injections</u>	<u>1x monthly</u>

**SECTION III -**

YES / NO

1. N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
2. N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
3. N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: Brenda Shewburt DATE: 12 / 06 / 16  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Shewburt RELATIONSHIP OR MARION TRANSIT: \_\_\_\_\_

-----

OFFICE USE ONLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**SECTION VI -**

**AUTHORIZATION**

APPROVAL DATE: 12 / 06 / 16 Updated 8/20

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+++ END +++



Marion  
Senior Services  
MEALS • TRANSIT • IN-HOME SUPPORT

MARION TRANSIT  
Client Affidavit

I hereby AFFIRM that X Della Sims Wyler is unable to drive himself/herself to  
appointments and therefore meets the definition of being TRANSPORTATION DISADVANTAGED.

PRINT NAME

Date: X 8/6/2020

X Della Sims Wyler  
Signature/Title

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504



# Community Transportation Coordinator Annual Evaluation Certification

## CERTIFICATION

The undersigned hereby certifies that he/she is the Chairperson of the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board and that the foregoing is a full, true and correct copy of the Community Transportation Coordinator Annual Evaluation of this Local Coordinating Board as adopted by the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board on the 18th day of March 2021.

---

Commissioner Michelle Stone, TDLCB Board Chairperson

---

Robert Balmes, TPO Director





**Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting**  
Growth Services Training Room 2710 E. Silver Springs Blvd., Ocala, FL 34470  
Cisco WebEx  
October 15, 2020  
10:00 AM

## **MINUTES**

### **Members Present:**

Michelle Stone  
Tamyika Young  
Susan Hanley  
Kathleen Woodring  
Andrea Melvin

### **Members Not Present:**

Jeffrey Askew  
Charmaine Anderson  
Tracey Sapp  
Carlos Colon  
Carissa Hutchinson  
Jeff Aboumrad  
James Haynes

### **Others Present:**

Rob Balmes, TPO  
Derrick Harris, TPO  
Shakayla Irby, TPO  
Elizabeth Mitchell, TPO  
Tom Wilder, Marion Transit

### **Item 1. Call to Order and Roll Call**

Chairwoman Stone called the meeting to order at 10:00am. Secretary Shakayla Irby called the roll and a quorum was not present.

*Ms. Woodring made a motion to move forward with five board members to participate as a quorum. Ms. Melvin seconded, and the motion passed unanimously.*

### **Item 2. Pledge of Allegiance**

Chairwoman Stone lead the board members in the Pledge of Allegiance.

### **Item 3. Proof of Publication**

Secretary Shakayla Irby stated that the meeting had been published online on the TPO website and Facebook and Twitter pages, the City of Ocala, Belleview, and Dunnellon websites. The meeting was also published to the September 17, 2020 edition of the Star Banner.

### **Item 4a. Presentation: Ms. Tracey Sapp- Department of Health**

Ms. Sapp was unable to attend the meeting. The presentation was postponed.

### **Item 5a. Proposed 2021 Meeting Schedule**

Ms. Mitchell presented a proposed meeting schedule for the year 2021. The meeting schedule included four proposed meeting dates:

- **March 18, 2021**
- **June 17, 2021**
- **September 16, 2021**
- **December 16, 2021**

The meeting dates were accepted by the board and Chairwoman Stone suggested keeping the meetings start time at 10am and the board was in agreement.

### **Item 5b. Selection of Grievance Subcommittee Members (sign-up sheet)**

Ms. Mitchell said that Members of the Grievance Subcommittee would serve on a voluntary basis and the Subcommittee would consist of at least five (5) voting members. Each member of the Grievance Subcommittee would serve at the discretion of the TDLCB.

Grievance Subcommittee members would meet if a grievance was brought before the committee. When a meeting of the Grievance Subcommittee is necessary, the TPO staff would schedule the meeting. Meetings would be held at the time and place as the Grievance Subcommittee would determine.

Members would serve a term of one year, with allowances for multiple terms. The Grievance Subcommittee would elect a Chairperson and Vice-Chairperson. A simple majority would be present in any official action and no voting member would have a vote on an issue that was deemed a conflict of interest.

There was only a list of four members and five was needed:

**Jeffrey Askew**

**Tracey Sapp**

**Andrea Melvin**

**Dennis Yonce (no longer on the board)**

Andrea Melvin said she was willing to continue to serve on the Grievance Committee.

Ms. Stone said that staff would continue to reach out for participants for the Grievance Committee.

### **Item 6a. Approval of Transportation Disadvantaged Service Plan (TDSP)**

Ms. Mitchell presented and said that the plan covered a five year period with three main components.

#### **1. Development Section**

- TD program background, with an overview of the program on a local level
- Explains the background and history of the CTC and the planning agency's selection process
- Organizational chart
- \*Review of other plans (Appendix A)
- Public participation process
- Service Area profile
- Demographics
  - land use
  - population composition
  - employers
  - education and age
  - major trip generators
  - housing
  - household income and vehicles
- Service analysis
- Needs assessment
- Barriers to coordination

-Goals, objectives and strategies

## **2. Service Plan**

Developed in its entirety by the CTC- encompasses the operations of the CTC.

- Types of service
- Days and hours of operation
- Accessing services
- Trip eligibility and prioritization
- \*Vehicle inventory (Appendix B)
- \*Safety- (Safety Program Certificate in Appendix D)
- Emergency preparedness
- Service standards
- \*Grievance Procedures (Appendix C)
- Implementation schedule

## **3. Quality Assurance**

\*Evaluation process of the CTC (Appendix E)

Performance Standards

- Policies and Procedures
- Reliability –vehicle operation and maintenance
- Service, Safety, and Training Standards
- Quality Assurance

- drug and alcohol policy
- billing requirements
- adequate seating
- child restraints
- riders and trip data
- proper signage on vehicles
- vehicle cleanliness
- driver identification
- training
- passenger assistance
- smoking and eating on vehicles
- no-show policies
- communication equipment
- vehicle A/C and heating equipment
- first aid policy
- pick up windows and reservation requirements
- on-time performance
- complaints
- accidents

\*Cost Revenue Allocation and Rate Structure (Appendix F)

Ms. Hanley made a motion to approve the Transportation Disadvantaged Service Plan (TDSP). Ms. Melvin seconded, a roll-call vote was called and the motion passed unanimously.

#### **Item 6b. Approval of Grievance Procedures**

Ms. Woodring made a motion to approve the Grievance Procedures as presented. Ms. Hanley seconded, and the motion passed unanimously.

#### **Item 7. Consent Agenda**

Ms. Melvin made a motion to approve the Consent Agenda. Ms. Woodring seconded, and the motion passed unanimously.

#### **Item 8. Comments by TDLCB Board Members**

Ms. Hanley said that the Department of Elderly Affairs was still being conservative and not assessing patient's in-person due to the high risk population for Covid.

Ms. Melvin said that Center for Independent Living was still closed and not seeing many at all in-person and application processes was over the phone.

Chairwoman Stone mentioned to the board that it would be Kathleen Woodrings' last meeting with the TDLCB as she was retiring in December and moving out of the area.

Iris Pozo would be the replacement on the board for Ms. Woodring.

#### **Item 9. Comments by TPO Staff**

Ms. Mitchell said that she would be seeking the help of the TDLCB to conduct ride-a-longs and surveys for Marion Transit in the next coming year. The evaluation time-span would hopefully be two to three weeks with assistance of the board.

Mr. Derrick Harris said the Long Range Transportation Plan (LRTP) was in the public review process and wanted to let the board know it was posted for review and comments.

#### **Item 10. Comments by Transportation Coordinator (CTC)**

Mr. Wilder said that Marion Transit was working at a 27% decrease in trips year to date and operating 25-28 buses.

Marion Transit was also working with CTD to complete the Annual Operating Report (AOR).

Marion Transit would be looking at a deviated route called the Gold Line in the Marion Oaks area. A bus would be in the area on a fixed route and could deviate to take citizens to appointments. The Gold Line would be implemented within the next few weeks.

Mr. Wilder said that in January Marion Transit would be setup for another Triennial Review and he would work with Ms. Mitchell to make sure the schedules do not conflict.

Marion Transit sent out some Satisfaction Surveys and received a 93% satisfaction report.

**Item 11. Public Comment**

There was no public comment.

**Item 12. Adjournment**

Chairwoman Stone adjourned the meeting at 10:52am.

Respectfully Submitted By:

---

Shakayla Irby, TPO Administrative Assistant