

TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Ocala Citizens Service Center
201 SE 3rd Street, Ocala, FL 34471

April 20, 2017
2:00 PM



PUBLIC HEARING AGENDA

1. Call to Order and Roll Call
2. Proof of Publication
3. Marion Transit Services (MTS) Application Procedure
4. Comments by TDLCB Members
5. Comments by Community Transportation Coordinator (CTC)
6. Comments by TPO Staff
7. Public Comment
8. Adjournment

If reasonable accommodations are needed for you to participate in this meeting, please call the TPO Office at (352) 629-8297 forty-eight (48) hours in advance, so arrangements can be made.



MEMORANDUM

APRIL 18, 2017

TO: TDLCB MEMBERS
FROM: KENNETH ODOM, TRANSPORTATION PLANNER
SUBJECT: INTAKE QUALIFICATION PROCEDURES

As the designated Community Transportation Coordinator for Marion County, it is required of Marion Transit Services (MTS) to establish and maintain a proper procedure for client intake and approval for those individuals requesting to use transportation services. To meet this requirement, MTS has developed a new application procedure that clearly defines the roles of MTS staff and the procedures that they shall utilize to determine eligibility of applicants.

In an effort to be fully illustrative of the eligibility determination process, the new procedure also clearly identifies all eligibility criteria, outlines the eligibility determination process and indicates what supporting documentation the prospective client should be prepared to submit.

Mr. Tom Wilder, Transportation Director, Marion Transit Services is the author of the new procedures and will be explaining the new process in detail during the public hearing this Thursday, April 20, 2017.

Staff is requesting the formal approval of the new Intake Qualification Procedure. If you have any questions or would like to discuss this proposal further, please contact our office at 629-8297.



MARION TRANSIT

CLIENT INTAKE PROCEDURE / FORM

1.0 Purpose

1.1 This document spells out the proper procedure for client intake and approval for the Transportation Disadvantaged requesting to ride with Marion Transit. Marion Transit is funded by various sources to provide transportation, therefore it is necessary that our clients meet minimum eligibility requirements before being allowed to ride with our transit system. Marion Transit must document the eligibility of the client and periodically review those clients to ensure they are still eligible for our service. It is the goal of Marion Transit to provide excellent service to our clients/customers and ensure that our clients meet the eligibility criteria established by the Commission for the Transportation Disadvantaged.

1.2 Florida State Statute – 427.011(1) defines “transportation disadvantaged” as:

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 s.411.202, F.S.

2.0 Roles Responsibilities

2.1 Reservationists – responsible for filling out the client intake form and determining eligibility of the client. As needed, they will also request necessary back-up documentation to be attached to the form for our files. If approved, they will work with the client to schedule transportation from Marion Transit.

2.2 Supervisor(s) – responsible for ensuring the intake forms are complete and have the proper information for eligibility. Review all intake forms that are denied. Schedule quarterly sampling file/client reviews to ensure continued program eligibility.

3.0 Procedures

Candidates requesting Marion Transit services will be referred to Marion Transit Reservationists to begin the eligibility process. Reservationists will fill out the Client Intake Form which includes the contact information of the person requesting service and a series of eligibility questions. Once completed and it is determined that the person is *ELIGIBLE*, then Reservations will work with the client to schedule trips. If the person is determined to be *NOT ELIGIBLE*, then the Supervisor/Manager will be provided with the application to review.

3.1 Eligibility Criteria for Marion Transit

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

3.2 Determine Eligibility

A. The Reservationist will then begin asking the eligibility criteria questions. The screening process is at a minimum, A TWO-STEP PROCESS.

1st step... Determine (1) if the person is unable to transport his/her self or (2) if the person is unable to purchase transportation.

2nd step is... Establish why the person was unable to transport his/her self or unable to purchase transportation, based on the eligibility criteria approved by the Commission.

Note: The individual does not have to meet all of the criteria of the second step in order to be deemed eligible for nonsponsored transportation services.

4.0 Supporting Documentation

To assist with the verification process, clients may be asked to provide supporting documentation with their application. Examples are: Birth certificate, Photo ID, proof of income letter, etc. *Marion Transit may utilize the Florida Department of Elder Affairs Assessment application and SunTran ADA eligibility letters as back-up documents.* These documents will be attached and filed along with the intake form. In some cases, we may need to have the client affirm the information they provided to qualify to ride is accurate if they cannot provide any documents.

Note: A provisional approval to ride may be granted prior to receipt of the documents requested.

5.0 Review of Clients for eligibility

5.1 Supervisors will schedule, at least quarterly, a sampling client files that will be reviewed for continued eligibility determination in the Marion Transit program.

5.2 Files will be maintained in accordance with the Marion Transit retention schedule.

6.0 Attachments

6.1 Client Intake Form

6.2 Medical Affidavit

6.3 Client Affidavit

+++ END +++



Florida Commission for the Transportation Disadvantaged

**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: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTY _____ TELEPHONE #(____) _____ CELL(____) _____

DOB ____/____/____ SS# _____ - _____ - _____

OTHER HOUSEHOLD MEMBERS OR EMERGENCY CONTACT:

NAME: _____ 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. _____ DO YOU OWN A CAR?
2. _____ DO YOU HAVE A VALID DRIVER'S LICENSE?
3. _____ COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT WHY? _____
4. _____ DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. _____ COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? _____
6. _____ DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. _____ 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?
_____	_____	_____

SECTION III –

YES/NO

1. _____ DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? _____
2. _____ DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?



Florida Commission for the Transportation Disadvantaged

PLEASE DESCRIBE: _____

3. _____ ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDES 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 (IF OTHER THAN APPLICANT)

DATE

PREPARER – PRINT NAME

RELATIONSHIP OR MARION TRANSIT

+++++

OFFICE USE ONLY

SECTION VI -

AUTHORIZATION

APPROVAL DATE: ___/___/___

DENIED DATE: ___/___/___ REASON: _____

MANAGER REVIEW – IF DENIED

BY _____ TITLE _____ DATE ___/___/___

COMMENTS: _____

+++ END +++