

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: BROWARD COUNTY TRANSIT

COUNTY: BROWARD

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REVIEW PERIOD: FY 2012-2013

REVIEW DATES: 05/19/14-06/30/14

PERSON CONDUCTING THE REVIEW: MPO STAFF

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LCB EVALUATION WORKBOOK

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EVALUATION INFORMATION

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

1	Cover Page
4 - 5	Entrance Interview Questions
6	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
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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.**

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, COMPILER 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:
ALLIED MEDICAL TRANSPORT; LUCANUS DEVELOPMENTAL CENTER;
MEDEX TRANSPORT; TENDER LOVING CARE
5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION
CONTRACTS WITH: **See TDSP, Appendix B**

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

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. **REVIEW AND DISCUSS TD HELPLINE CALLS:**

OMBUDSMAN/TD	Number of calls	Closed Cases	Unsolved Cases
Cost			
Medicaid NA (TMS)			
Quality of Service			
Service Availability			
Toll Permit			
Other			

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.” See TDSP, Pages 38-41; Appendix E

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

1. Contractors are required to provide CTC with updated Driver Rosters by the twentieth (20) calendar day of each month. Roster shall indicate driver's name, date of hire, training dates, last Drug and Alcohol test, Motor Vehicle Record (MVR) review date and date of latest criminal record check. Contractors are required to maintain updated Driver Rosters in the Computerized Trip Management System (CTMS)
2. Contractors must provide CTC with evidence all drivers have completed the training program offered by CTC prior to any driver providing service and must attend a refresher class or repeat new driver training a minimum of once every two (2) years. Classes include Defensive Driver, Passenger Assistance Technique, Responding to Client Incidents, SUNsational Service and other training required by Provider.
3. Training information shall be included in the monthly operating summary package. Additionally, drivers are required to participate in a driver training program developed by CTC. Contractors must require all personnel providing transportation to possess the following, which shall be filed with CTC prior to personnel providing paratransit service: current, valid Broward County Chauffeur's Registration in accordance with requirements of Chapter 22-1/2, Broward County Code of Ordinances. Provider ADEPT driver roster is submitted weekly to Broward County Risk Management department. They verify daily for driver license violations which would require driver removal from operating a vehicle. Driver Training Program shall include a minimum of eighty (80) hours of training prior to driving a service vehicle. This shall include the following: Passenger Assistance Technique; Defensive Driver; Responding to Client Incidents; Vehicle breakdown, Vehicle and/or Passenger Accidents; Vehicle Orientation; Trip Scheduling; and biannual refresher classes.
4. CTC requests MVRs for Contractor's drivers on a periodic basis. When a report shows evidence of violations, CTC will promptly notify Contractor and Taxi Section of Broward County's Division of Consumer Affairs. Contractor must have procedures to periodically review drivers' MVRs. Compliance is monitored by CTC staff. Per Contract "County may request and review State of Florida MVRs for Contractor's drivers on a monthly basis".
5. Training program includes methods for measuring effectiveness of training in developing skill and improving performance. Methods shall be based on performance indicators which measure proficiency and not solely on Contractor meeting minimum training hours required. Such measurement procedure shall be provided to CTC upon request.
6. CTC performs annual evaluations of Contractors ensuring compliance with the

System Safety Program Plan, locally approved standards, FCTD and FDOT standards, annual operating data and insurance requirements.

7. CTC's direct involvement in day-to-day operations of service includes but is not limited to: on-street monitoring of drivers and vehicles, equipment and customer service inspections, contract compliance and quality control. Full cooperation is provided by Contractors CTC for monitoring programs. Contractors provide full access to all driver records at operating facilities. Contractors are required to make available: work station, desk, telephone and chair if so requested.
8. CTC's on-street monitoring shall include but is not limited to: on-time performance, knowledge of service area and routing, driver assistance, manifest accuracy and completeness, driver and vehicle appearance, wheelchair lift condition and operation, wheelchair securement systems and use, safety equipment, driving habits and compliance with Florida Motor Vehicle Regulations. Language from Contractor Service Agreement (See page 6, #3
9. Contractors provide CTC with service data via summary reports generated by CTMS and a bi-weekly invoice for each component of service for previous bi-weekly (Monday through Sunday) period. This information shall include but is not limited to the following: number of one-way passenger trips by type of trip; total hours of vehicle service; copies of daily reports for driver activity or other daily reports showing starting and ending times; starting and ending mileage for each vehicle; copies of trip tickets, log sheets or driver manifests; weekly reimbursement charges for services and denied trips requests.
10. CTC operates with zero trip denial rates. If one provider is unable to perform a requested trip due to capacity constraints another provider performs the trip.
11. Pursuant to Federal Transit Administration's (FTA) standards for precision, accuracy and accountability, CTC is required to report data to the National Transit Database (Section 15 data). As required by FTA, or CTC, Contractors shall collect Section 15 data and other "service supplied" information or "service consumed" information, as terms are defined in Section 15 of FTA regulations. Contractors are responsible for collection of financial and operational data, including on-board operational and passenger-related data and for transmittal to CTC on CTC approved forms as follows: operational and passenger-related data shall be submitted to CTC no less than weekly, financial data shall be submitted to CTC no less than quarterly and designated "service supplied" data shall be submitted to CTC thirty (30) days prior to termination of CTC's fiscal year. All source documents for Section 15 filings shall be subject to audit and shall be maintained by Contractors for five (5) years following final payment under their agreement with CTC.
12. Contractors must provide written monthly reports to CTC by the twentieth (20th) day of the month following the month of service. All required information shall be collected and reported individually for each funding component of service. Reports shall be submitted on a form developed by Contractor and approved by CTC and shall include, but not be limited to the following:
 - Brief Narrative: Brief narrative highlighting month's activities, unusual events,

trends and other noteworthy observations.

- Ridership: Number of one-way passenger trips, PCAs and Companions on a day-by-day basis for each funding and fare entity and category.
- Miles and Hours: Total hours of service and vehicle miles on a day-by-day basis.
- Cost of Service: Total service revenue based upon contracted rates, collected fares and net revenue to provide service (total revenue less imputed fares).
- Service Quality Measures: On-time performance data, trips completed, missed trips and trip denials with an explanation.
- Efficiency Measures: Appropriate measures to include passengers per mile, hour or vehicle trip.
- Fleet Data: Updated fleet listings and status of all vehicles.
- Other: Accident/incident reports/briefs/findings, training activities/certifications, including sensitivity training and education, key personnel changes and suggested improvements.

13. All vehicles, wheelchair lifts or ramps and wheelchair securement devices are inspected annually by CTC staff. All vehicles must be approved, inspected and display an inspection sticker issued by CTC prior to providing service. Complaints received concerning any vehicle or its equipment, at CTC's discretion, may require vehicle to report to CTC's facility. If the complaint is related to safety issues, vehicle must report to the CTC immediately. Any vehicle found in violation of any contractual standard must be removed from service until violation is remedied.

14. CTC reserves the right through its agreements with Contractors, in its sole discretion, at any time, to inspect vehicles and maintenance facilities during normal working hours and to review Contractors' maintenance records.

15. Day-to-day monitoring is also conducted through CTC's Complaint Procedure. All client complaints shall be referred to CTC's Paratransit Customer Service. Contractors shall not respond directly to a client who files a service complaint. CTC personnel may make initial contact with Contractors to obtain a verbal response and determine validity and resolution of the complaint. All complaints are entered into CTMS. Complaint will be forwarded to Contractor for written or electronic-response to CTC. Contractor's responses shall be made within three (3) business days of receipt of complaint. Complaints of more serious nature such as injury, driver misconduct and client safety shall be responded to by the end of that business day. Complaints are tallied each month, indicating total number of complaints and type of complaints, for each Contractor. The complaint standard is established at 2.0 complaints per 1,000 trips per month.

16. CTC works closely with CTD's Ombudsman Program to resolve all service complaints and inquiries. CTC investigates each item as described above (see

#15), contacts all concerned parties and sends CTD's Ombudsman Program a report on the resolution of the complaint/inquiry.

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?

- Insurance Certificates are monitored and updated annually to ensure compliance with State and Local standards.
- Random site visits.
- Random vehicle inspections.
- Review of Annual Operating Report data.

Is a written report issued? Yes No

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

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

Drivers and vehicles may be removed from service and/or termination of Coordination Agreement.

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? N/A

School bus joint use program is not used in Broward County. Expense of liability insurance is a major concern raised by the School Board. In addition lack of seat belts and air conditioning on school buses is a problem for TOPS clients. However there is an agreement between Broward County Transit (BCT) and the School Board to provide emergency transportation services for residents to designated shelters in the event of a hurricane or other natural disaster. School Board services could be used for backup for assisted living facilities, mobile home parks and other congregate living sites.

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

BCT is dedicated to improving its fixed-route bus system on an ongoing basis and has completed the following improvements to enhance accessibility:

- Currently 3,517 bus stops are ADA compliant (280 bus stops cannot meet ADA requirements due to space/easement limitations) out of 4,189 bus stops which may be ADA accessible. There are ADA accessible bus stops on all routes.
- All bus drivers provide assistance upon request.
- All buses are equipped with voice annunciation systems which provide on-board automatic voice announcements in English, Spanish and Creole. They announce bus stops, major transfer points and safety advisories.
- All signage, both inside buses and at bus stops, complies with ADA regulations.

Clients requesting transportation services are directed to fixed-route service provided by BCT. Those unable to use fixed-route service are encouraged to apply for TOPS! paratransit service. Disabled clients who can use fixed-route bus service for some trips are granted ADA/TD conditional eligibility and use paratransit service only for trips where bus service is not accessible or navigable.

To help clients navigate fixed-route bus service, Paratransit Services offers a free Travel Training Program. A professional instructor provides personal and group lessons to teach riders how to use County buses. Paratransit eligible riders may call 954-357-7705 and make an appointment. During this reporting period 127 persons received travel training and 9 group travel training presentations were completed.

BCT provides service to 410 square miles within Broward County. BCT fixed-route buses connect with Palm Beach and Miami-Dade transit systems and Tri-Rail. BCT's fleet has 315 fixed-route buses (all are handicap accessible) providing service on 72 weekday routes; 110 community buses operated in partnership with 18 municipalities; and Tri-Rail feeder shuttles. BCT transports 40.2 million passengers annually (110,137 daily) with an annual service mileage of 14.5 million miles. Seventy-two (72) routes receive service on weekdays thirty-nine (39) on Saturdays and thirty-five (35) on Sundays. There are 4,469 designated bus stops, 523 have shelters.

BCT provides service into Miami-Dade and Palm Beach Counties.

Fixed-route service into Palm Beach County includes Route 18 to Sandalfoot and Route 10 to Mizner Park.

Fixed-route service into Miami-Dade County includes Route 18 to 163rd Street Mall and Golden Glades Park, Route 2 to 207th Street and University Drive and Golden Glades Park Routes 1, 4 and 101 to Aventura Mall and 95-Express –from CB Smith Park to downtown Miami.

BCT provides free Wi-Fi on 441 and U.S. 1 Breeze routes and Broward Central Terminal. BCT operates seventeen (17) 40' hybrid buses, five (5) articulated diesel buses and ten (10) hybrid articulated buses.

Transit Technology

Computer Aided Dispatch/Automatic Vehicle Locator (CAD/AVL)

This computerized bus tracking technology locates buses in service. It allows real time monitoring of bus movements, better control of bus headway, closer schedule adherence tracking and ability to direct maintenance crews faster in the event of vehicle breakdown or loss of communication. This technology allows BCT to improve dispatch efficiency and reliability of bus service. In addition, extensive information is collected for planning purposes.

Status: CAD/AVL uses cellular communications increasing the frequency of location reports from the bus and provides more reliable voice communications. BCT is currently installing CAD/AVL systems in fixed-route and community busses. Approximately forty (40) percent complete.

Automatic Passenger Counters (APC)

APCs count passengers when they board and exit buses. This technology enables BCT to develop or refine bus schedules and collect information for planning purposes. APCs reduce the cost of collecting ridership information. It increases the amount and quality of information obtained and permits continuous sampling of stop-by-stop ridership. APCs can be used to meet National Transit Database data reporting requirements for tracking ridership data, improving system on-time performance and to maximize operational efficiencies.

Status: Approximately seventy-eight (78) percent of fixed-route fleet is using this technology.

Real Time Transit Information

This technology provides better customer service by disseminating timely and accurate service information about projected bus arrival and departure times, disruptions and delays, transfers and other transportation services at select locations. It also provides customers other travel related information: date and time, weather, security related information, updates during emergencies and public service announcements. Access to information is provided through media including Passenger Advisory Signs (PAS), cable television, personal digital assistants, internet, telephones and dynamic message signs strategically located at bus shelters, transit centers, major office buildings and shopping centers. Riders use real time information to choose how they travel (bus, car or rail), which route and when. This technology ties into BCT's primary function – to give the best customer service by helping travelers make efficient use of time while waiting for a bus. Knowing when a bus will arrive or depart helps reduce traveler anxiety.

Status: The CAD/AVL system enables BCT to disseminate and provide bus arrival and departure times, delays and other traveler related information to provide improved customer service. CAD/AVL project scope includes PASs at three (3) major transfer locations and sixty (60) major bus stops and real-time information delivered through Interactive Voice Response (IVR), website, email, text messaging and mobile phone apps.

Traffic Signal Priority System (TSP)

TSP is an ITS strategy providing buses preference at traffic signals when they arrive at intersections or under certain conditions. BCT expects this technology to reduce bus delays and maintain schedules with minimum impact on cross street traffic. TSP will improve mobility, reliability and efficiency.

Status: There is a joint project underway with FDOT and Broward County Traffic Engineering. BCT testing this technology with the traffic light system to determine its' potential uses and benefits.

Smart Cards

Smart Cards are replacing magnetic stripe cards as the fare collection system of choice. Smart Cards look similar to credit cards and are equipped with a programmable memory chip that

performs several functions: holding instructions-value, self-monitoring and creating an electronic bill record. BCT is currently investigating Smart-Card technology, which allows more flexibility for payments to be accepted by several transit systems in the region using a variety of payment methods.

Status: New technologies and a wider array of payment methods are currently under review as testing of potential equipment is being performed. BCT issues photo identification cards for fixed-route users deemed eligible for reduced fare based on age and/or disability. Presenting the photo ID to bus drivers and/or bus pass vendors enables users to purchase reduced fare passes.

BCT Buz Pass is a credit-card size fare card with a magnetic swipe. It is a cost-savings pass for daily, unlimited travel for a specific period of time:

Transit Fare Types	Effective October 1, 2010
Regular One-Way Fare (Base Cash)	\$1.75
Reduced Youth/Senior/Disabled/Medicare	\$0.85
10-Ride Pass	\$16.00
All Day Pass	\$4.00
Reduced Youth/Senior/Disabled/Medicare	\$3.00
7-Day Pass	\$16.00
31-Day Adult Pass	\$58.00
Reduced Youth/Senior/Disabled/Medicare	\$29.00
Reduced College Student	\$40.00
Express Regular One Way Fare	\$2.35
Express Senior/Youth/Disables/Medicare One Way Fare	\$1.15
Express Premium 10-Ride Pass	\$23.50
Express Premium 31-Day Pass	\$85.00

BCT partners with Broward County Homeless Initiative Partnership Administration to provide discounted bus passes, (50%), to agencies in Broward County serving homeless individuals.

Passengers transferring from BCT to Miami-Dade Transit (MDT), Palm-Tran or Tri-Rail systems will be issued a free transfer and pay the appropriate fare on the other transit system. Passengers transferring from MDT, Palm Tran or Tri-Rail pay \$.50 with a transfer issued by MDT, Palm Tran, or Tri-Rail.

Eligible conditional status ADA and/or TD Paratransit clients may ride Broward County fixed-route buses free-of-charge without affecting their paratransit eligibility.

All registered Nutrition Paratransit clients may ride Broward County fixed-route buses free-of-charge in lieu of utilizing paratransit service. Free use of fixed-route service will not cancel Nutrition Paratransit eligibility.

Passengers who prefer online trip planning assistance for travel on BCT buses can log on to Google Transit™ at www.google.com/transit. BCT offers riders online trip planner as an alternative to driving directions. Passengers start by entering the starting and ending destination and expected departure or arrival time. Google Transit™ will provide up to three (3) suggested trip plans featuring trip maps, transfer instructions, and estimated arrival times.

Bus passengers and authorized vendors can purchase bus passes online in their home or office.

Visit www.broward.org/bct and click on "Purchase Bus Pass."

The three-easy-step purchase is available 24-hours-a-day, seven (7) days-a-week on a confidential and secure Broward County online site accepting all approved major credit cards. 10-Ride, 7- and 31-Day Adult passes are available.

31-Day Reduced Fare bus passes for youth, seniors, disabled, Medicare recipients and college students cannot be purchased online as valid identification is required. These bus passes are sold at: Broward Terminal in Fort Lauderdale, Northeast Transit Center in Pompano Beach, all County libraries and select check-cashing store locations. All-Day bus passes are not available for online purchase; it is sold only on-board the bus.

Online bus pass orders are processed at no extra cost using standard shipping via the United States Postal Service. Online purchasers will receive an e-mail confirming their order and should allow seven (7) to ten (10) business days to receive their pass.

BCT's Customer Relations and Communications Section develops and implements marketing, advertising and public relations programs to provide the public with information about current, new and enhanced bus service, special projects and events and benefits of riding public transportation. This section responds to a myriad of client inquiries and provides personal trip planning through the client information telephone center and Google Transit™ accessible on BCT's web site. Improvements are ongoing at www.broward.org/bct. Its redesign and more user-friendly layout have resulted in continued increases of monthly visits. Enhancements include 'Transit Flash,' a monthly e-newsletter sent to a client e-mail database with up-to-date information online bus pass purchasing and translation from English to Spanish and Creole.

BCT RECEIVES \$35.1 MILLION IN STIMULUS FUNDS

Due to \$35.1 million dollars received in stimulus funds as part of the American Recovery and Reinvestment Act of 2009, BCT is constructing a new operations and maintenance facility at Ravenswood, making bus stop/shelter enhancements and infrastructure improvements county-wide and implemented a centralized login system for fixed-route bus operations and installed real-time monitoring technology for all Paratransit vehicles.

\$17.9 million dollars, is going to renovating the operations and maintenance facilities at Ravenswood which is currently at capacity and in need of upgrades to parking lot areas and maintenance buildings.

\$15.6 million dollars is going to bus stop/shelter enhancements. Aside from improvements to meet ADA requirements the bus stop/shelter project includes adding street furniture, such as benches and trash receptacles; bike racks at selected locations; landscaping enhancements; transit signage; lighting; and real-time transit information incorporated when feasible and powered by solar energy. The project will impact 25 municipalities.

\$1.6 million dollars was used by Paratransit Services to purchase ITS – AVL/GPS systems, Mobile Data Computers and IVRs for all vehicles. This system will prevent and detect fraud and has ability to obtain accurate, reliable and verifiable data for federal and state reporting requirements among other beneficial features.

Multimodalism is a trend in public transit geared to meet passengers' needs for several methods of accessible and timely transportation. BCT participates in multimodalism with Bus Your Bike service allowing passengers to take bicycles on the bus as a secondary transportation option. Bicycles are transported on racks located on the front of all BCT fixed-route buses.

BCT has partnerships with Tri-Rail, Transportation Management Association (TMA) Community Buses. Using these different forms of transportation Broward County residents can assist in reducing traffic congestion and environmental pollution.

Tri-Rail is South Florida’s commuter train operated by South Florida Regional Transportation Authority (SFRTA), which runs along a 71-mile corridor parallel to Interstate 95 and services Palm Beach, Broward and Miami-Dade counties. Connecting wheelchair accessible bus service is available from all Tri-Rail stations and three (3) international airports: Miami International Airport, Fort Lauderdale/Hollywood International Airport and Palm Beach International Airport. Representatives from CTC and Planning Agency serve on the SFRTA ADA Advisory Committee.

Emergency Ride Home: Employees working in downtown Fort Lauderdale for an employer who is a TMA member and the employee participates in rideshare, walks or bicycles to work and has an emergency, TMA will provide a free ride home or emergency location.

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

Yes No

If YES, what is the goal? 120 riders per year

Is the CTC accomplishing the goal? Yes through travel training No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:
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?

Minimum limits of Three Hundred Thousand Dollars (\$300,000.00) per occurrence combined single limit for Bodily Injury Liability and Property Damage Liability.

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

See TDSP, Appendix F, Operator Contract, Article 16

- HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost
Allied Medical Transp, Inc.	\$750,000
Daniel Cantor Senior Center	\$136,284
Lucanus Developmental Ctr	285,988
Medex Transport, Inc.	195,480
City of Miramar	100,000

NE Focal Point (Miramar)	N/A
NW Focal Point (Margate)	45,000
Tender Loving Care	N/A

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 41-2.011(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)]

See TDSP Appendix B, Providers and Coordination Contractors

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) (\$ amount / unit)	NA				
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
AMBULATORY	\$23.51				
WHEELCHAIR	\$40.30				
Special or unique considerations that influence costs?					
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.)] **NA**

None known to CTC	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. **See TDSP, Appendix F, Paratransit Contract**

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	<p>Rule 41-2.006 (4) (f), F.A.C.: A local toll free for complaints or grievance shall be posted inside the vehicle. The local complaint process be outlined as a section in the local 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.</p> <p>Local Policy: Services provided by BCT may be reached by calling Paratransit Services Section, (954) 357-8400 or 1-800-599-5432 (toll free within Dade, Broward and Palm Beach Counties) (hearing impaired-(954) 357-8302). FCTD has a TD Hotline available Monday through Friday, 8:00 a.m. to 5:00 p.m., 1-800-983-2435 or TTY 1-800-648-6084. These numbers are posted in all TOPS! vehicles and included in the <i>Rider's Guide</i>.</p>
Vehicle Cleanliness	<p>Rule 41-2.006 (4) (h), F.A.C.: Interior of all vehicles shall be free of 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.</p> <p>Local Policy: Broward County Vehicle Standards: It is the responsibility of CONTRACTOR to ensure each vehicle meets standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes, and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: Vehicle exterior or is free of grime, oil or other substance, cracks, breaks, dents and damaged paint that noticeably detracts from the overall appearance of the vehicle. Body molding should be in place, or if removed, holes filled and painted. Interior shall be free from dirt, grime, oil, trash, or other material which could soil items and protruding metal or other objects that could damage items. Passenger compartment is clean, free of torn upholstery or floor coverings, damaged or broken seats, protruding sharp edges and vermin or insects. All vehicles shall be cleaned inside and out daily.</p> <p>Vehicles used in general service with capacity of fifteen (15) passengers or less cannot be more than five (5) years old.</p>
Passenger/Trip Database	<p>Rule 41-2.006 (4) (j), F.A.C.: Broward County passenger/trip data base must be maintained or accessible by the BCT paratransit services section on each rider being transported</p>

Commission Standards	Comments
	<p>within the system.</p> <p>Local Policy: Required Records: Call representative shall confirm or record the following in CTMS for each call: A) PIN #; B) confirm Name, Address, Phone Number and Emergency Contact; C) determine if call is for a complaint or transportation; D) Verify eligibility; E) Verify Pick-up location; F) Determine drop-off location; G) Determine date of travel; H) Verify if pick-up or appointment; I) Determine appointment time; J) Determine if PCA or companion traveling; K) Recap information; L) Save to wait-list and advise caller they will receive an automated call the night before advising the pick-up time.</p> <p>Client Pick Up: CONTRACTOR shall be required to provide door-to-door service. Drivers must go into lobbies or vestibules of buildings to locate and/or assist a client; however, drivers are prohibited from entering residences. Sounding a horn at the curb shall be insufficient notification of a ride's arrival. When client boards the vehicle, driver shall complete paperwork or utilize an alternate automated system indicating pickup. The following information, at a minimum, shall be recorded by driver: (A.) pick-up time (B.) vehicle odometer mileage; (C.) fare collected from passenger (D.) Client signature on ride ticket manifest and route sheet and (E.) Other information as required by COUNTY.</p> <p>Section 15 Filing: Pursuant to FTA's standards for precision, accuracy and accountability, COUNTY is required to report data to National Transit Database (Section 15 data). As required by FTA or COUNTY, CONTRACTOR shall collect Section 15 data and other "service supplied" information or "service consumed" information, as terms are defined in Section 15 of FTA Regulations. CONTRACTOR shall be responsible for collection of financial and operational data, including on-board operational and passenger related data and transmittal to COUNTY on COUNTY approved forms as follows: (A.) Operational and passenger related data shall be submitted to COUNTY no less than weekly (B.) Financial data shall be submitted to COUNTY no less than quarterly and (C.) Designated service supplied data shall be submitted to COUNTY thirty (30) days prior to termination of COUNTY'S fiscal year.</p> <p>All source documents for Section 15 filings shall be subject to audit and shall be maintained by CONTRACTOR for five (5) years following final payment under this Agreement.</p>
Adequate seating	Rule 41-2.006 (4) (k), F.A.C.: 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

Commission Standards	Comments
	<p>transported in a vehicle at any time. For transit service 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.</p> <p>Local Policy: Availability: "Availability" shall mean a measure of capability of transit system to be used by potential patrons such as hours system is in operation, route spacing, seating availability and pick-up and delivery time parameters.</p> <p>Denials/Refusal of Service: CONTRACTOR may refuse to provide contracted paratransit service to clients if vehicle capacity is insufficient to accommodate users at the time they wish to travel. When service is refused for vehicle capacity reasons, CONTRACTOR will notify the Call Center. Call Center will make other arrangements to provide the requested trip including contacting Client.</p> <p>Wheelchair to Seat Transfer: CONTRACTOR may ask clients who use wheelchairs if they wish to transfer from wheelchair to seat. Such transfer is at the discretion of the client and service may not be refused or denied based upon decision of client.</p> <p>Accessibility: CONTRACTOR shall provide sufficient dedicated vehicles, which shall include but not be limited to, an appropriate number of vehicles equipped with lift or ramp, wheelchair securement devices and spare vehicles to maintain service in case of vehicle breakdowns, suitable for transportation of clients to meet requirements specified in this Agreement. All vehicles, wheelchair lifts or ramps and wheelchair securement devices used for paratransit service shall meet all applicable ADA-regulations, be approved by COUNTY and are subject to annual COUNTY inspection. CONTRACTOR shall meet or exceed standards and requirements for accessible vehicles set forth in Architectural and Transportation Barriers Compliance Board (ATBCB) as published in 49 CFR Section 37.161, 37.163, 37.167, 37.169, 38.21 and 38.23-38.33, on September 6, 1991. Failure to provide adequate vehicles to meet terms and conditions of this Agreement may result in termination of Agreement as provided by Article 15 herein.</p>
Driver Identification	<p>Rule 41-2.006 (4) (I), F.A.C.: 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 specific passengers, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transport the rider on a recurring basis. Each driver must have a photo identification</p>

Commission Standards	Comments
	<p>that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable.</p> <p>Local Policy: Trip Delivery: Safety of driver, riders, public and a positive experience for the rider and driver are of primary importance to COUNTY. CONTRACTOR shall ensure drivers provide service as follows: Wear either company photo identification or name badge, patch, inscription with the name of the company/driver and, at Contractor's option, a company designated uniform.</p>
<p>Passenger Assistance</p>	<p>Rule 41-2.006 (4) (m), F.A.C.: The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. Boarding assistance shall include opening the vehicle door, fastening the seat belt or wheelchair securement devices, storage of mobility assistive devices and closing the door. Assisted access must be in a dignified manner. Drivers may not assist wheelchairs up or down more than one step, unless it can be performed safely as determined by the passenger, guardian and driver.</p> <p>Local Policy: Client Pick Up: CONTRACTOR shall be required to provide door-to-door service. Drivers must go into lobbies or vestibules of buildings to locate and/or assist client; however, drivers are prohibited from entering residences. Sounding a horn at the curb shall be insufficient notification of a ride's arrival. When client boards the vehicle, driver shall complete paperwork, or utilize an alternate automated system, indicating pick-up has been made. The following information, at a minimum, shall be recorded by the driver: (A.) pick-up time (B.) vehicle odometer mileage (C.) fare collected from passenger; (D.) Client signature on ride ticket, manifest and route sheet; (E.) Other information as required by COUNTY.</p> <p>Door-to-Door Service: Clients shall be provided door-to-door service as defined by Article I herein. Sounding the horn at the curb shall not be acceptable as sufficient notification of driver's arrival. Door, used herein, shall be building's door, not an individual office or apartment door located within a building.</p> <p>Client Assistance: Boarding and disembarking assistance shall be provided to any client. Driver shall go to door, announce his or her arrival (e.g., face-to-face or by intercom) and provide any additional assistance which will ensure client's safe passage to and from vehicle and vehicle seat. Even if client indicates he or she does not require driver's assistance, driver shall take necessary precautions to ensure client's safe passage.</p> <p>Trip Delivery: Safety of driver, riders and public and a positive experience for rider and driver, are of primary importance to COUNTY. CONTRACTOR shall ensure drivers provide service as follows: Provide courteous and safe assistance to riders.</p>

Commission Standards	Comments
	<p>Drivers: Driver Training Program must include a minimum of eighty (80) hours of training prior to (scheduled classroom training such as Defensive Driving may be accomplished during the first thirty (30) days of employment, due to class scheduling considerations) driving a service vehicle. All drivers providing service under this Agreement must be employees of CONTRACTOR and use of independent contractors is not allowed. Training must include, in addition to training requirements for all employees as set forth above, instruction in: Passenger Assistance Technique Certification or an equivalent course which must be approved by COUNTY prior to service delivery. Training shall include elderly and disabled client sensitivity, awareness and communications, passenger relations and assistance, hands-on assistance to visually impaired and dealing with service animals (guide dogs), assistance with mobility equipment including wheelchairs, scooters, walkers, canes, crutches, braces, etc.</p>
Smoking, Eating and Drinking	<p>Rule 41-2.006 (4) (n), F.A.C.: Smoking is prohibited in any vehicle.</p> <p>Local Policy: Broward County Vehicle Standards: It is CONTRACTOR's responsibility to ensure each vehicle meet standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: No smoking in vehicle.</p>
Two-way Communications	<p>Rule 41-2.006 (4) (p), F.A.C.: 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 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 May 1, 1996.</p> <p>Local Policy: Broward County Communication: CONTRACTOR shall be required to provide a base radio station and two-way mobile radios and/or cellular telephones for CONTRACTOR owned vehicles and sufficient portable two-way radios and/or cellular telephones to enable office and field supervisors to communicate with each other and dispatch staff.</p>

Commission Standards	Comments
Air Conditioning/Heating	<p>Rule 41-2.006 (4) (q), F.A.C.: All vehicles ordered or put into service after 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 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 May 1, 1996.</p> <p>Local Policy: Vehicle Standards: It is CONTRACTOR's responsibility to ensure each vehicle meet standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: Vehicles are to be equipped with operable air-conditioning system. If air conditioning system becomes inoperable during the day, vehicle may continue to provide service only for the remainder of that day.</p>
Billing Requirements	<p>Rule 41-2.006 (4) (i), F.A.C.: Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined by the local Coordinating Board and provided in the local Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator is a non-governmental agency.</p> <p>Local Policy Compensation: COUNTY shall compensate CONTRACTOR for services rendered in full compliance with terms and conditions of this Agreement.</p> <p>Compensation: CONTRACTOR shall be compensated for services delivered pursuant to terms and conditions of this Agreement as follows:</p> <p>Payment: COUNTY will remit payment to CONTRACTOR within thirty (30) days from date each report is received pursuant to Article 7.1. COUNTY shall comply with provisions of the "Florida Prompt Payment Act" as required by Section 1-51.6 of Broward County Code of Ordinances.</p> <p>Per contract language, "COUNTY shall remit payment to CONTRACTOR within thirty (30) calendar days of receipt of CONTRACTOR's completed monthly report and proper invoice as set forth in Article 8. COUNTY shall comply with provisions of the "Florida Prompt Payment Act" as required by Section 1-51.6 of Broward County Code of Ordinances." Disincentives: COUNTY shall reduce payment to CONTRACTOR by any disincentive deduction assessed for failure to comply with service, performance or maintenance requirements as</p>

Commission Standards	Comments
	<p>specifically set forth by this Agreement.</p> <p>Reimbursement: COUNTY shall not process or remit payment for any reimbursement after sixty (60) days of the actual trip date.</p> <p>Noncompliance: In the event of failure by CONTRACTOR to comply with any requirement of this Agreement, COUNTY shall withhold payment until CONTRACTOR is determined to be in compliance. Noncompliance shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> (A.) Services were improperly rendered. (B.) CONTRACTOR failed to meet service specifications. (C.) Services were otherwise questionable. <p>Fare Structure: COUNTY shall determine client fare structure for each service trip. COUNTY retains right to implement and CONTRACTOR shall comply with fare adjustments.</p> <p>Fare Collection: CONTRACTOR is responsible for collection of fares due and owing from client, maintenance of records and deposit receipts for fares collected, as per terms and conditions of this Agreement. CONTRACTOR shall accept all means of payment approved from time to time by COUNTY including, but not limited to, cash, passes, tickets, transit punch cards, transfers and electronic transit fare cards. All fares are collected as client boards vehicle. Clients must pay exact fare when boarding and vehicle operators are not permitted to make change.</p> <p>Clients shall not be required to pay any fare when actual pick-up service is over sixty (60) minutes past scheduled pick-up time.</p> <p>COUNTY paratransit clients will not be expected or requested to pay and drivers will not be permitted to accept gratuities.</p> <p>Billing Functions: Billing functions shall be performed through CTMS.</p>

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. **See TDSP, Appendix F Paratransit Contract**

Local Standards	Comments
<p>Transport of Escorts and dependent children policy</p>	<p>Rule 41-2.006 (4) (b), F.A.C.: An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Service Plan.</p> <p>Local Policy: Broward County complies with the transport of escorts and dependent children policy.</p> <p>Escort/PCA: "Escort/PCA" shall mean a person traveling as an aide to facilitate travel by a person with a disability. PCAs may include, but are not limited to, nurses, caretakers, and parents of clients. Pursuant to 42 CFR 37.125(i), client shall indicate, at time of registration, whether or not he or she travels with a PCA. No fare shall be collected from an Escort/PCA.</p> <p>"Mobility Aids" shall mean a device or animal used by a person to facilitate travel, including, but not limited to, Escort/PCA, wheelchair, walker, cane or service animal. Children younger than four (4) years old must be transported in an appropriate car seat. All eligible riders and companions, including children, must pay the one-way fare. CTC does not provide child safety seats. Children under eighteen (18) are not permitted to ride in the front seat of a paratransit vehicle.</p>
<p>Use, Responsibility, and cost of child restraint devices</p>	<p>Rule 41-2.006 (4) (c), F.A.C.: Use of child restraint devices shall be determined locally as to their responsibility, and cost of such device in the local Service Plan.</p> <p>Local Policy: Broward County complies with use of child restraint devices.</p> <p>Child Restraints: As required by the Child Passenger Protection Act, the following requirements apply when transporting children:</p> <p>Children Under One (1) Year of Age: Children under one (1) year of age must be buckled into a federally-approved child safety seat, when they ride in the back seat.</p> <p>Children One-to-Four Years of Age/Front Seat: Children under eighteen (18) are not permitted to ride in the front seat of a paratransit vehicle.</p>

	<p>Children One-to-Four Years of Age/Back Seat: Children one (1)-to-four (4) years of age must use a child safety seat or regular seat belts when they ride in the back seat.</p> <p>CONTRACTOR is not required to provide a child safety seat. CONTRACTOR shall refuse to transport any child under one (1) year of age when a child safety seat is not provided by client or responsible party. This information shall be documented on drivers' log and shall be considered a client no show. CONTRACTOR agrees to comply with any subsequent provisions of this policy.</p>
<p>Out-of-Service Area trips</p>	<p>Rule 41-2.006 (4) (g), F.A.C.: 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.</p> <p>Local Policy: Delivery of transportation service in Broward County continues to evolve into a multi-provider, intermodal, intercounty and coordinated system. B CT has service into Miami-Dade and Palm Beach Counties. The three (3) counties have designated several transfer locations for riders to transfer across service areas. The counties have an intercounty service agreement for paratransit delivery. Broward County works cooperatively with paratransit clients from other counties and states who request visitor status and show proof of current paratransit eligibility.</p>
<p>CPR/1st Aid</p>	<p>Rule 41-2.006 (4) (r,s), F.A.C.: Cardiopulmonary resuscitation policy shall be determined locally and provided in the local Service Plan. First aid policy shall be determined locally.</p> <p>Local Policy: Broward County complies with locally established emergency medical policy. Proper response to emergency medical needs of riders is to immediately contact 911.</p>
<p>Driver Criminal Background Screening</p>	<p>FCTD Standards Training Manual states: "A policy establishing the minimum driver criminal background screening to be performed should be developed and addressed in the service plan." It should be noted that this standard is not required by Rule 41-2 of the F.A.C., the Memorandum of Agreement or the Coordinated Transportation Contracting Instruction.</p> <p>Local Policy: Broward County Driver Roster: CONTRACTOR shall provide COUNTY with updated Driver Rosters by the twentieth (20th) calendar day of each month. Each roster shall indicate driver's name, date of hire, training dates, last Drug & Alcohol test, MVR review date and date of latest criminal record check.</p> <p>Driver Training: CONTRACTOR must provide COUNTY with evidence all drivers have completed the training program</p>

	<p>offered by CONTRACTOR prior to driver providing service. This training shall be included as part of the monthly operating summary package. Additionally, drivers shall be required to participate in a driver training program which may be developed by COUNTY. CONTRACTOR will receive information regarding any COUNTY program. CONTRACTOR shall require all personnel providing transportation under the Agreement to possess the following, which shall be filed with COUNTY Contract Administrator prior to driver providing paratransit service: Current, valid Broward County Chauffeur's Registration in accordance with the requirements of Chapter 22-1/2, Broward County Code of Ordinances.</p> <p>COUNTY shall request State of Florida MVRs for CONTRACTOR'S drivers on a periodic basis. If report shows evidence of violations, COUNTY shall promptly notify CONTRACTOR and the Taxi Section of COUNTY Consumer Affairs Division. CONTRACTOR shall have procedures to periodically review driver's MVR's. Compliance shall be monitored by CTC. Background check completed biannually when the chauffeur's license is renewed.</p>
Rider Personal Property	<p>Rule 41-2.006 (4) (d), F.A.C.: Passenger property that can be carried by the passenger and/or driver in one (1) 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 assistance devices, or intravenous devices.</p> <p>Local Policy Personal Belongings: "Personal Belongings" shall mean passenger property carried by passenger and safely stowed for transport with the passenger at no additional charge. "Personal Belongings" do not include for purpose of this definition wheelchairs, child seats, stretchers, secured oxygen-or personal assistive devices.</p> <p>Personal Property in Vehicles: Any personal property of a client found in a vehicle shall be retained by CONTRACTOR for a minimum of sixty (60) days after which, with prior approval of COUNTY, CONTRACTOR may dispose of said property.</p>

<p>Advance reservation requirements</p>	<p>Local Policy Advanced Reservation Service: "Advanced Reservation Service" shall mean service which is reserved by the client one (1) to three (3) days in advance.</p> <p>Same Day Service: "Same Day Service" shall mean service is provided on the same day a request for service is made.</p> <p>"Same Day Service": Requests for service made on the same day may be provided at the discretion of County and TOPS! Reservation Center. County attempts to make every reasonable effort to accommodate same day trip requests.</p>
<p>Pick-up Window</p>	<p>Local Policy On Time: "On Time" shall mean service vehicle arriving within fifteen (15) minutes before or fifteen (15) minutes after pick-up time recorded at time of the scheduled trip request. For example, a pick-up is scheduled at 10:15 a.m., riders shall expect to be picked-up between 10:00 a.m. and 10:30 a.m. Vehicle is on time if it arrives no earlier than 10:00 a.m. and no later than 10:30 a.m.</p> <p>Window: "Window" shall mean the period of time allowed prior to and after scheduled time of pick-up of any rider(s).</p> <p>Reservation Hours (Reservations): Requests for Service shall be made available to caller by TOPS! Reservation Center through a telephone operator, seven (7) days-a-week between 8:00 a.m. and 5:00 p.m. Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online. Eligible clients must reserve paratransit service one (1) to three (3) days prior to the date of desired trip Pick-up window will be communicated to client via automated telephone call the evening prior to the trip.</p> <p>Scheduling and Dispatching: All trips must be scheduled by TOPS! Reservation Center and dispatched through CONTRACTOR's local dispatch facility using COUNTY supplied CTMS. The following requirements pertain to scheduling and dispatching: If CONTRACTOR fails to deliver client on time, client shall not be penalized for the return trip if he/she cannot be ready at the scheduled return pick-up time. A window of thirty (30) minutes will be from time client is ready for his/her return trip.</p>

<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: Bus Pass / Program and the Travel Training Program.	CTC 120	120	Yes
	Allied Medical Transportation, Inc.	N/A	N/A
	Daniel Cantor Senior Center	N/A	N/A
	Lucanus Developmental Center	N/A	N/A
	Medex Transport, Inc.	N/A	N/A
	City of Miramar	N/A	N/A
	NE Focal Point	N/A	N/A
	NW Focal Point	N/A	N/A
	Tender Loving Care	N/A	N/A
On-time performance: AVL/IVR installation completed in October 2013 dramatically improved on-time performance which will be reflected on next evaluation workbook.	CTC 92%	80.10%	No
	Allied Medical Transportation, Inc. 92%	77.11%	No
	Daniel Cantor Senior Center 92%	97.17%	Yes
	Lucanus Developmental Center 92%	75.86%	No
	Medex Transport, Inc. 92%	91.84 %	Yes
	City of Miramar 92%	97.28%	Yes
	NE Focal Point 92%	82.71%	No
	NW Focal Point 92%	98.91%	Yes
	Tender Loving Care 92%	80.83%	No
Passenger In compliance	CTC 10%		Yes
	Allied Medical Transportation, Inc. 10%	5%	Yes
	Daniel Cantor Senior Center 10%	0%	Yes

	Lucanus Developmental Center 10%	6%	Yes
	Medex Transport, Inc. 10%	7%	Yes
	City of Miramar 10%	0%	Yes
	NE Focal Point 10%	0%	Yes
	NW Focal Point 10%	0%	Yes
	Tender loving Care 10%	5%	Yes
Accidents: Reported from the current AOR	CTC 2.5/100,000 miles	CTC	N/A
	Allied Medical Transportation, Inc. 2.5/100,000 miles	88	Yes
	Daniel Cantor Senior Center 2.5/100,000 miles	0	Yes
	Lucanus Developmental Center 2.5/100,000 miles	16	Yes
	Medex Transport, Inc. 2.5/100,000 miles	9	Yes
	City of Miramar 2.5/100,000 miles	0	Yes
	NE Focal Point 2.5/100,000 miles	0	Yes
	NW Focal Point 2.5/100,000 miles	2	Yes
	Tender Loving Care 2.5/100,000 miles	12 5	No
	CTC	CTC	N/A
Road calls: Reported from the current AOR	Allied Medical Transportation, Inc.	37	N/A
	Daniel Cantor Senior Center	0	N/A
	Lucanus Developmental Center	72	N/A
	Medex Transport, Inc.	60	N/A
	City of Miramar	0	N/A
	NE Focal Point	6	N/A
	NW Focal Point	1	N/A

	Tender Loving Care	8	N/A
Average Age of Fleet: CTC records	CTC	72% Fleet < 5 years old	
Complaints: Rider complaints as reported to CTC (excluding WMR). AVL/IVR installation completed in October 2013 dramatically improved on-time performance, reducing complaints, which will be reflected on next evaluation workbook.	CTC 2.90/1000	Program wide: 4.9/1000	No
	Allied Medical Transportation, Inc. 2.90/1000	7.1%	No
	Daniel Cantor Senior Center 2.90/1000	0	Yes
	Lucanus Developmental Center 2.90/1000	10.6%	No
	Medex Transport, Inc. 2.90/1000	- 4.9%	No
	City of Miramar 2.90/1000	.7%	Yes
	NE Focal Point 2.90/1000	1.1%	Yes
	NW Focal Point 2.90/1000	0	Yes
	Tender Loving Care 2.90/1000	3.9%	No
	Call-Hold Time:	CTC < 90 seconds	
Inktel Direct, TOPS! Reservation Center: *Per Ducati Reporting System.	TOP's Reservation Center < 90 seconds	22 seconds*	Yes

LOCAL STANDARDS

Findings:

Recommendations:

LEVEL OF COST

Worksheet 1

Insert Cost page from the AOR.

Expense item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$ 8,385,781	\$2,273,821	\$10,659,602
Fringe Benefits (502):	\$ 775,146	\$ 495,212	\$ 1,270,358
Services (503):	\$ 2,403,351	\$ 79,037	\$ 2,482,388
Materials/Supplies Cons.:	\$ 3,103,083	\$1,307,510	\$ 4,410,593
Utilities (505):	\$ 421,425	\$ 100,996	\$ 522,321
Casualty and Liability (506):	\$ 1,624,835	\$ 440,375	\$ 2,065,210
Taxes (507):	\$ 713,520	\$ 18,840	\$ 732,360
Purchased Trans Serv (508)	\$0	\$ 0	---
Bus Pass Expenses:	\$ 60,900	\$ 35,824	\$ 96,724
School Bus Expenses:	\$ 0.00	\$ 0.00	\$ 0.00
Other:	\$ 0.00	\$1,848,397	\$ 1,848,397
Miscellaneous (509):	\$ 277,664	\$ 16,329	\$ 293,993
Interest (511):	\$ 62,812	\$ 316	\$ 63,128
Leases and Rentals (512):	\$ 640,634	\$ 27,720	\$ 668,354
Annual Depreciation (513):	\$ 900,098	\$ 291,491	\$ 1,191,589
Contributed Services (530):	\$ 37,282	\$ 116,133	\$ 153,415
Allocated Indirect Expenses:	\$ 242,901	\$ 61,442	\$ 304,343
GRAND TOTAL:	\$19,649,332	\$7,113,443	\$26,762,775

**Level of Competition
Worksheet 2**

1. Inventory of Transportation Operators in the Service Area

	Column A Operator s Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit	119	20	358,951	8%
Private For-Profit	121	11	741,481	17%
Government	24	6	224,299	5%
Public Transit Agency	1	1	3,149,955	70%
Total	265	38	4,474,686	100%

- How many of the operators are coordination contractors? 35
- Of the operators included in the local coordinated system, how many have the capability of expanding capacity? Given the funding, all of them.

Does the CTC have the ability to expand? Yes

4. Indicate the date the latest transportation operator was brought into the system.
03/19/12 Ann Storck Center
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?

1	Low bid		Requests for proposals
	Requests for qualifications		Requests for interested parties
	Negotiation only	1	Requests for Letters of Interest

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

Request for Letters of Interest

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		Scope of Work
X	Age of company	X	Safety Program
X	Previous experience	X	Capacity
X	Management	X	Training Program
X	Qualifications of staff	X	Insurance
X	Resources	X	Accident History
X	Economies of Scale	X	Quality
X	Contract Monitoring	X	Community Knowledge
X	Reporting Capabilities	X	Cost of the Contracting Process
X	Financial Strength	X	Price
	Performance Bond		Distribution of Costs
X	Responsiveness to Solicitation		Other: (list)

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? 344

How many responded? 11

The request for bids/proposals was distributed:

X Locally X Statewide X 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?

Coordinated plans for transporting the TD population are described in Broward County's TDSP. The TDSP is updated annually by MPO and CTC and adherence to the plan is closely monitored. **See TDSP Introduction and Service Analysis- to view the current TDSP plan visit <http://www.browardmpo.org/programs/transportation-disadvantaged>**

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

Coordinated plans for transporting the TD population are described in Broward County's TDSP. The TDSP is updated annually by MPO and CTC and adherence to the plan is closely monitored. **See TDSP MPO Public Involvement Plan to view the current TDSP plan visit <http://www.browardmpo.org/programs/transportation-disadvantaged>**

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

TD Trips - Pursuant to Chapter 427 Florida Statutes, Broward County as the CTC under direction from CTD and in cooperation with the LCB, developed local eligibility guidelines. CTC requires a written application for TD eligible clients, of whom there are currently 738 registered with TOPS! paratransit service. CTC and LCB have an established eligibility appeal process for clients. CTC, in cooperation with the LCB, established a seven (7) member review committee appointed by the LCB for TD eligibility appeals if so desired by the applicant. Applicant may request a review of the application by CTC program manager. TOPS! performs over 181,018 TD trips annually.

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

ADA: ADA Eligible Trips - BCT is responsible for providing complementary paratransit services under the Americans with Disabilities Act of 1990. Clients under this service are eligible based upon Federal ADA Rules and Regulations. There are currently 12,328 eligible ADA clients registered with TOPS! paratransit service.

ADA eligibility is determined by applicant's functional limitations in demonstrating ability to use a fixed-route bus and/or navigate the fixed-route system. Applicants complete a written application. A physician of the applicant's choice completes the medical section. Completed applications are reviewed by a third-party BCT-contracted medical functional assessment facility. Those applicants not receiving presumptive approval are sent for an assessment to determine appropriate service - ADA paratransit or fixed-route bus service. Assessments are conducted by a team of specifically trained professionals including physical and occupational therapists and comprise functional, cognitive, visual and respiratory evaluations. When determined applicant is not eligible for ADA paratransit service and fixed-route service is indicated, travel training is offered at no cost to applicant. Applicants who qualify and are enrolled in ADA paratransit service must apply for re-certification every three (3) years. CTC has established an eligibility appeals board that meets as needed. BCT's Paratransit Services Section staff processed 4,879 applications for ADA and TD paratransit service this reporting period.

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

Telephone Services:

Courteous and Polite Dealings: TOPS! Reservation Center shall ensure personnel assigned to service telephone lines maintain a courteous and polite attitude relating to services. All personnel assigned to service telephone lines shall announce their names in all telephone calls related to services addressed within this Agreement.

Full Access To Service: Clients (within service area) shall be provided full, easy, and toll-free access to paratransit services. Full access shall include Telephone Devices for the Deaf (TDD), and/or use of the Florida Relay Service provided by BellSouth (1-800-955-8770). TOPS! Reservation Center shall have staff trained in proper TDD usage and available to answer during all service hours.

Customer Telephone Line: Client reservation telephone lines shall be exclusively utilized for paratransit service client services and shall not be used by TOPS! Reservation Center for any other purpose. Telephone lines must be answered by properly trained staff during all service hours.

Answering and On-Hold Time Standards: TOPS! Reservation Center shall establish a system to ensure calls shall be answered within five (5) rings and on-hold time shall be kept at minimum while clients are booking transportation. Maximum hold time shall be defined as no more than ninety (90) seconds. TOPS! Reservation Center shall establish a plan detailing how on-hold times may be kept to a minimum. This plan shall include maximum estimated hold times for both peak and off-peak travel times. Approximate peak times on weekdays are 6:00 a.m. until 9:00 a.m. and 3:00 p.m. until 5:00 p.m.

Reporting Function: TOPS! Reservation Center shall have a reporting function on the telephone system which measures: number of calls by function, average length of call, hold times, abandoned calls, cancellations and other reporting capabilities.

Hotline: TOPS! Reservation Center shall provide a "hotline" telephone number (unpublished) for exclusive use by COUNTY staff. Telephone hotline shall provide for direct communication in resolving day-to-day operational issues and shall be active and functioning during all hours of service delivery. The hotline shall be answered within five (5) rings and on-hold time shall be kept at a minimum. Maximum on-hold time shall be defined as no more than ninety (90) seconds. Hotline telephone number shall be supplied to COUNTY prior to initiating service and shall not be provided to other parties.

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

Reservation Hours (Reservations): All requests for service shall be made available to client through TOPS! Reservation Call Center at 1-866-682-2258 or online. Reservations service operates seven (7) days-a-week between 8:00 a.m. and 5:00 p.m. and online reservations are available twenty-four (24) hours a day, seven (7) days a week. Eligible clients shall reserve paratransit service one (1) to three (3) days prior to requested date of service. Pick-up times may be negotiated provided all negotiations comply with ADA regulations.

All reservations are booked into CTMS-at the actual time of request and required data fields are updated, verified and entire reservation is read back to client for their approval. All reservations received during the day at TOPS! Reservations Center are constantly monitored and scheduled for efficiency, effectiveness and productivity.

Required Records: For each call, call taker shall, at a minimum, record the following information on the CTMS reservation screen:

- A. Name of client.
- B. Appropriate funding component of service.
- C. Client's Paratransit Service Identification Number.
- D. Pick-up location.
- E. Drop-off location.
- F. Desired drop-off time/appointment time
- G. Telephone number where caller can be reached.
- H. Number in party (including PCA and/or companion).

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

Trip/client/ allocations are determined during contract negotiations prior to execution of the agreement between CTC and transportation operators. Please note assigned site locations were voided at the start of the current Paratransit contract effective 01/01/2010.

Scheduling – How is the trip assignment to vehicles coordinated?

Scheduling: All trips must be scheduled through TOPS! Reservation Center. CONTRACTORS locally dispatch from Call Center supplied CTMS manifest. The following are requirements pertaining to scheduling and dispatching:

- A. Client is not permitted to request a specific driver.
- B. Appointment times and locations shall be confirmed with caller at time trip is reserved.
- C. Any changes made to an existing reservation shall be accompanied by supporting documentation a CTMS entry.
- D. If CONTRACTOR fails to deliver client to appointment on time, client shall not be penalized for return trip in the event client cannot be ready at scheduled return pick-up time. A window of thirty (30) minutes shall be given in situations involving late delivery to appointments from time client is ready for return trip.
- E. Pick-up window for medical return will-call trips shall be one (1) hour from time client calls TOPS! Reservation Center for return trip. Pick-ups beyond one (1) hour shall be considered a late trip.

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

Transportation providers are responsible for the actual provision of services set forth in their formal agreements with CTC.

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

Scheduling: All trips must be scheduled through TOPS! Reservation Center.
CONTRACTOR's dispatchers are required to communicate with drivers per Local Policy:
Broward County Communication: CONTRACTOR shall be required to provide a base radio station and two-way mobile radios and/or cellular telephones for CONTRACTOR owned vehicles and sufficient portable two-way radios and/or cellular telephones to enable office and field supervisors to communicate with each other and dispatch staff.

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

CTC staff monitors performance of transportation operators through on-site visits, random audits of trip records, examination of invoices and monthly reports, customer complaints and careful monitoring of contractual service standards.

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

CTC staff, customer service representatives, MPO staff, other County staff and contracted operators work very closely together and with clients to resolve day-to-day service issues that arise, often with immediate resolution. CTC staff coordinates and documents all efforts.

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

CTMS tracks and reports coordination of trips.

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

Invoices are generated by CTMS, reviewed for accuracy and approved by CTC staff and processed for payment by BCT.

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

Reporting requirements are specified in formal agreements with operators and coordination contractors. CTC staff compiles, examines and approves all reports.

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

Administration services related to the program (eligibility, customer service, and quality control) are performed by CTC. The operators' Scope of Services is related to on-street performance.

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

Information is shared during meetings with the, Broward County Advisory Board for Individuals with Disabilities, Broward MPO, Broward MPO Community Involvement Roundtable South Florida Regional Transportation Authority's ADA Advisory Committee, Paralyzed Veterans Association of Florida ADA Advisory Committee, Broward County Special Needs Task Force, Broward County Dialysis Committee, Agency for Persons with

Disabilities, CTD staff and meetings with other organizations in Broward County (Communities Parent's Support Group, Learning Center for Vision Impaired Seniors, Lighthouse of Broward, Plantation Kidney Center, St. Elizabeth's Gardens, National Federation of the Blind of Broward County, FMC Fresinius Dialysis Center, City of Pembroke Pines, Southwest Focal Point Senior Center, Tamarac Community Center, Employment Coalition of Florida, Tamarac Artificial Kidney Center, Center for Independent Living's Disaster Preparedness, Health and Wellness Resource Fair-the 2013 Disabilities Expo at Nova Southeastern University.

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

CTC has four (4) formal service contract agreements with operators of the paratransit system and thirty-five (35) formal agreements with all coordination contractors.

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: No
 Uniform Name Tag ID Badge

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?
If no, please explain:

Yes

No

CTC: Broward County Transit

County: Broward

Date of Ride: _____

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

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

Note: Attach the manifest

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: _____

County: BROWARD

Date of Call: / /

Funding Source: _____

1) Did you receive transportation service on _____? Yes No

2) Where you charged an amount in addition to the co-payment? Yes 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

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: _____

Contractor Survey
Broward County

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

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: _____

PURCHASING AGENCY SURVEY NA

Staff making call: _____
Purchasing Agency name: _____
Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system? YES NO
If no, why?

2) Which transportation operator provides services to your clients?

3) What is the primary purpose of purchasing transportation for your clients?

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

4) On average, how often do your clients use the transportation system?

- 7 Days/Week
- 1-2 Times/Week
- 3-5 Times/Week
- 1-3 Times/Month
- Less than 1 Time/Month

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- Yes
- No If no, why? _____

Contractor Survey

Broward County

Allied Medical Transportation

Contractor name (optional)

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

Yes No They call TOPS.

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

Yes No They call TOPS.

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 They are very good.

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 very good over the past year.

If yes, what type of problems?

Comments: Program has improved a lot over the past year. The CTC is doing much better.

Lucanus Center
Contact Person Chris Buckley

1. Do the riders call you directly to cancel a trip? **No.**
2. Do the riders call you directly to issue a complaint? **No.**
3. Do you have a toll free phone number for riders to issue commendations or complaints posted on the interior of vehicles? **Yes**

Is it the CC's number? **Yes**

4. Are your invoices paid in a timely manner? **Yes**
5. Does the CTC give you adequate time to report statistics? **Yes**
6. Have you experienced problems with the CTC? **No**

If yes, what type of problems?

Any comments? **No**

Medex Transport

Contractor name (optional)

- 1. Do the riders/beneficiaries call your facility directly to cancel a trip?
 Yes No → call center ^{call center company} _{that does scheduling + calls.}
- 2. Do the riders/beneficiaries call your facility directly to issue a complaint?
 Yes No → call center → (Inktel)
- 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 ~~no~~
- 4. Are the invoices you send to the CTC paid in a timely manner?
 Yes No
- 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: Biggest problem when hired call center for scheduling, the schedulers do not have experience. The % not done by the computer is done / left over trips are manually entered. Need to have experienced people manually entering the trips.
 i.e.: the system does 1.8 trips per hour

Solution: Need to have callcenter experience with scheduling + routing

May 2014

Summary Evaluation of Service Provider

Provider Interviewer:

It was clear to me during my interview that Medex takes transporting passengers seriously and is committed to providing professional quality service. Also that the provider genuinely cares about the implementation of an effective and efficient system with manifest route planners (when the computer program cannot process all the info) who know the area and routes that make sense and serve both the passenger(s) and driver.

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:

5/31/14

Please list any special guests that were present:

NONE

Location:

GARFIELD ST. AND RODMAN ST.

Number of Passengers picked up/dropped off:

2

Ambulatory

2

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: Badge No

Uniform Name Tag ID

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?

VAN 57+60 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

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:

LIFT NOT USED

TRIP # 9988186 - VAN 60 - 9AM

TRIP # 9988187 - VAN 57 - 1pm

CTC: BROWARD COMM. County: BROWARD

Date of Ride: 5/31/14

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid NA	2	2	4	4
Other				
Other				
Other)				
Other				
Totals	2	2	4	4

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

Note: Attach the manifest

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: 5-29-14

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

Location: 2995 NE DIXIE HWY / 6401 FED HWY

Number of Passengers picked up/dropped off: 1/1

Ambulatory YES

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 N/A

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

Was there safe and appropriate seating for all passengers? Yes No N/A

Did the driver properly use the lift and secure the passenger? Yes No N/A

If no, please explain:

REQUESTED A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP. NO MANIFEST PAGE WAS AVAILABLE

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: 5/28/14

Please list any special guests that were present:

Location: SW Broward to 3400 West Commercial Blvd

Number of Passengers picked up/dropped off: 3

Ambulatory 3

Non-Ambulatory 0

→ 1 passenger used a walker

6:59 AM
4 minutes early

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

~~not a driver / driver~~
white shirt

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

However, driver did not wear seat belt.

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 **NA**
If no, please explain: na

AMT--



May 2014

Summary Evaluation of On Site Observation TOPS

Ghost Ride:

Received automated call from TOPS after 9PM on 5/28. Did not receive an automated 8-12 minute "warning" call about arrival on 5/29/14. Driver was 4 minutes early. I was the first passenger of the day – in SW Broward off of Sheridan Street and next to I-75. Driver, Tony, was courteous and opened door etc. I sat in the "shotgun" seat of minivan. I learned he had been a driver for 7 years. While glove box labeled "fire extinguisher" was visible the contact # for TD Hotline was not visible unless I looked behind me intentionally trying to find it– personally I think it should be within view of any seat in vehicle. I could see from the manifest that we were on to Sunrise and then to Tamarac. Instead of taking I-75 to Sawgrass/Sunrise Blvd the driver took I-75 to 595 and exited at Pine Island to avoid the toll road since he shared that he could not take a toll road without approval. He then had to go west to his next pick-up. If he had a Sunpass he would have arrived at his destination more quickly. He picked up a passenger with a walker. She needed his assistance to enter the van because it was difficult for her to step into the vehicle due to the height of the step. The driver was patient, kind and helpful and made sure she had her seatbelt on. The ride was peaceful and pleasant. My only area of safety concern is that the driver did not wear a seatbelt. I arrived at my destination within 5 minutes of my requested arrival time. I was a passenger in the vehicle for 60 minutes which included the onboarding of 2 additional passengers.

On-Site Observation Form
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: 05/09/2014

Please list any special guests that were present: Deborah A. Ryan

Location: 1511 N Hiatus Rd. Pembroke Pines FL 33026

Number of Passengers picked up/dropped off: 2

Ambulatory X

Non-Ambulatory

Was the driver on time? **X Yes**

No, how many minutes late/early?

Did the driver provide any passenger assistance? **X Yes**

No

Was the driver wearing any identification? **X**

Yes: Uniform **Name Tag X** ID

Badge No

Did the driver render an appropriate greeting? **X 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? **X Yes**

No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats,
protruding

metal or other objects? **X 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?

X Yes No

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

Does the vehicle have two-way communications in good working order? **X 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:

On-Site Observation Form
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: 05/20/2014

Please list any special guests that were present: Thomas P. Ryan

Location: 1511 N Hiatus Rd. Pembroke Pines FL 33026

Number of Passengers picked up/dropped off: 2

Ambulatory X

Non-Ambulatory

Was the driver on time? **X Yes**

No, how many minutes late/early?

Did the driver provide any passenger assistance? **X Yes**

No

Was the driver wearing any identification? **X**

Yes: Uniform **Name Tag X** ID

Badge No

Did the driver render an appropriate greeting? **X 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? **X Yes**

No

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

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

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

Was there safe and appropriate seating for all passengers? **X Yes** No

Did the driver properly use the lift and secure the passenger? Yes No

If no, please explain:

Driver was Roland arrived 10 minutes before window. Had another passenger that was dropped before I was taken to my drop. Arrived at my drop by 11:30 AM.

Second trip to home arrived on time. Was told that we would go to Miami first. Tom called call center, and they could do nothing about it. He also called Paul Strobis and gave the information of the trip. This trip much longer than the first one. Arrived home about 2:30 PM. Person was picked up in Miami Gardens and taken to west Pembroke Pines before taking us home.. added time to trip was about 40 minutes. I find this very inappropriate.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call:

Melanie Magill

County:

Broward

Date of Call:

5/27/14

Funding Source:

- 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 3-5 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 TOPS?

- 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.) can't go anywhere without it

Additional Comments:

drivers will sometimes ask for tips

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/27/14 Funding Source: _____

1) Did you receive transportation service on TOPS? 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 TOPS?
 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 15min.
 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.
5

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) getting me where I got to go on time

Additional Comments: _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/19/14 Funding Source: _____

1) Did you receive transportation service on TOPS? 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 TOPS?

- 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.) be able to go where you need to go

Additional Comments: _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: / / Funding Source: _____

1) Did you receive transportation service on TOPS? 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 once a month
 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 TOPS?
 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.
4

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) need it in a wheelchair, no other way to get around

Additional Comments: _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/19/14 Funding Source: _____

1) Did you receive transportation service on TOP? 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 had extension ends 5/19/14
 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 TOPS?
 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.
7

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) only way around. I can't drive or sit at bus stop. has seizures

Additional Comments: _____

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/19/14 Funding Source: _____

1) Did you receive transportation service on TOPS? 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 TOPS?
 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.
7

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) only mode of transportation

Additional Comments: don't know how I would get around w/out TOPS

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/20/14 Funding Source: _____

- 1) Did you receive transportation service on TOPS? 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 2 a month
 - 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 TOPS?
 - 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. 7

8) What does transportation mean to you? (Permission granted by [signature] for use in publications.) don't have any transportation where I live

Additional Comments: _____

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/27/14 Funding Source: _____

- 1) Did you receive transportation service on TOPS? 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 TOPS?
 - 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. 7

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) go back to doctors and come home

Additional Comments: _____

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Melanie Magill County: Broward

Date of Call: 5/27/14 Funding Source: _____

1) Did you receive transportation service on TOPS? 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 TOPS?
 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.) getting back and forth where I have to go.

Additional Comments: _____

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Melanie Magall County: Broward

Date of Call: 5/27/14 Funding Source: _____

- 1) Did you receive transportation service on TOPS? 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 TOPS?
 - 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.) only way I have to get appointments

Additional Comments: Pick-up window is bad, they pick you up at time of appt.

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS

County: BROWARD

Date of Call: 5/19/14

Funding Source: _____

- 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: * NEVER RECEIVED TRANSPORTATION SERVICES

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/20/14 Funding Source: _____

- 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: HUNG - UP THE TELEPHONE (3X)

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/20/14 Funding Source: _____

- 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: TELEPHONE SERVICE DISCONNECTED

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS

County: BROWARD

Date of Call: 5/21/14

Funding Source: _____

- 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: HAS A VOICE MAILBOX THAT HAS NOT BEEN SET-UP. WILL NOT USE ANY OTHER FORM OF ANSWERING

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/21/14 Funding Source: _____

- 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: TELEPHONE NUMBER CONNECTED TO NURSING HOME NUMBER; NO LONGER USED FOR THIS NUMBER

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/22/14 Funding Source: _____

- 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: NO ANSWER; SEVERAL TIMES

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/22/14 Funding Source: _____

- 1) Did you receive transportation service on 5/23/14 ? 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 EVERY THIRD DAY
- 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 5/23/14 ?
- 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: _____

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS

County: BROWARD

Date of Call: 5/23/14

Funding Source: _____

- 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: DISCONNECTED / NO LONGER IN SERVICE

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S ROSS County: BRONARD

Date of Call: 5/24/14 Funding Source: _____

- 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: DISCONNECTED; NO LONGER IN SERVICE

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/24/14 Funding Source: _____

- 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: DISCONNECTED

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS

County: BROWARD

Date of Call: 5/25/14

Funding Source: _____

- 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: TELEPHONE CONSTANTLY BUSY SIGNAL; TRIED SEVERAL TIMES

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/25/14 Funding Source: _____

- 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: WRONG TELEPHONE NUMBER GIVEN

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS

County: BROWARD

Date of Call: 5/25/14

Funding Source: _____

- 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: WRONG NUMBER - SEVERAL TRIES

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: S. ROSS County: BROWARD

Date of Call: 5/25/14 Funding Source: _____

- 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: HUNG UP; TRIED SEVERAL TIMES

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: KC County: Broward

Date of Call: 5/28/14 Funding Source: _____

- 1) Did you receive transportation service on 5/24? 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 5/24?

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 don't drive - necessary my job for use in publications.)

Additional Comments: very grateful

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: KC

County: Broward

Date of Call: 5/28/14

Funding Source: _____

1) Did you receive transportation service on 5/24? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

No co-payment

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 5/24?

- 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 2 hours
- 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.

5

8) What does transportation mean to you? (Permission granted by No choice for use in publications.)

Additional Comments: almost always late on return

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: KC

County: Broward

Date of Call: 5/24/14

Funding Source: _____

1) Did you receive transportation service on April? Yes or No NO DATE

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 2-3 x month
 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 _____?

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 Appreciate for use in publications.)

Additional Comments: too expensive

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: K Caputo County: Burward

Date of Call: 5/24/14 Funding Source: _____

1) Did you receive transportation service on 5-22-14? 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 a few times a month
- 1-2 Times/Week
- 3-5 Times/Week

Plus of this 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
- 1-2 Times
- 3-5 Times
- 6-10 Times

If none, skip to question # 4.

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

- Ineligible
- Lack of funds
- Space not available
- Destination outside service area
- Other _____

5) What do you normally use the service for?

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

6) Did you have a problem with your trip on 5-22-14?

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
- Pick up times not convenient
- Assistance
- Service Area Limits
- Drivers - specify
- Vehicle condition
- Cost
- Late pick up-specify time of wait
- Accessibility
- Late return pick up - length of wait
- Reservations - specify length of wait
- Other

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

9 very satisfied

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

Additional Comments: none NOPE

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: KCaputo County: Broward

Date of Call: 5/24/14 Funding Source: _____

1) Did you receive transportation service on 5-23-14? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
350

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 5-23-14?
 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 EVERYTHING for use in publications.)
MY LIFE

Additional Comments: new applicant
no other types of trips

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Caputo County: Broward

Date of Call: 5/31/2014 Funding Source: _____

- 1) Did you receive transportation service on 5-18? 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

Church Services

- 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. 7

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

Additional Comments: Sunday service - scheduled to early every time

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call Bob SIEDLECKI County: BROWARD

Date of Call: 5/29/14 Funding Source: ADA/TO

- 1) Did you receive transportation service on 5/27/14? 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 5/27/14?

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: Good service - courteous drivers

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Bob SIEDLECKI County: Broward

Date of Call: 5/30/14 Funding Source: ADA/TD

- 1) Did you receive transportation service on 5/26/14? 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 3-5 Times/Week
 1-2 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 5/26/14?
 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: Seats in the van are not comfortable

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Bob SIENLECKI County: Broward

Date of Call: 5/30/14 Funding Source: ADA/70

- 1) Did you receive transportation service on 5/29/14? 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 5/29/14?
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: Best service!

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call Bob Siedlecki County: Broward

Date of Call: 5/29/14 Funding Source: ADA/TD

- 1) Did you receive transportation service on 4/25/14? 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 4/25/14?
 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: Excellent service - Call Center is terrific!

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Bob Siemkeci County: Broward

Date of Call: 5/30/14 Funding Source: ADA/TO

- 1) Did you receive transportation service on 4/25/14? 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 4/25/14?
 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.
7

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

Additional Comments: Courteous Drivers

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Bob Siedlecki County: Broward

Date of Call: 5/30/14 Funding Source: ADA/TD

- 1) Did you receive transportation service on 4/25/14? 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 4/25/14?

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 Mobility for use in publications.)

Additional Comments: Always on time

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Bob Siedlecki County: Broward

Date of Call: 5/16/2014 Funding Source: ADA / TD

1) Did you receive transportation service on 3 DAYS PER WK? Yes or No EVERY WEEK - DIALYSIS

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 3-5 Times/Week DIALYSIS
1-2 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 3 DAYS PER WK? DIALYSIS IN OAKLAND PARK

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 30 MINUTES
Assistance Accessibility
 Service Area Limits Late return pick up - length of wait 30+ MINUTES
 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.

7

8) What does transportation mean to you? (Permission granted by JOSHUA TULLACH for use in publications.) - LIFE SAVING DIALYSIS

Additional Comments: DRIVERS SOMETIMES DO NOT WAIT LONG ENOUGH FOR him TO GET TO THE VEHICLE.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Bob Siedlecki County: Broward

Date of Call: 5/16/2014 Funding Source: ADA/ITD

- 1) Did you receive transportation service on Doesn't know last Yes or No
DATE
- 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.

8

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

Additional Comments: STARTED USING THE AMERICAN CANCER SOCIETY TRANSPORTATION SYSTEM

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Bob Siedlecki County: Broward

Date of Call: 5/14/2014 Funding Source: ADA/TD

1) Did you receive transportation service on 3 DAYS PER WEEK? 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.
8

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) FREEDOM TO TRAVEL TO TRAINING

Additional Comments: SOME DRIVERS ARE MORE COURTEOUS THAN OTHERS - THEY KNOCK ON THE DOOR IF NEEDED AND WAIT FOR HIM TO COME OUT.

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: Bob Siedlecki County: Broward

Date of Call: 5/17/2014 4:20/pm Funding Source: ADA/TO

- 1) Did you receive transportation service on NEVER USED? 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.
NOT USED

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

Additional Comments: Never used the service - always a problem of one kind or another - gave up!

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Bob Siedlecki County: Broward

Date of Call: 5/17/2014 4:25pm Funding Source: ADA/ITD

- 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 3-5 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.

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

Additional Comments: No Comments - Did not wish to discuss! Most Frustrated + Unhappy

Riders Survey

Age Group from home is good (back is to early/will come back 2 hours later.

Status

Primary Address

Primary City

Primary Zip Code

SENIORS

ACTIVE

COCONUT CREEK

Not using, was told she could only use TOPS to go to a doctor.

SENIORS

ACTIVE

Zip code 33066

Took him out of county first/his trip was to go to the V.A... Will not use as it is so bad.

SENIORS

ACTIVE

Zip code 33021

Will not use TOPS as trips cost to much.

ADULTS

ACTIVE

Zip code 33068

She is using service for doctors and is happy.

SENIORS

ACTIVE

Zip code 33068

She said it is time for renewel.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: NW

County: Broward

Date of Call: 5/21/14

Funding Source: _____

- 1) Did you receive transportation service on _____? Yes or No no
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
had not ridden in 6 mos.

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

75% Unpredictable consistently late drivers ride vans dirty

- 4) Have you ever been denied transportation services?
 Yes
 No If no, skip to question # 5

- 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

↓ when called in to complain felt that the person he spoke to could do nothing

- 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

dialysis

- 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

talked / called in complaint Person on phone could not do anything.

- 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 ride 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.
unpredictable

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

Additional Comments: _____

brief call. for on dialysis /

Client ended call for medical reasons

#4

~~XXXXXXXXXX~~

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: NW County: _____

Date of Call: 5/21/14 Funding Source: March 2014

1) Did you receive transportation service on 1m 5 830? 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 once every 2 months or monthly
 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 1-2 Times 3-5 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.

before - no problem

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

Additional Comments: Frightening

*cases son
Dolley
to home
Holly*

*18 years
follows
case*

*Earl man
appt - make
buses difficult*

*on power vans at
for 18 years
-> approved thru 2015
strictly for MD -
changing system
no longer out
unless applied thru
application -*

*always paid,
- filled paperwork 2x -
received other person's
application
- Disturbed asked for copy
of Soc. Sec. #*

*- then wanted DL #
had other person's
- Dropped
as of March
after 18 years*

Jenny in the office

*Loused her up.
keep changing it every time
not making any sense -
"sold" no much ->*

*Sending copies
in mail of Soc. Sec. #
+ DL # / sounds
not willing to
do another
application
has been a scan
might more / off
Holly cross + Imperial Point
in mail the week 4 buses*

RIDER BENEFICIARY SURVEY

Staff/LCB Member making call: NW

County: _____

Date of Call: 5/27/14

Funding Source: _____

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 3-5 Times/Week

*Completed paperwork last year -> no longer paperwork
 too costly / => relying on friends
 have to reschedule since RT is #14 and have several appts. a 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: _____

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: 109 NW

County: _____

Date of Call: 5/27/14

Funding Source: _____

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 3-5 Times/Week

*Deptr. answered
- has not ridden
since last year when had
Stroke*

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: _____



RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: NJW

County: _____

Date of Call: 5/27/14

Funding Source: _____

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

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

\$3.50 one way

3) How often do you normally obtain transportation?

Daily 7 Days/Week Other

1-2 Times/Week 3-5 Times/Week

one every 3 mo / md appd.

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 (because late to appt.)

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) Transport me from one point to the next.

Additional Comments: _____

All drivers are very nice
apologize for being late -

drivers call to ~~change~~ change route to be
more efficient and not allowed
and to drive by his appt. location

When complain-

they used the
computer as an excuse
for scheduling.

Yansapet
was better.

back-
backing

late - pickup for
Chin chime
appt. 9 AM
pickup
8:30-8:50-
not possible
to be on time
- wheelchair
takes time.



RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: NW County: _____

Date of Call: 8/27/14 Funding Source: _____

1) Did you receive transportation service on before Christmas? Yes or No
2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
3.00 each way

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

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 everything was very nice.
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: Very nice people

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: NW

County: _____

Date of Call: 5/21/14

Funding Source: _____

1) Did you receive transportation service on over a year ago? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

When late took money anyway/paid fair

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 - still charged
- Assistance Accessibility
- Service Area Limits Late return pick up - length of wait - still charged.
- Drivers - specify Reservations - specify length of wait
- Vehicle condition Other

wanted seat belts

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

3

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) *Another person / using home health aide*

Additional Comments: _____

Is good. f on time Never on time. Steps too high for sister to board easily. have to help up driver. Could not get up steps. Whatever is available

#3

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call: NW County: _____

Date of Call: 8/21/14 Funding Source: _____

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

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
have no money / not charged

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

Prayer
Never

6) Did you have a problem with your trip on Never?
 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 Louis Jean Noel for use in publications.) if everything I do not have can to get to dialysis.

Additional Comments: _____

Sometimes pick me
me up late

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call:

Judi Elfont

County:

Broward

Date of Call:

6/2/2014

Funding Source:

1) Did you receive transportation service on 2013? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

\$3.50
Total

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 2013?

- 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.

1

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

"Take me to go to Dr. appt."

Additional Comments:

Satisfied w/the service.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Judi Elton County: Broward

Date of Call: 6/2/2014 Funding Source: _____

1) Did you receive transportation service on 4 yrs Ago? Yes or No Needs a new app.

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? Using Continued Care
 Daily 7 Days/Week Other \$2.50 total
 1-2 Times/Week 3-5 Times/Week 2x/mo.

Not TAPS

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 4 yrs ago?
 Yes If yes, please state or choose problem from below Not on time picking up.
 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.

5

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) Need it to get places.

Additional Comments: Need TAPS now due to illness.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Judi Eifort County: Broward

Date of Call: 6/2/2014 Funding Source: _____

1) Did you receive transportation/service on Approx 9/13? Yes or No IX Only

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much? \$3.50/each way

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? Approx 9/13?
 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?
- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> 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.)
"Means everything to me."

Additional Comments: Has a car, limited use.
Dr. wrote a very specific letter re: need for services.
Walker used.

Barely can walk. Got TDS for medical services only. Then got a letter saying not qualified again about 2 months ago (about 4/2014).

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Judy Ebert County: Broward

Date of Call: 6/2/2014 Funding Source: _____

1) Did you receive transportation service on 4 wks ago - Early May 2014? 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 1-2x/mo.
 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 Early May 2014?
 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

Sorted out - spoke w/ Tbps program they dealt w/ it.

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

7 → *"Lifesaving for me!"*

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

Additional Comments: Up for renewal, hopefully won't be denied.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Judi Elhat County: Broward

Date of Call: 6/2/2014 Funding Source: Friday, May 29, 2014

- 1) Did you receive transportation service on Friday, May 29, 2014? 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 May 29, 2014?
 - 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 2 hr wait
 - 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. 1

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

Additional Comments: Should be reliable & on time.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Judi Elbert County: Broward

Date of Call 6/2/2014 Funding Source: _____

1) Did you receive transportation service on 6/2/2014 Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

\$3,50 Total

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 6/2/2014

- 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.

7

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

"Going back and forth."

Additional Comments: _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Judi Ebert

County: Broward

Date of Call: 6/12/2014

Funding Source: _____

1) Did you receive transportation service on 2-3 wks? 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 Every 2 mos.
- 1-2 Times/Week
- 3-5 Times/Week

\$3.50?
paid for guest.
(\$3.50)

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
- 1-2 Times
- 3-5 Times
- 6-10 Times

If none, skip to question # 4.

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

- Ineligible
- Lack of funds
- Space not available
- Destination outside service area
- Other _____

5) What do you normally use the service for?

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

6) Did you have a problem with your trip on May 2014?

- 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
- Pick up times not convenient
- Assistance
- Service Area Limits
- Drivers - specify
- Vehicle condition
- Cost
- Late pick up-specify time of wait
- Accessibility
- Late return pick up - length of wait
- Reservations - specify length of wait
- Other

Trip before
the driver
was nasty
Driver Jan
can't
push client
to the door!!

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:

Disabled w/ fixed income.

"I can't drive, my children work, so it is good to have transportation!"

RIDER/BENFICIARY SURVEY

Staff/LCB Member making call:

Judi Efort Broward County:

Date of Call:

6/2/2014 Friday May 29 2014

Funding Source:

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?

\$3.50 Total

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

Today - Cut off this morning (6/2/2014)

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 _____

changing carriers. Denied service - dressed & ready to go.

5) What do you normally use the service for?

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

Dialysis

6) Did you have a problem with your trip on 5/29/14?

- 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

Didn't receive a letter - they said they sent one.

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

5 "Means the world to me"

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

because it's the only way I get around. I can't

Additional Comments:

Permission granted by Marie Hamilton.