



**Hernando County  
Transportation Disadvantaged Local Coordinating Board (TDLCB)  
Regular Meeting  
Wednesday, May 11, 2022 at 10:15 a.m.**

**MEETING LOCATION:  
Hernando County Building Training Facility  
1661 Blaise Drive, Brooksville 34601**

**AGENDA**

**A CALL TO ORDER**

Declaration of Quorum / Reading of the Public Notice into the public record.

**B APPROVAL/MODIFICATION OF AGENDA – Board/Staff comment only**

**C REVIEW/APPROVAL OF MINUTES – 2/9/2022**

**D CORRESPONDENCE/INFORMATIONAL ITEMS**

1. Membership Update
2. Community Transportation Coordinator Quarterly Report– Miranda Maldonado
3. Innovation and Service Grant
4. Planning Agency Survey
5. Planning Agency Grant FY 2022-2023

**E ACTION ITEMS**

1. Transportation Disadvantaged Service Plan - Annual Update
2. Community Transportation Coordinator (CTC) Annual Evaluation

**F. TDLCB MEMBER PRESENTATIONS**

**G. CITIZEN COMMENTS**

**H. COMMENTS/UPDATES**

**I. ADJOURNMENT AND NEXT MEETING – The next regular meeting will be held on Wednesday August 10, 2022 at 10:00 a.m. at Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL. The meeting agenda and back-up materials are available online at:**

[www.hernandocounty.us/hernandocitrusmpo.com](http://www.hernandocounty.us/hernandocitrusmpo.com)

**C REVIEW OF MEETING MINUTES**

Attached are the draft meeting minutes from the February 9, 2022, TDLCB meeting for review and approval.

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Attachment: Draft minutes from February 9, 2022, meeting

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# Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) Regular Meeting

Wednesday, February 09, 2022, at 10:00 a.m.

## MINUTES

The Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) held a public meeting on February 09, 2022, in-person at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL. The meeting was advertised in the Hernando Sun and the agenda was available on the MPO Website.

### **MEMBERS PRESENT:**

John Allocco, TDLCB Chairman  
Cara Brunk, FL Dept of Elder Affairs  
Denise Clark, Public Education Community  
John Eberle, Regional Workforce Board  
Holly Ferguson, Veterans Services  
Shanika Figueroa Rodriguez, Children-at-Risk  
Emily Hughart, Florida Agency for Health Care Administration  
Tracy Noyes, FDOT  
Gretchen Samter, Citizen Advocate, Public Transit User – Participating via Zoom  
Elizabeth Watson, Persons with Disabilities Agency

### **MEMBERS ABSENT:**

Kevin Bargerstock, Florida Division of Vocational Rehabilitation  
Joe DeGeorge, Hernando County Transit/TheBus, Vice Chair  
Benita Dixon, Private for Profit Transportation  
David Knazur, Florida Department of Children & Family Services  
Kathleen Winters, Local Representative Medical Community

### **OTHERS PRESENT:**

Cayce Dagenhart, Transportation Planner II  
Bob Esposito, Executive Director Hernando/Citrus MPO  
Carlene Riecss, Transportation Planner III  
Chris Mundell, HCSB Transportation  
David Philipsen, Hernando County resident

**A. CALL TO ORDER**

- Chairman Allocco called the meeting to order at 10:00 a.m.
- Notice of Meeting publication was read into the record.
- A quorum was declared.

The Chairman called for a motion to allow Ms. Gretchen Samter to participate as a voting member via zoom due to being COVID positive.

**Motion** Ms. Denise Clark made the motion to allow Ms. Samter to participate as a voting member via Zoom. It was seconded by Ms. Shanika Figueroa Rodriguez. The motion carried unanimously.

**B. APPROVAL/MODIFICATION OF AGENDA (LIMITED TO BOARD AND STAFF COMMENT)**

**Motion:** A Motion to approve the agenda was made by Ms. Denise Clark and seconded by Mr. John Eberle. The motion passed unanimously.

**C. REVIEW OF MINUTES**

**Regular Meeting Minutes November 17, 2021**

**Motion:** A motion to approve the draft minutes from November 17, 2021, with Ms. Denise Clark a correction of her name, was made by Ms. Denise Clark and seconded by Ms. Shanika Figueroa Rodrigues. The motion passed unanimously.

**D. CORRESPONDENCE / INFORMATION ITEMS**

**1. Member Conflict of Interest**

Members are required to be informed of the conflict of interest statute yearly. Ms. Dagenhart read the synopsis below and directed the members to the Section 112.3143, Florida Statutes, which outlines requirements relating to voting conflicts by the Board members, attachment in their packets.

No appointed public officer shall participate in any matter which would inure to the officer's special private gain or loss; which the officer knows would inure to the special private gain or loss of any principal by whom he or she is retained or to the parent organization or subsidiary of a corporate principal by which he or she is retained; or which he or she knows would inure to the special private gain or loss of a relative or business associate of the public officer, without first disclosing the nature of his or her interest in the matter.

Per the Statutes, the term "public officer" includes any person elected or appointed to hold office in any agency including any person serving on an advisory body.

**2. Annual CTD Workshop Highlights**

Ms. Dagenhart read the positions for the TDLCB that are currently vacant.

**3. Quarterly Report – Miranda Maldonado**

Ms. Maldonado provided a quarterly report from TransHernando, for the period from October 1, 2021, through December 2021.

**E. ACTION ITEMS**

**1. The Election of a Vice-Chair**

Pursuant to the Transportation Disadvantaged Local Coordinating Board Bylaws, the Board shall hold a meeting at the beginning of the calendar year for the purpose of electing a Vice-Chairman by a majority vote from the quorum present. The Chairman is appointed by the MPO Board. The Hernando County Board of County Commissioners has requested Commissioner John Allocco continue to serve as the TDLCB Chairman for 2022.

In the event of the Chair's absence, or at the direction of the Chair, the Vice-Chair shall assume the duties of the Chair and conduct the meetings.

**Motion:** A motion to elect Mr. Joe DeGeorge as Vice-Chair of the Hernando TDLCB for the 2022 calendar year was made by Ms. Gretchen Samter and seconded by Mr. John Allocco. The motion passed unanimously.

**2. By-laws Adoption**

The Commission for the Transportation Disadvantaged requires that the TDLCB review and approve their bylaws on an annual basis. Staff presented the bylaws with changes that were explained. Upon discussion, the Board members wanted to add more people who would be notified when agency appointees had three (3) unexcused absences.

**Motion:** A motion to approve the bylaws with the proposed changes, and the request to add the following statement in Article III, Section 6: "If that voting member is an agency representative rather than a citizen member, the DOPA shall send written communication to the agency head, Speaker of the Florida House of Representatives, and the Florida Senate President to report the three consecutive un-excused absences and request a recommendation for a replacement to be appointed by that agency" was made by Ms. Elizabeth Watson and seconded by Ms. Denise Clark. The motion passed unanimously.

**F. CITIZEN COMMENTS**

Mr. David Philipsen was in attendance and commented that one of the receptionists with Mid Florida is hard to hear because her voice is very quiet. Ms. Maldonado let him know that she would look into this and try to find a solution. Mr. Philipsen raised a question as to why the new Flamingo cards did not link to the ADA service provision especially since it comes out of the same account (his) when paying for the ride. He also requested that the brochures for TheBus be updated, since they no longer allow "tokens" to be used as payment. Mr. DeGeorge was not in attendance to answer these questions, but staff replied that the questions would be passed along to him for a response. Chairman Allocco asked to be copied on the email asking the question and asked that Jeff Rogers also be included.

**G. COMMITTEE MEMBER COMMENTS/UPDATES**

Ms. Cara Brunk provided the Board information about the Elder Affairs programs.

**H. MPO STAFF COMMENTS/UPDATES**

**I. ADJOURNMENT AND NEXT MEETING:**

The Chair adjourned the meeting, noting that the annual public workshop and regular meeting of the Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) will be held on Wednesday, May 11, 2022, at 10:00 a.m. and 10:15 a.m. respectively, at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL

DRAFT

**D Correspondence/Informational Items**

1. Membership Update – April 7, 2022, MPO Appointments

Recent appointments

Chris Mundell – Hernando County Schools, replacing Denise Clark  
Gretchen Samter – Hernando County, representing the disabled

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Attachments: N/A

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2. Community Transportation Coordinator (CTC) Update – Miranda Maldonado

Quarterly Report

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Attachments: Quarterly report: January 1, 2022 – March 30, 2022

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3. Trip and Equipment Grant

As an informational Item, attached is the trip and equipment grant template for the upcoming grant cycle.

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Attachments: Application

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4. Planning Agency Survey

On an annual basis, MPO staff requests the TDLCB complete the Planning Agency Survey which provides input to the staff regarding services provided.

The survey is anonymous, please complete the attached and provide to staff at the conclusion of the meeting.

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Attachments: Planning Agency Survey

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5. Planning Agency Grant

The staff is requesting the MPO Board authorize submittal of the FY 2022/2023 Planning Grant application in the amount of \$23,987 at their 5/5/21 meeting. The grant provides funding for staff support services for the TDLCB. No formal action is required.

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Attachments: N/A

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# **COMMUNITY TRANSPORTATION FOR DISADVANTAGED REPORT**

**Hernando County, Florida**

**Quarterly System Report for Fiscal Period  
JULY 1, 2021 THROUGH JUNE 30, 2022**

**PREPARED FOR:**

**Hernando County Transportation Disadvantaged Coordinating Board**

**PREPARED BY:**

**TRANS HERNANDO**

Mid Florida Community Services, Inc.

Phone (352) 799-1510 Fax: (352) 754-9390



## INTRODUCTION

### **Introduction to Hernando County's Transportation Disadvantaged System:**

Trans Hernando, a department within Mid Florida Community Services, Inc., operates as the Community Transportation Coordinator (CTC) for the Transportation Disadvantaged program in Hernando County. As the coordinator, Trans Hernando has the responsibilities to provide transportation to all Hernando County residents in a safe and cost effective manner. System priorities, established by members of a Local Coordinating Board, include the provision of transportation county-wide for medical, nutritional, educational, work, and recreational trips, respectively. Services are for senior citizens (over 60), physically or mentally challenged individuals, and economically or transportation disadvantaged general public.

The system utilizes a shared ride multi-load approach with guaranteed arrival times to rider destinations. Because many citizens are wheelchair bound, all service fleet vehicles are equipped and in compliance with American with Disabilities Act (ADA) recognized wheelchair lifts and securement devices. Trans Hernando provides physically challenged individuals equal service, appointment guarantees, and fare box fees.

### **Fare Box Fees:**

Non sponsored clients are required to pay a fare box fee. Individual fare box fee is \$5.00 per one way trip. State assistance for fare box fees are available and can be applied for by individuals to offset financial hardships.

### **Office Hours:**

Office hours are Monday through Friday from 6:00 a.m. to 4:30 p.m. except County recognized holidays.

### **Service Hours-Transportation Disadvantaged:**

Transportation Disadvantaged service hours are Monday thru Friday from 6:00 a.m. to 4:00 p.m. except for county recognized holidays.

### **Scheduling Hours:**

Scheduling is provided by telephone Monday thru Friday, excluding County recognized holidays. by calling (352) 799-1510 between the hours of 8:00 a.m. and 4:30 p.m.

**TRANS HERNANDO  
MID FLORIDA COMMUNITY SERVICES, INC.  
QUARTERLY SYSTEM REPORT  
FOR FISCAL PERIOD  
July 1, 2021 through June 30, 2022**

Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL	
<b>Work Days</b>	21	22	21	21	19	20	19	19	23	20	21	21	247	
Overview of Total Trip Requests	Total incoming calls received	2378	2626	2402	2558	2712	2740	2402	2554	3360	0	0	0	23,732
	Average number calls received per day	113	119	114	122	143	137	126	134	146	0	0	0	
	Total trip requests received	1189	1313	1201	1279	1356	1370	1201	1277	1680	0	0	0	11,866
	Total cancelled trips	203	235	194	183	296	258	225	212	309				2,115
	Total ASAP Trips	22	21	19	24	11	33	22	17	19				188
	Total NS trips	25	30	24	19	35	35	44	31	46				289
	Total trip requests provided	939	1027	964	1053	1014	1044	910	1017	1306				9,274

% of Trip Requests Provided	79.0%	78.2%	80.3%	82.3%	74.8%	76.2%	75.8%	79.6%	77.7%	#DIV/0!	#DIV/0!	#DIV/0!	
% of Trip Requests Cancelled	17.1%	17.9%	16.2%	14.3%	21.8%	18.8%	18.7%	16.6%	18.4%	#DIV/0!	#DIV/0!	#DIV/0!	
% of No Show Trip Requests	2.1%	2.3%	2.0%	1.5%	2.6%	2.6%	3.7%	2.4%	2.7%	#DIV/0!	#DIV/0!	#DIV/0!	

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MID FLORIDA COMMUNITY SERVICES, INC.  
QUARTERLY SYSTEM REPORT  
FOR FISCAL PERIOD  
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Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
<b>Work Days</b>	21	22	21	21	19	20	19	19	23	20	21	21	247
<b>REASON FOR UNPROVIDED REQUESTS</b>													
% of Trip Requests unable to Provide	1.09%	1.29%	1.00%	0.00%	1.62%	2.55%	1.67%	0.94%	1.49%	#DIV/0!	#DIV/0!	#DIV/0!	
Same day Request	3	4	5	5	4	9	3	3	7				43
Out-of-county request	3	3	2	7	3	4	5	3	4				34
Stretcher	0	1	0	0	1	0	0	0	2				4
Holiday/Weekend	4	2	2	2	10	13	9	1	5				48
Before 8 a.m./after 3:00 p.m. appointments	3	7	3	7	4	9	3	5	7				48
<b>Total Unprovided</b>	13	17	12	0	22	35	20	12	25	0	0	0	156
<b>TRIP PURPOSE</b>													
Medical	794	821	801	836	775	726	639	705	875				6,972
Nutritional/Shop	57	75	45	85	118	196	162	160	225				1,123
Connector	0	0	0	0	0	0	0	0	0				0
Education	16	32	34	31	27	24	46	68	109				387
Employment	21	40	41	29	35	40	27	40	42				315
Other	51	59	43	72	59	58	36	44	55				477
<b>Total</b>	939	1,027	964	1,053	1,014	1,044	910	1,017	1,306	0	0	0	9,274

**TRANS HERNANDO  
MID FLORIDA COMMUNITY SERVICES, INC.  
QUARTERLY SYSTEM REPORT  
FOR FISCAL PERIOD  
July 1, 2021 through June 30, 2022**

	Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
	<b>Work Days</b>	21	22	21	21	19	20	19	19	23	20	21	21	247
TRIP TYPE	Elderly (Over 60)	774	830	716	795	813	826	718	790	1,036				7,298
	Adult	165	197	248	258	201	218	192	227	270				1,976
	Child (Under 16)	0	0	0	0	0	0	0	0	0				0
	<b>Total</b>	<b>939</b>	<b>1,027</b>	<b>964</b>	<b>1,053</b>	<b>1,014</b>	<b>1,044</b>	<b>910</b>	<b>1,017</b>	<b>1,306</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,274</b>
TRIP MODE	AMBI	505	614	577	620	623	608	557	624	840				5,568
	WHLI & SCOI	434	413	387	433	391	436	353	393	466				3,706
	AMBO	0	0	0	0	0	0	0	0	0				0
	<b>Total</b>	<b>939</b>	<b>1,027</b>	<b>964</b>	<b>1,053</b>	<b>1,014</b>	<b>1,044</b>	<b>910</b>	<b>1,017</b>	<b>1,306</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,274</b>
UNDUPLICATED COUNT	Elderly (Over 60)	137	136	130	153	156	148	126	148	155				1,289
	Percent %	88.4%	87.7%	85.0%	86.4%	87.6%	86.0%	86.3%	85.1%	85.2%	#DIV/0!	#DIV/0!	#DIV/0!	86.4%
	Adult	18	19	23	24	22	24	20	26	27				203
	Percent %	11.6%	12.3%	15.0%	13.6%	12.4%	14.0%	13.7%	14.9%	14.8%	#DIV/0!	#DIV/0!	#DIV/0!	13.6%
	Child (Under 17)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Percent %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	0%
<b>Total</b>	<b>155</b>	<b>155</b>	<b>153</b>	<b>177</b>	<b>178</b>	<b>172</b>	<b>146</b>	<b>174</b>	<b>182</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,492</b>	
NO SHOW	CTD - T&E	25	30	24	16	30	32	43	26	41				267
	DOEA	0	0	0	3	5	3	1	5	5				22
	<b>Total No Shows</b>	<b>25</b>	<b>30</b>	<b>24</b>	<b>19</b>	<b>35</b>	<b>35</b>	<b>44</b>	<b>31</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>289</b>

**TRANS HERNANDO  
MID FLORIDA COMMUNITY SERVICES, INC.  
QUARTERLY SYSTEM REPORT  
FOR FISCAL PERIOD  
July 1, 2021 through June 30, 2022**

Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
<b>Work Days</b>	21	22	21	21	19	20	19	19	23	20	21	21	247
Suspended	0	0	0	0	0	0	0	0	0	0	0	0	0
System Miles	16366	16621	15303	15103	15220	15284	13325	15200	18577				140,999
Revenue Miles	14194	13700	12546	12680	12653	12834	10981	12524	15623				117735
Average System Miles per trip	15.1	13.3	13.0	12.0	12.5	12.3	12.1	12.3	12.0	#DIV/0!	#DIV/0!	#DIV/0!	12.7
System Hours	761	919.0	816	863	865	864	786	819	1041				7,734
Revenue Hours	631	753.0	683	732	708	712	663	693	875				6,450
Cost Per Trip	\$26.21	\$26.07	\$26.04	\$25.96	\$26.00	\$25.98	\$25.97	\$25.99	\$25.96	#DIV/0!	#DIV/0!	#DIV/0!	
System Cost per Mile	\$1.70	\$1.92	\$1.96	\$2.12	\$2.05	\$2.08	\$2.12	\$2.08	\$2.14	#DIV/0!	#DIV/0!	#DIV/0!	

**COMPLIMENTS/COMPLAINTS**

		Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
		Work Days	22	21	21	22	18	21	19	19	23	21	20	22	TOTAL
<b>TRANS HERNANDO</b>	COMPLIMENT	Driver	3	1	2	1	3	2	0	0	2				14
		Vehicle	0	0	0	0	0	1	0	0	0				1
		Service	2	2	0	2	1	0	1	2	5				15
		Policy	0	0	0	0	0	0	0	0	0				0
		Other	0	0	0	0	0	0	0	0	0				0
	COMPLAINT	Driver	0	0	0	0	0	0	0	0	0				0
		Vehicle	0	0	0	0	0	0	0	0	0				0
		Service	0	0	0	0	0	0	0	1	0				1
		Policy	0	0	0	0	0	0	1	0	1				2
		Other	0	0	0	0	0	0	0	0	0				0

**BREAKDOWNS/ACCIDENTS**

		Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL	
		Work Days	22	21	21	22	18	21	19	19	23	21	20	22	TOTAL	
<b>TRANS HERNANDO</b>	TOWS	0	1	1	0	0	0	0	0	0					2	
	ROAD CALLS	0	0	0	0	0	0	0	0	0					0	
	INCIDENT & ACCIDENTS	CHARGEABLE	0	0	0	0	0	0	0	0	0					0
		NON-CHARGEABLE	0	0	0	0	1	0	0	1	0					2



# Transportation Disadvantaged Innovative Service Development Grant

## APPLICATION

<b>Legal Name of Applicant</b>			
<b>Federal Employer Identification Number</b>			
<b>Registered Address</b>			
<b>City and State</b>		<b>Zip Code</b>	
<b>Contact Person for this Grant</b>		<b>Phone Number</b>	
<b>E-Mail Address [Required]</b>			
<b>Project Location [County(ies)]</b>		<b>Proposed Project Start Date</b>	

Proposed Project Funding Request	
<i>Total Proposed Project Amount (100%)</i>	\$
Local Match [10%]	\$
Requested Funding Amount [90%]	\$

As the authorized Grant Recipient Representative, I hereby certify that the information contained in this form is true and accurate and is submitted in accordance with the grant application instructions.

\_\_\_\_\_  
**Signature of Grant Recipient Representative**

\_\_\_\_\_  
**Date**



Agenda Item D3  
**Transportation Disadvantaged  
Innovative Service Development Grant**

## **PROJECT SCOPE**

**Proposals MUST complete the following sections according to the Project Scope Instructions provided in the manual. Applications that are incomplete or do not follow the instructions will not be considered.**

### **Evidence of Need:**

- a)** Describe service limitations or gaps within the current transportation system and the resulting mobility access challenge(s).
  
- b)** Provide details regarding the scale or urgency of the challenge and the size of the specific populations that are affected.
  
- c)** Provide any documentation or evidence of the challenge(s), such as from a locally developed Transportation Disadvantaged Service Plan (TDSP), other planning document, or other supporting information.

### **Project Description:**

- a)** Provide a detailed description of the proposed project, including the service area and type(s) of service that will be offered.
  
- b)** Identify an estimated number of trips and riders the proposed project will serve.



- c)** Identify potential or planned destinations such as a veterans' hospital, employment center, educational/training location, or other life-sustaining activities.
  
- d)** Explain how the project will be implemented, including details on how existing and potential riders will be informed of the proposed service AND how services will be requested and provided.
  
- e)** If the proposed project will utilize a transportation hub to connect customers to the broader transportation system, explain the coordination of schedules between the services and how the rider will transfer between the two systems.
  
- f)** Explain the process for ensuring riders are eligible to receive Transportation Disadvantaged services. Include how rider eligibility will be determined and, if not by the applicant, what organization will be determining that a rider is transportation disadvantaged, pursuant to Chapter 427, Florida Statutes.

**Project Innovation:**

- a)** Explain how the proposed project will do something in a new or improved way that differs from services already being provided.
  
- b)** Explain how the proposed project is designed to enhance an eligible rider's mobility.

**Demonstration of Proposed Outcomes:**

- a)** Describe the proposed project's intended outcomes, and how they will address at least one of the ISD Program's objectives.

- b)** Provide details regarding the specific performance data that will be collected and analyzed to demonstrate the project's actual vs. intended outcomes, AND whether the availability of the data has been verified.
  
- c)** Confirm the applicant's ability to submit performance data (including data obtained from customer satisfaction surveys)

**Other Required Application Elements:**

- a)** Project Budget: Provide a Proposed Project Expense Budget to support the total amount of funding requested. Include a budget table here or use the sample excel template provided.
  
- b)** Proposed Service Rates: Provide the proposed project service rate(s) by mode and unit of service (trip, mile). Demonstrate how the proposed rates were determined.
  
- c)** Project Timeline: Provide the project timeline, identifying the project start date, project implementation date, and any major milestones.
  
- d)** Project Personnel: Provide the name, current title and summary of work experience for each key staff member who will work on the project.
  
- e)** Local Match: Describe the source of the local match and when such funds will be available.

**Collaboration and Partnership (Not required but strongly encouraged):**

- a)** If the proposed project is collaborative, describe key project partners, their specific role(s) in the project, and how the collaboration increases the likelihood of the project's long-term sustainability and success.
  
- b)** Applicants may further strengthen their proposals by attaching letters of commitment, cooperative agreements, MOU, or other evidence of strong commitment from partners.

**Utilization of Non-Traditional Service Providers (Not required but strongly encouraged):**

- a)** If the proposed project includes the utilization of transportation network companies (TNCs), taxi and other non-traditional transportation service providers, describe how such services will add value to the existing TD services.

LOCAL COORDINATING BOARD SURVEY OF THE  
OFFICIAL PLANNING AGENCY

Planning Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 County (ies) Served: \_\_\_\_\_ LCB Member Name: \_\_\_\_\_  
 Date Survey Completed: \_\_\_\_\_

1. Please rate the Official Planning Agency's performance on the following Coordinating Board Responsibilities:

<u>SUFFICIENT</u>	<u>INSUFFICIENT</u>	
_____	_____	Assistance in the scheduling of meetings
_____	_____	Training board members
_____	_____	Evaluating cost effectiveness
_____	_____	Reviewing the local TDSP
_____	_____	Preparing, duplicating and distributing meeting packets
_____	_____	Other administrative duties & costs, as appropriate

Do you feel the Official Planning Agency provides the LCB with sufficient staff support and resources to enable the Coordinating Board to fulfill its responsibilities as set forth in Chapter 427, F.S.?    \_\_\_\_\_ yes    \_\_\_\_\_ no

2. Does the Planning Agency staff give two weeks' notice of the date, time, location, and proposed agenda for *local Coordinating Board meetings* to local Coordinating Board members?    \_\_\_\_\_ always    \_\_\_\_\_ usually    \_\_\_\_\_ sometimes    \_\_\_\_\_ never
3. Does the Planning Agency staff have the agenda materials available and delivered to the LCB members no less than one week in advance of the meeting?    \_\_\_\_\_ always    \_\_\_\_\_ usually    \_\_\_\_\_ sometimes    \_\_\_\_\_ never
4. Does the Planning Agency staff give LCB members and others one week notice, if possible, of the date, time, location, and proposed agenda for local Coordinating Board *committee meetings* and *emergency meetings*?    \_\_\_\_\_ always    \_\_\_\_\_ usually    \_\_\_\_\_ sometimes    \_\_\_\_\_ never
5. Do you attend LCB meetings?    \_\_\_\_\_ always    \_\_\_\_\_ usually    \_\_\_\_\_ sometimes    \_\_\_\_\_ never
6. Are there any areas in which the Planning Agency could improve?    \_\_\_\_\_ yes    \_\_\_\_\_ no  
If yes, please specify by using the back of this survey, or attach a separate page.
7. Are you satisfied with the job performance of the Planning Agency?    \_\_\_\_\_ yes    \_\_\_\_\_ no
8. Does the group you represent benefit from your participation as a member of the LCB?  
\_\_\_\_\_ yes    \_\_\_\_\_ no    Comments:
9. Are there any areas where the Commission can assist in improving the work of the planning agencies and the LCB?    \_\_\_\_\_ yes    \_\_\_\_\_ no    If yes, please specify by using the back of this survey, or attach a separate page.

**E ACTION ITEMS**

**1. Transportation Disadvantaged Service Plan (TDSP) – Annual Update**

In accordance with Rule 41-2 F.A.C., the TDLCB must annually review and approve the following sections of the Transportation Disadvantaged Service Plan (TDSP):

- Development Plan
- Cost/Revenue Allocation and Rate Structure Justification
- Service Plan, including the 2022/2023 Rate Model Calculation Worksheet
- Quality Assurance

The attached update includes the following changes:

- TDLCB Membership updated to reflect current roster
- Page 24 - Service priorities changed to read “educational and employment” (from some educational and job)
- Page 41 – Hernando County Senior Services – Title III, rates for transporting clients to various meal sites in congregate dining program are a contract cost of \$11.63 (from \$10.63)
- The current Grievance Procedures were included
- The Cost/Revenue Allocation and Rate Structure justification was reviewed
- Appendix C - The vehicle inventory was updated
- Appendix D - The rate/model worksheet was updated with the CTC approved 2023/2024 worksheet

**Roll Call Vote**

Attachment: TDSP Annual Update

# **HERNANDO COUNTY TRANSPORTATION DISADVANTAGED SERVICE PLAN (TDSP)**

**Effective: July 1, 2018 – June 30, 2023**

**Hernando County Transportation Disadvantaged**

**Local Coordinating Board:**

**Major Update Approved 9/12/18;**

**Annual Update 5/20/20**

**Annual Update 5/19/21**

**Update 11/17/21**

**Annual Update 5/11/22**

**Coordinating Board Membership Certification**  
**Hernando/Citrus Metropolitan Planning Organization (MPO)**  
**1661 Blaise Drive, Brooksville, FL 34601**

The MPO/Designated Official Planning Agency named above certifies the following:

1. The membership of the Local Coordinate Board, established pursuant to Rule 41-012(3) FAC does in fact represent the appropriate parties as identified in the following list: and
2. The membership represents, to the maximum extent feasible, a cross section of the local community.

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

**Table 1: Hernando County TDLCB Membership**

Representation	Member	Alternate	Term
Private for-Profit Transportation	Benita Dixon		N/A
Elected Official Appointed by MPO	John Allocco Chairman		Annual
FL Department of Transportation	Tracy Noyes	Dave Newell	N/A
Public Education Community	Denise Clark	Chris Mundell	N/A
Persons with Disabilities Agency	Elizabeth Watson		N/A
FL Agency for Health Care Administration	Emily Hughart	Ian Martin	N/A
Citizen Advocate/User	vacabt		N/A
Mass Transit or Public Transit Board	Joe DeGeorge, Vice Chairman	Daniel Hopkins	N/A
Regional Workforce Development Board	John Eberle		N/A
Local Representative Medical Community	Kathleen Winters		N/A
FL Division of Vocational Rehabilitation	Kevin Bargerstock	Karla Lagos	N/A
FL Department of Children & Family Services	David Knazur		N/A
Veterans Services	Tony Graham	Holly Ferguson	N/A
FL Department of Elderly Affairs	Cara Brunk		N/A
Local Representative for Children at Risk	Shanika Figueroa Rodriguez		1/25/2024
Resident, Disabled	Gretchen Samter		4/7/2024
Resident, 60+ Years	Vacant		N/A
Florida Association for Community Action	Vacant		N/A

## **SECTION 2. CTC SERVICE PLAN**

### **OPERATIONS**

The Community Transportation Coordinator (CTC) for Hernando County, Trans Hernando, operates a shared ride, door-to-door, non-emergency paratransit system for transportation-disadvantaged citizens in Hernando County. The system provides ambulatory and wheelchair services and requires twenty-four (24) hours advanced reservations. Clients are responsible for supplying their own wheelchairs. Services are designed for the elderly, the young, physically and/or mentally challenged individuals and transportation/economically disadvantaged and general public who do not own an automobile and/or cannot afford private transportation services and/or have no other means of transportation.

As the designated Community Transportation Coordinator with responsibilities for administration and provision of Transportation Disadvantaged Services, Trans Hernando in conjunction with the Local Coordinating Board will operate and provide transportation disadvantaged services as described in FS 427 and pursuing document 41-2.006 F.A.C.

By September 15<sup>th</sup> of each year, the Community Transportation Coordinator will provide operating statistics to the Commission utilizing the Chart of Accounts as defined in the American Association of State Highway and Transportation Officials, Inc., Comprehensive Financial Management Guidelines for Rural and Small Urban Public Transportation Providers, dated September 1992.

### **TYPES, HOURS AND DAYS OF SERVICE**

Hours of service operations are Monday through Friday, 6:00 a.m. until 3:00 p.m. with office hours and scheduling performed from 7:30 a.m. until 4:00 p.m. daily. Trans Hernando observes the same holiday schedule as Mid Florida Community Services.

### **SUBSCRIPTION TRIPS**

Regularly scheduled medical trips are provided for clients with multiple (ongoing) appointments.

### **ADA PARATRANSIT SERVICE**

In accordance with the Americans with Disabilities Act (ADA) of 1990, ADA paratransit service began in March of 2005. Individuals must qualify and receive an ADA identification card before scheduling trip service. Eligibility certification is being provided by TheBus as the fixed-route operator, and the phone number to schedule an on-site ADA eligibility interview is (352) 754-4890.

ADA service is provided as a complementary service to the fixed-route system, depending on service area. This service is available, by appointment, during the fixed-route hours of service, 6:00 a.m. until 7:00 p.m., Monday thru Friday, except County-observed holidays, upon certification of a person's disability. Services are provided on a 24-hour advance reservation basis (by 5:00 p.m. the business day before the trip) and the fare box is \$2.50 per one-way trip. The ADA service is available to those who qualify and whose trip origin and destination are within 3/4 miles of the fixed-route service area.

Additional information on ADA service is available by brochure, located at County government buildings, the Chamber of Commerce, the Tax Collectors office, as well as TheBus Depot, located at



1525 E. Jefferson Ave., Brooksville, FL 34601. You may also have a brochure mailed to your local address by calling TheBus at (352) 754-4444.

## **ACCESSING SERVICES**

### **Contact Information**

As a non-emergency system that requires advanced reservations, scheduling services are available during the hours of 7:30 a.m. – 4:00 p.m. by calling (352) 799-1510. Clients utilize four phone lines in a rollover system for easy access. The TDD toll-free number is: 1-800-648-6084.

### **Advanced Notification**

24-hour advanced reservation is required for trip scheduling.

### **Cancellations**

Cancellation of a previously scheduled trip is allowed at no charge to the client; however, cancelled trips where a vehicle was dispatched to the client's home and the client was not home or did not make the trip is considered a no-show by Trans Hernando.

### **No Show Procedures**

After three no-shows in a sixty-day period, the riders' access to services can be suspended for a period up to one month: or at the discretion of the CTC. Trans Hernando has established 1% as the no-show standard based on the percentage of funding source trips.

### **Program Eligibility**

Transportation for Disadvantaged is a specialized service to provide mobility for the elderly (over 60), the young (under 16), and physically or mentally challenged individuals. Public individuals can also access the system on a space-available basis.

### **Service Prioritization**

Services are prioritized for medical and nutritional needs; however, educational, employment, and recreation trips are provided as seating and funding allow. Non-prioritized trips are provided to those residents living in the non-urbanized areas of Hernando County.

## **SCHOOL BUS UTILIZATION**

The Hernando County School Board annually provides the State of Florida Department of Education form ESE 567, Semi-Annual Report of Vehicle Availability for Coordinated Disadvantaged Transportation. Trans Hernando is available to coordinate with the County's EOC and the School Board for vehicle use in the event of emergency evacuation procedures.

## **VEHICLE INVENTORY**

Trans Hernando currently maintains eleven (11) wheelchair accessible vehicles. Seven (7) of these vehicles are in service daily three (3) vehicles in back-up. All vehicles can accommodate ten or eleven ambulatory passengers.

## **SYSTEM SAFETY PROGRAM PLAN CERTIFICATION**

The MOA between the CTC and the CTD requires that the CTC develop and implement a System Safety Program Plan (SSPP). An SSPP has been developed and is conducted every three years by the Florida Department of Transportation (FDOT). The plan includes statement of Safety Policy, Introduction and Purpose of SSPP, Goals and Objectives of the system, Regulatory Agencies, System Description, System Safety Management and System Safety tasks and Implementation. The SSPP Certification and Plan are included as Appendix A: System Safety Certificate and Appendix B: System Safety Program Plan and Attachments.

## **INTERCOUNTY SERVICES**

Trans Hernando currently has no Intercounty contracts for services; but will continue to pursue opportunities for coordination of such services.

## **EMERGENCY PREPAREDNESS AND RESPONSE**

Mid Florida Community Services, Inc. has an established Safety Policy and Procedures Manual as part of their System Safety Program Plan. This SSPP is included as Appendix B: System Safety Program Plan and Attachments.

## **INSURANCE, SAFETY REQUIREMENTS AND STANDARDS**

Consistent with Chapter 427, F.S., Rule 41-2006 F.A.C.:

1. Trans Hernando will ensure minimum liability insurance requirements of \$200,000 per person and \$300,000 per incident for all transportation services purchased or provided for the transportation disadvantaged. check
2. Trans Hernando will ensure purchasers of service that operations and services are following the safety requirements as specified in Section 341.061(2)(a), Florida Statutes, and Chapter 14-90, F.A.C.
3. Trans Hernando will ensure purchasers of continuing compliance with the applicable state or federal laws relating to drug testing (specifically, Section 112.0455, Florida Statutes; Rule 14-17.012 and Chapters 59A-24 and 60L-19, F.A.C.; and 41 U.S.C. 701; 49 C.F.R., Parts 29 and 382; and 46 C.F.R., Parts 4,5,14 and 16).

## **CONTRACTUAL ARRANGEMENTS**

A coordination contract exists with The ARC of the Nature Coast. Coordination contracts are typically five years and allow the coordinator access to vehicles in emergencies.

## **TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS**

Trans Hernando, a division of Mid Florida Community Services, Inc. is responsible for evaluating their operators and coordination contracts to ensure contractual compliance. This process is conducted on an annual basis to ensure that all contractual elements and delivery services are being met.

## **COST/REVENUE ALLOCATION AND RATE STRUCTURE JUSTIFICATION**

### **COST/REVENUE ALLOCATION NEEDS TO BE UPDATED**

The Cost/Revenue Allocation and Fare Structure Element is intended to provide information about the overall costs of the CTCs operations, as identified in the upcoming year of the Memorandum of Agreement (in this instance, FY 2021/22). The column of the Financial Element will be allocated to the different Transportation Disadvantaged Service segments arranged or provided by the CTC.

#### **BUDGETED COST PER UNIT OF SERVICE**

- Administrative Costs: \$ 2.41 per person/trip
- Operating Costs: \$40.63 per person/trip - \$36.27
- Cost per Unit of Service: \$48.088 per person/trip - \$38.30

### **FARE STRUCTURE**

Transportation Disadvantaged Trip Rates are derived for the most current available Transportation Disadvantage Rate Model.

### **HERNANDO COUNTY SENIOR SERVICES - TITLE III**

Rates for transporting clients to various meal sites in congregate dining programs are a contracted cost of \$11.63

### **CTD - TRIP RELATED GRANT/NON-SPONSORED TRIPS, ONE WAY (TRIP AND EQUIPMENT)**

The Commission for the Transportation Disadvantaged (CTD) reimburses the CTC for 90% of the Fully Allocated System Costs (FASC) after the service is provided.

- Ambulatory: \$29.98
- Wheelchair FASC: \$50.80
- Scooter FASC: \$50.80

### **TD FUND UTILIZATION**

This section provides detail regarding how CTD funds allocated for the transport of non-sponsored persons/trips will be utilized.

#### **Fund Distribution Rate Mechanism (Fare-box)**

As approved by the Local Coordinating Board (LCB), CTD funds are for individual transportation services identified as non-sponsored individuals who because of physical or mental disability, income status, or age are unable to transport themselves or are unable to purchase transportation for

themselves. They are instead dependent upon others to obtain transportation in order to access health care, employment, education, shopping, social activities, or other life-sustaining activities.

Prioritized services are medical, nutritional, grocery shopping, educational, employment, and social activities, respectively. Individual fares for these services are based on the individuals' economic ability to pay as determined through an application for funding process. This application process is based on Federal Poverty Guidelines (FPG) and is broken down as follows:

Fare:      \$1.00 - for clients, whose household income is below 100% of FPG

              \$3.00 - for clients, whose household income is above 100% of FPG

              \$5.00 - for clients, whose household income is above 200% of FPG

**APPENDIX C: VEHICLE INVENTORY REVIEW**

MID FLORIDA COMMUNITY SERVICES, INC.  
 Trans Hernando  
 2021  
 CURRENT VEHICLE INVENTORY

DOT	VEH NO	VEHICLE TYPE	VIN NUMBER	YR	SPEC EQUIP	COND	FUEL	Current Mileage 4/07/2022	SEATING CAPACITY	W/C POS	Grant Source	Contract #	Aquisit. Date	% of Federal Participation	Location
70771	2	TURTLE TOP	1HA3GRCG5HN006165	2017	WC LIFT	EXC	GAS	105,780	10	2	5310	TRIPS-17-CA-ABG	2/20/2018	90%	Trans Hernando
70774	3	TURTLE TOP	1HA3GRCG2HN006379	2017	WC LIFT	EXC	GAS	112,359	10	2	5310	TRIPS-17-CA-ABG	3/13/2018	90%	Trans Hernando
70760	4	TURTLE TOP	1GB3GRCL9G1273272	2017	WC LIFT	EXC	DIESEL	96,620	10	2	5310	TRIPS-17-CA-ABG	5/4/2017	90%	Trans Hernando
	5	TURTLE TOP	1FDWE3FLXFDA28075	2015	WC LIFT	EXC	GAS	136,696	10	2					Trans Hernando
99777	6	TURTLE TOP-3500	1GB3G2CL4F1240573	2016	WC LIFT	EXC	DIESEL	113,441	10	2	5310	TRIPS_11-CA-FCCSC	5/31/2016	90%	Trans Hernando
	7	FORD TRANSIT 350	1FDVU4XM7JKA33119	2018	WC LIFT	EXC	GAS	86,195	10	2					Trans Hernando
	8	TURTLE TOP	1GB3GRCL9G1274499	2016	WC LIFT	EXC	DIESEL	99,741	10	2					Trans Hernando
	9	FORD TRANSIT 350	1FDVU4XM3JKA33120	2018	WC LIFT	EXC	GAS	95,792	10	2					Trans Hernando
	11	FORD TRANSIT 350	1FDVU4X89LKB61870	2020	WC LIFT	EXC	GAS	14,486	10	2					Trans Hernando
	54	TURTLE TOP-3500	1GBJG316871232178	2008	WC LIFT	GOOD	DIESEL	234,610	11	2					Trans Hernando
	56	TURTLE TOP-3500	1GBJG316371233321	2008	WC LIFT	GOOD	DIESEL	256,135	11	2					Trans Hernando

**APPENDIX D: 2022/2023 RATE MODEL WORKSHEET**

**Worksheet for Multiple Service Rates**

CTC: Mid Florida Com Version 1.4  
 County: Hernando

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

**SECTION I: Services Provided**

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?.....

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	STOP! Do NOT Complete Sections II - V for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

**SECTION II: Contracted Services**

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Skip # 2, 3 & 4 and Go to Section III for Ambulatory Service	Skip # 2, 3 & 4 and Go to Section III for Wheelchair Service	Do Not Complete Section II for Stretcher Service	Do Not Complete Section II for Group Service

2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?  
 How many of the total projected Passenger Miles relate to the contracted service?  
 How many of the total projected passenger trips relate to the contracted service?

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank		

Effective Rate for Contracted Services:  
 per Passenger Mile =  
 per Passenger Trip =

Ambulatory	Wheelchair	Stretcher	Group
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

4. If you answered # 3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above) =  
 Rate per Passenger Mile for Balance =

Combination Trip and Mile Rate			
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service



**Worksheet for Multiple Service Rates**

CTC: Mid Florida Com Version 1.4  
 County: Hernando

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

**SECTION III: Escort Service**

1. Do you want to charge all escorts a fee?.....  
 Yes  
 No  
Skip #2 - 4 and Section IV and Go to Section V
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR .....  
 per passenger mile?.....  
 Pass. Trip **Leave Blank**  
 Pass. Mile
3. If you answered Yes to # 1 and completed # 2, for how many of the projected  
 Passenger Trips / Passenger Miles will a passenger be accompanied by an escort?  Leave Blank
4. How much will you charge each escort?.....  Leave Blank

**SECTION IV: Group Service Loading**

1. If the message "You Must Complete This Section" appears to the right, what is the projected total  
 number of Group Service Passenger Miles? (otherwise leave blank).....   
 Loading Rate 0.00 to 1.00  
 ..... And what is the projected total number of Group Vehicle Revenue Miles?

**SECTION V: Rate Calculations for Multiple Services:**

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically  
 \* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above  
 \* Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

		RATES FOR FY: 2022 - 2023			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	144,000	= 87,000	+ 57,000	+ Leave Blank	+ Leave Blank
Rate per Passenger Mile =		\$2.34	\$4.02	\$0.00	\$0.00
				per passenger	per group

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	11,000	= 6,600	+ 4,400	+ Leave Blank	+ Leave Blank
Rate per Passenger Trip =		\$30.62	\$52.50	\$0.00	\$0.00
				per passenger	per group

2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,...

		Combination Trip and Mile Rate			
		Ambul	Wheel Chair	Stretcher	Group
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rate per Passenger Mile for Balance =		\$2.34	\$4.02	\$0.00	\$0.00
				per passenger	per group

		Rates if No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$5.39	\$9.24	\$0.00	\$0.00
				per passenger	per group
Rate per Passenger Trip =		\$70.43	\$120.74	\$0.00	\$0.00
				per passenger	per group

Program These Rates Into Your Medicaid Encounter Data

## Preliminary Information Worksheet

Version 1.4

**CTC Name:** Mid Florida Community Services, Inc.  
**County** (Service Area): Hernando  
**Contact Person:** Miranda Maldonado  
**Phone #** 352-799-1510

### Check Applicable Characteristic:

#### ORGANIZATIONAL TYPE:

- Governmental
- Private Non-Profit
- Private For Profit

#### NETWORK TYPE:

- Fully Brokered
- Partially Brokered
- Sole Source

***Once completed, proceed to the Worksheet entitled "Comprehensive Budget"***

**Comprehensive Budget Worksheet**

Version 1.4

CTC: **Mid Florida Community Services, Inc.**  
 County: **Hernando**

1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7

	Prior Year's <b>ACTUALS</b> from July 1st of <b>2020</b> to June 30th of <b>2021</b>	Current Year's <b>APPROVED</b> Budget, as amended from July 1st of <b>2021</b> to June 30th of <b>2022</b>	Upcoming Year's <b>PROPOSED</b> Budget from July 1st of <b>2022</b> to June 30th of <b>2023</b>	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price.  Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

**REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors!)**

**Local Non-Govt**

Farebox	\$ 17,131	\$ 10,864	\$ 23,000	-36.6%	111.7%	Increase do to ridership increase because of less covid restrictions.
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other						
<b>Bus Pass Program Revenue</b>						

**Local Government**

District School Board						
Compl. ADA Services						
County Cash						
County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services						
Other Cash						
<b>Bus Pass Program Revenue</b>						

**CTD**

Non-Spons. Trip Program	\$ 355,022	\$ 428,163	\$ 428,163	20.6%	0.0%	
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)	\$ 115,169	\$ 167,588	\$ 150,000	45.5%	-10.5%	
<b>Bus Pass Program Revenue</b>						

**USDOT & FDOT**

49 USC 5307						New veterans ride grant.
49 USC 5310						
49 USC 5311 (Operating)	\$ 227,240	\$ 240,000	\$ 240,000	5.6%	0.0%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)			\$ 150,000			
<b>Bus Pass Program Revenue</b>						

**AHCA**

Medicaid						
Other AHCA (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**DCF**

Alcohol, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aging & Adult Serv.						
Other DCF (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**DOH**

Children Medical Services						
County Public Health						
Other DOH (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**DOE (state)**

Carl Perkins						
Div of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**AWI**

WAGES/Workforce Board						
Other AWI (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**DOEA**

Older Americans Act						
Community Care for Elderly						
Other DOEA (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**DCA**

Community Services						
Other DCA (specify in explanation)						
<b>Bus Pass Admin. Revenue</b>						

**Comprehensive Budget Worksheet**

Version 1.4

CTC: **Mid Florida Community Services, Inc.**  
 County: **Hernando**

1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7

	Prior Year's <b>ACTUALS</b> from July 1st of <b>2020</b> to June 30th of <b>2021</b>	Current Year's <b>APPROVED</b> Budget, as <b>amended</b> from July 1st of <b>2021</b> to June 30th of <b>2022</b>	Upcoming Year's <b>PROPOSED</b> Budget from July 1st of <b>2022</b> to June 30th of <b>2023</b>	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price.  Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

**APD**

Office of Disability Determination						
Developmental Services						
Other APD (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**DJJ**

(specify in explanation)						
<b>Bus Pass Program Revenue</b>						

**Other Fed or State**

xxx						
xxx						
xxx						
<b>Bus Pass Program Revenue</b>						

**Other Revenues**

Interest Earnings						
xxxx						
xxxx						
<b>Bus Pass Program Revenue</b>						

**Balancing Revenue to Prevent Deficit**

Actual or Planned Use of Cash Reserve						
---------------------------------------	--	--	--	--	--	--

Balancing Revenue is Short By =		None	None			
<b>Total Revenues =</b>	<b>\$714,562</b>	<b>\$846,615</b>	<b>\$991,163</b>	<b>18.5%</b>	<b>17.1%</b>	

**EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)**

**Operating Expenditures**

Labor	\$ 308,098	\$ 370,213	\$ 389,802	20.2%	5.3%	
Fringe Benefits	\$ 102,771	\$ 137,001	\$ 146,821	33.3%	7.2%	
Services	\$ 12,352	\$ 16,100	\$ 18,500	30.3%	14.9%	
Materials and Supplies	\$ 76,225	\$ 140,500	\$ 213,367	84.3%	51.9%	
Utilities	\$ 23,217	\$ 25,000	\$ 26,000	7.7%	4.0%	
Casualty and Liability	\$ 70,559	\$ 60,000	\$ 72,000	-15.0%	20.0%	
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 52,755	\$ 31,000	\$ 54,000	-41.2%	74.2%	
Operating Debt Service - Principal & Interest						
Leases and Rentals						
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect	\$ 63,642	\$ 66,800	\$ 70,673	5.0%	5.8%	

**Capital Expenditures**

Equip. Purchases with Grant Funds						
Equip. Purchases with Local Revenue						
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						

<b>ACTUAL YEAR GAIN</b>	<b>\$4,943</b>					
<b>Total Expenditures =</b>	<b>\$709,619</b>	<b>\$846,614</b>	<b>\$991,163</b>	<b>19.3%</b>	<b>17.1%</b>	

See NOTES Below.

Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

**ACTUAL** year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.





## Worksheet for Program-wide Rates

CTC: Mid Florida CommuVersion 1.4  
 County: Hernando

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (**GREEN** cells) below

- Do **NOT** include trips or miles related to Coordination Contractors!
- Do **NOT** include School Board trips or miles UNLESS.....
- INCLUDE** all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!
- Do **NOT** include trips or miles for services provided to the general public/private pay UNLESS..
- Do **NOT** include escort activity as passenger trips or passenger miles unless charged the full rate for service!
- Do **NOT** include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES		Fiscal Year
Total <u>Projected</u> Passenger Miles =	144,000	2022 - 2023
<b>Rate Per Passenger Mile = \$</b>	<b>3.01</b>	
Total <u>Projected</u> Passenger Trips =	11,000	
<b>Rate Per Passenger Trip = \$</b>	<b>39.37</b>	<b>Avg. Passenger Trip Length = 13.1 Miles</b>
<b>Rates If No Revenue Funds Were Identified As Subsidy Funds</b>		
<b>Rate Per Passenger Mile = \$</b>	<b>6.92</b>	
<b>Rate Per Passenger Trip = \$</b>	<b>90.56</b>	

**Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"**

**Vehicle Miles**

The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

**Vehicle Revenue Miles (VRM)**

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

- Deadhead
- Operator training, and
- Vehicle maintenance testing, as well as
- School bus and charter services.

**Passenger Miles (PM)**

The cumulative sum of the distances ridden by each passenger.

**E ACTION ITEMS**

2. Community Transportation Coordinator (CTC) – Annual Evaluation

Attached is the Community Transportation Coordinator (CTC) Annual Evaluation conducted by the Planning Agency on March 26, 2022 and completed on April 29, 2022. Based on the Planning Agency Review, we find the CTC to be meeting the required standards of the Transportation Disadvantaged program.

**Staff Recommendation:**

It is recommended that the TDLCB Board review the 2022 Annual CTC Evaluation, provide comments, and approve for submittal to the CTD.

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Attachment: 2022 CTC Evaluation

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# ***CTC***

## ***EVALUATION WORKBOOK***

Florida Commission for the



## **Transportation Disadvantaged**

**CTC BEING REVIEWED:** \_\_\_\_\_

**COUNTY (IES):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REVIEW PERIOD:** \_\_\_\_\_ **REVIEW DATES:** \_\_\_\_\_

**PERSON CONDUCTING THE REVIEW:** \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_

**FORMATTED 2011 – 2012**

# ***LCB EVALUATION WORKBOOK***

<b>ITEM</b>	<b>PAGE</b>
<b>REVIEW CHECKLIST _____</b>	<b>3</b>
<b>EVALUATION INFORMATION _____</b>	<b>5</b>
<b>ENTRANCE INTERVIEW QUESTIONS _____</b>	<b>6</b>
<b>GENERAL QUESTIONS _____</b>	<b>9</b>
<b>CHAPTER 427, F.S. _____</b>	<b>13</b>
<b>RULE 41-2, F.A.C. _____</b>	<b>22</b>
<b>COMMISSION STANDARDS _____</b>	<b>32</b>
<b>LOCAL STANDARDS _____</b>	<b>33</b>
<b>AMERICANS WITH DISABILITIES ACT _____</b>	<b>36</b>
<b>FY GRANT QUESTIONS _____</b>	<b>42</b>
<b>STATUS REPORT _____</b>	<b>43</b>
<b>ON-SITE OBSERVATION _____</b>	<b>45</b>
<b>SURVEYS _____</b>	<b>47</b>
<b>LEVEL OF COST WORKSHEET # 1 _____</b>	<b>52</b>
<b>LEVEL OF COMPETITION WORKSHEET #2 _____</b>	<b>53</b>
<b>LEVEL OF AVAILABILITY WORKSHEET #3 _____</b>	<b>55</b>

<h2 style="margin: 0;">REVIEW CHECKLIST &amp; SCHEDULE</h2>
---

**COLLECT FOR REVIEW:**

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

**ITEMS TO REVIEW ON-SITE:**

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

**ITEMS TO REQUEST:**

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

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

- Measuring Tape
- Stop Watch

## EVALUATION INFORMATION

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

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

**Notes to remember:**

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

**ENTRANCE INTERVIEW QUESTIONS**

**INTRODUCTION AND BRIEFING:**

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

The LCB will be reviewing the following areas:

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

**USING THE APR, COMPILE THIS INFORMATION:**

1. OPERATING ENVIRONMENT:

- RURAL       URBAN

2. ORGANIZATION TYPE:

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



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

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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



**GENERAL QUESTIONS**

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

1. DESIGNATION DATE OF CTC:
  
2. WHAT IS THE COMPLAINT PROCESS?
 

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

Is the process being used?                       Yes     No
  
3. DOES THE CTC HAVE A COMPLAINT FORM?  Yes     No  
 (Make a copy and include in folder)
  
4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD’S UNIFORM SERVICE REPORTING GUIDEBOOK?  
 Yes     No
  
5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?  
 Yes     No

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

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?  
 Yes     No
  
7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?
  
8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?  
 Yes     No

If no, what is done with the complaint?

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

Yes  No If yes, what type?

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

Yes  No

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

Yes  No

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

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

<b>TD Eligibility Verification</b>			
<b>Name of Client</b>	<b>Address of client</b>	<b>Date of Ride</b>	<b>Application on File?</b>

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



**GENERAL QUESTIONS**

Findings:

Recommendations:



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

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

REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report  Yes  No

Any issues that need clarification?  Yes  No

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

List:

b. Memorandum of Agreement  Yes  No

c. Transportation Disadvantaged Service Plan  Yes  No

d. Grant Applications to TD Trust Fund  Yes  No

e. All other grant application (\_\_\_\_%)  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

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

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

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

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

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?

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?

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?

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

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

N/A

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

Yes       No

If YES, what is the goal?

Is the CTC accomplishing the goal?     Yes     No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT?     Yes     No

Comments:



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

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

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

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

Yes  No

If Yes, describe the application review process.

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

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

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

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

**Ensure CTC compliance with the delivery of transportation services, 427.0155(8).**  
*“Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).”*

Review the Operational section of the TDSP

1. Hours of Service:
  
2. Hours of Intake:
  
3. Provisions for After Hours Reservations/Cancellations?
  
4. What is the minimum required notice for reservations?
  
5. How far in advance can reservations be place (number of days)?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

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

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

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

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**CHAPTER 427**

Findings:

Recommendations:









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

**Compliance with 41-2.006(3), Drug and Alcohol Testing**  
*“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”*

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

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

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

	<b>CTC</b>	<b>CC #1</b>	<b>CC #2</b>	<b>CC #3</b>	<b>CC #4</b>
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
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.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

**RULE 41-2**

Findings:

Recommendations:

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

**Compliance with Commission Standards**  
*"...shall adhere to Commission approved standards..."*

Review the TDSP for the Commission standards.

<b>Commission Standards</b>	<b>Comments</b>
Local toll free phone number must be posted in all vehicles.	
Vehicle Cleanliness	
Passenger/Trip Database	

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

**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.

<b>Local Standards</b>	<b>Comments</b>
Transport of Escorts and dependent children policy	
Use, Responsibility, and cost of child restraint devices	
Out-of-Service Area trips	
CPR/1st Aid	
Driver Criminal Background Screening	
Rider Personal Property	
Advance reservation requirements	
Pick-up Window	

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

**LOCAL STANDARDS**

Findings:

Recommendations:

**COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT**

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

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

ARE ACCESSIBLE FORMATS ON THE SHELF?  Yes  No

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

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

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

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

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

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

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

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

IS A RAMP PROVIDED?  Yes  No

ARE THE BATHROOMS ACCESSIBLE?  Yes  No

## Bus and Van Specification Checklist

**Name of Provider:**

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

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

**Person Conducting Review:**

**Date:**

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

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

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

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

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

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

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

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

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

**While inside the vehicle:**

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

**Vehicles under 22 feet must have:**

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

**Vehicles over 22 feet must have:**

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

## COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor

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

Yes     No



**ADA COMPLIANCE**

Findings:

Recommendations:

**FY \_\_\_\_ / \_\_\_\_ GRANT QUESTIONS**

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

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

Yes  No

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

Yes  No

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

Yes  No

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

DATE OF LAST REVIEW: \_\_\_\_\_

STATUS REPORT DATED: \_\_\_\_\_

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**ON-SITE OBSERVATION OF THE SYSTEM**

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

Date of Observation:  will be scheduled prior to meeting

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance?  Yes  No

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

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

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

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

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

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

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

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



2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: mag

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other: 3-months

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Judy - Chris - They are all great

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name)
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you





I would be totally  
Housebound if not for Trans-Hernando

- "I would be totally housebound if  
not for Trans Hernando"

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other:

2) How often do you normally use Trans Hernando?

- Daily 1-2 Times/Week 3-5 Times/Week Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

- Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

- Medical Education/Training
Employment Life-Sustaining
Nutritional Other: Shopping

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

All The Drivers That works for Hernando County Transportation

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Maria Dylak-James Dylak
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you



2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: DRIVER

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other: 2-4 MONTHLY
SOME TIMES MORE

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

Medical Education/Training
Employment Life-Sustaining
Nutritional Other: SHOPPING

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

CHRIS

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) way of getting to food
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications. Shopping

He is also friendly, Talks to you like he has known you a long time. Thank you Dr. appointments

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: internet

2) How often do you normally use Trans Hernando?

- Daily 1-2 Times/Week 3-5 Times/Week Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

- Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

- Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

All I've Ridden with have Been Excellent

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) John A Williams
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

I couldn't make most of my doctor appointments without Trans-Handed

I've never been late

Superior Staffing - from Dispatch to The Drivers

### 2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend

Workplace

Current Rider

Hospital/Doctor

Veterans Services

Other: I saw the phone number on one of the vans

2) How often do you normally use Trans Hernando?

Daily

1-2 Times/Week

3-5 Times/Week

Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes

~~No~~

If Yes, what was the reason given for refusing transportation services?

Ineligible

Space not available

Lack of funds

Destination outside service area

Called too late

Other: \_\_\_\_\_

4) What do you normally use the service for?

Medical

Education/Training

Employment

Life-Sustaining

Nutritional

Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes

No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes

No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

K.M + Kelly

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name)

[Signature]

Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

Both Kim + Kelly are  
very helpful, kind and make  
my trips very pleasant  
They make sure you are  
safe with my walker is fixed down  
and I am clicked in my seat.  
They also make sure to open  
doors to building I am  
going into.  
They just sure you are  
comfortable & safe



**2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY**

1) How did you find out about Trans Hernando and its services?

Friend                                      Workplace                                      Current Rider  
Hospital/Doctor                              Veterans Services                              Other: Mother

2) How often do you normally use Trans Hernando?

Daily      1-2 Times/Week      3-5 Times/Week      Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes      No

If Yes, what was the reason given for refusing transportation services?

Ineligible                                      Space not available  
Lack of funds                                      Destination outside service area  
Called too late                                      Other: \_\_\_\_\_

4) What do you normally use the service for?

Medical                                      Education/Training  
Employment                                      Life-Sustaining  
Nutritional                                      Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes      No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes      No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Nancy Doherty  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you



2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend

Workplace

Current Rider

Hospital/Doctor

Veterans Services

Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

Daily

1-2 Times/Week

3-5 Times/Week

Other: Medical Shopping

3) Have you ever been denied transportation services?

Yes

No

If Yes, what was the reason given for refusing transportation services?

Ineligible

Space not available

Lack of funds

Destination outside service area

Called too late

Other: \_\_\_\_\_

4) What do you normally use the service for?

Medical

Education/Training

Employment

Life-Sustaining

Nutritional

Other: SHOPPING

5) Have you ever had a problem with your trip?

Yes

No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes

No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Judy, Lewis Kim, Chris, Kelly,

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Dorise West

Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

We use Service for Wheel Chair  
TRANSPORTATION TO Doctor VISITS +  
Shopping for food and Accessories  
Please keep this service ON going  
Very Good for Seniors and People  
that do not Drive or have a  
Vehicle. My husband is a disabled  
Veteran We have no car available.  
Thanks you for your continued  
SUPPORT OF US ALL.

### 2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend
- Workplace
- Hospital/Doctor
- Veterans Services
- Current Rider
- Other: WORD OF MOUTH

2) How often do you normally use Trans Hernando?

- Daily
- 1-2 Times/Week
- 3-5 Times/Week
- Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes No *It was my fault called to late*

If Yes, what was the reason given for refusing transportation services?

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Called too late
- Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical
- Education/Training
- Employment
- Life-Sustaining
- Nutritional
- Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

all is so kind, generous

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) *It means alot, I couldn't get to my appointments without these services*  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

*Caroline R Putnam*

**2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY**

1) How did you find out about Trans Hernando and its services?

Friend                                      Workplace                                      Current Rider  
Hospital/Doctor                              Veterans Services                              Other: daughter

2) How often do you normally use Trans Hernando?

Daily    1-2 Times/Week    3-5 Times/Week    Other: 1  
2 X's a month

3) Have you ever been denied transportation services?

Yes  No

If Yes, what was the reason given for refusing transportation services?

Ineligible                                      Space not available  
Lack of funds                                      Destination outside service area  
Called too late                                      Other: \_\_\_\_\_

4) What do you normally use the service for?

Medical                                      Education/Training  
 Employment                                      Life-Sustaining  
 Nutritional                                      Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes  No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes     No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Kim K - good driver - friendly -

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Albert + Carolyn Hoffmann  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

My husband can not get into car any more  
I didnt know how to get him to dr appt  
my daughter made phone calls and found you  
What an awesome service

Every one has been wonderful I forgot all the names  
Thank you Thank You everyone is great!!

Caryn Hoffman :)

**2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY**

1) How did you find out about Trans Hernando and its services?

- Friend
- Workplace
- Hospital/Doctor
- Veterans Services
- Current Rider
- Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

- Daily
- 1-2 Times/Week
- 3-5 Times/Week
- Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes  No

If Yes, what was the reason given for refusing transportation services?

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Called too late
- Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical
- Education/Training
- Employment
- Life-Sustaining
- Nutritional
- Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes  No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes  No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

No

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) \_\_\_\_\_  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you



I, Mable Holloway would like to attend  
to Jermon Brown on Tuesday and Thursday  
when I call "Tran Hernandez" or speak  
to Driver. If I have an appointment to  
the Dr's

Thank You

Mable Holloway

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend (circled) Workplace Current Rider
Hospital/Doctor Veterans Services Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

- Daily 1-2 Times/Week 3-5 Times/Week Other: 3 times A Month

3) Have you ever been denied transportation services?

Yes No (circled)

If Yes, what was the reason given for refusing transportation services?

- Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical (circled) Education/Training
Employment Life-Sustaining
Nutritional Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes No (circled)

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes (circled) No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Judy & Chris they are AWESOME

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) [Signature]
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

This service allows me to keep my  
independence and my dignity. I'm so  
grateful. THANK YOU.

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other:

2) How often do you normally use Trans Hernando?

- Daily 1-2 Times/Week 3-5 Times/Week Other: As Needed

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

- Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

- Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Kelly is best driver I've seen in a long time

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Karen G. Pace
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Also, Karen was exceptionally helpful! Thank you.

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend, Workplace, Current Rider, Hospital/Doctor, Veterans Services, Other:

2) How often do you normally use Trans Hernando?

- Daily, 1-2 Times/Week, 3-5 Times/Week, Other:

3) Have you ever been denied transportation services?

- Yes, No

If Yes, what was the reason given for refusing transportation services?

- Ineligible, Space not available, Lack of funds, Destination outside service area, Called too late, Other:

4) What do you normally use the service for?

- Medical, Education/Training, Employment, Life-Sustaining, Nutritional, Other:

5) Have you ever had a problem with your trip?

- Yes, No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

- Yes, No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

EVERYONE IS GREAT

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) [Signature] Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend, Hospital/Doctor, Workplace, Veterans Services, Current Rider, Other:

2) How often do you normally use Trans Hernando?

- Daily, 1-2 Times/Week, 3-5 Times/Week, Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

- Ineligible, Lack of funds, Called too late, Space not available, Destination outside service area, Other:

4) What do you normally use the service for?

- Medical, Employment, Nutritional, Education/Training, Life-Sustaining, Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

All the drivers are fantastic

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name)
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

This has been a fabulous service that my disabled brother is very grateful for. The drivers are very professional and Brian really enjoys them and their friendly and courteous attitude.

~~Thank you~~ Thank you so much  
Tara-Hernandez. This service has been a real blessing for our family.

Mike and Brian  
Ahen

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: Health Center

2) How often do you normally use Trans Hernando?

- Daily 1-2 Times/Week 3-5 Times/Week Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

- Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

- Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Matt

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Rena L. Emerson
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you



Joee helps my husband Ken  
get to Dialysis

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend, Workplace, Current Rider, Hospital/Doctor, Veterans Services, Other:

2) How often do you normally use Trans Hernando?

- Daily, 1-2 Times/Week, 3-5 Times/Week, Other:

3) Have you ever been denied transportation services?

- Yes, No

If Yes, what was the reason given for refusing transportation services?

- Ineligible, Space not available, Lack of funds, Destination outside service area, Called too late, Other:

4) What do you normally use the service for?

- Medical, Education/Training, Employment, Life-Sustaining, Nutritional, Other:

5) Have you ever had a problem with your trip?

- Yes, No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

- Yes, No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

8) What does transportation mean to you? Please use space provided on back of page. Permission granted by (please sign name) Megan McGinley Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend
- Workplace
- Current Rider
- Hospital/Doctor
- Veterans Services
- Other: center

2) How often do you normally use Trans Hernando?

- Daily
- 1-2 Times/Week
- 3-5 Times/Week
- Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

- Yes
- No

If Yes, what was the reason given for refusing transportation services?

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Called too late
- Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical
- Education/Training
- Employment
- Life-Sustaining
- Nutritional
- Other: center

5) Have you ever had a problem with your trip?

- Yes
- No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

- Yes
- No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

All are very nice.

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) \_\_\_\_\_  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

It means getting to places like  
the center. The people are polite  
and nice, I enjoy the bus. It helps  
me to get out.

2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend
- Workplace
- Current Rider
- Hospital/Doctor
- Veterans Services
- Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

- Daily
- 1-2 Times/Week
- 3-5 Times/Week
- Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes  No

If Yes, what was the reason given for refusing transportation services?

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Called too late
- Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical
- Education/Training
- Employment
- Life-Sustaining
- Nutritional
- Other: Center

5) Have you ever had a problem with your trip?

Yes  No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes  No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) They are all my nice.  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

This bus transportation means  
getting out and meeting people.  
It makes us all happy.  
Thank you

2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend  Hospital/Doctor
- Workplace
- Current Rider
- Veterans Services
- Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

- Daily
- 1-2 Times/Week
- 3-5 Times/Week
- Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes  No

If Yes, what was the reason given for refusing transportation services?

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Called too late
- Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical
- Education/Training
- Employment
- Life-Sustaining
- Nutritional
- Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes  No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes  No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) April Raib  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend  
Hospital/Doctor  
Workplace  
Veterans Services  
Current Rider  
Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible  
Lack of funds  
Called too late  
Space not available  
Destination outside service area  
Other: \_\_\_\_\_

4) What do you normally use the service for?

Medical  
Employment  
Nutritional  
Education/Training  
Life-Sustaining  
Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) \_\_\_\_\_  
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Thank you



I would have no way to get to  
D. Appst.

Barbara Flattery

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other:

2) How often do you normally use Trans Hernando?

- Daily 1-2 Times/Week 3-5 Times/Week Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

- Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

- Medical Education/Training
Employment Life-Sustaining
Nutritional Other: Shopping

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

ALL THE DRIVERS ARE VERY IMPORTANT TO ME

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) LIFE LINE

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Thank you



2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend, Hospital/Doctor, Workplace, Veterans Services, Current Rider, Other:

2) How often do you normally use Trans Hernando?

- Daily, 1-2 Times/Week, 3-5 Times/Week, Other:

3) Have you ever been denied transportation services?

- Yes, No

If Yes, what was the reason given for refusing transportation services?

- Ineligible, Space not available, Lack of funds, Destination outside service area, Called too late, Other:

4) What do you normally use the service for?

- Medical, Education/Training, Employment, Life-Sustaining, Nutritional, Other: YMCA

5) Have you ever had a problem with your trip?

- Yes, No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

- Yes, No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

KIM

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Peter M Tripp

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Thank you

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other:

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other: 3

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Kim, (office)

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Deane Nipper

Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

office, drives him Kay

Every one is so

Nice, understand, Helpful

the best

helping all of  
us

Thank you  
to all

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: Church

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Kelly She is one of the nicest people I've ever met

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) Paula Carter

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Thank you

The BUS takes me to Lunch  
programming For Breakfast, Lunch  
I would Be stuck in my chair  
Living in Limbo Seeing the world  
through my computer.



2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: MAIL FLYER

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other: ONCE IN AWHILE

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

Medical Education/Training
Employment Life-Sustaining
Nutritional Other:

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

Kelly

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) M. Jankowski
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

I live on Social Security and can't afford the gas to drive 45 miles ~~to~~ to the hospital e' 45 miles back home. The shuttle is very important to me.

**2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY**

1) How did you find out about Trans Hernando and its services?

Friend                                      Workplace                                      Current Rider  
Hospital/Doctor                              Veterans Services                              Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

Daily    1-2 Times/Week    3-5 Times/Week    Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

Yes    No

If Yes, what was the reason given for refusing transportation services?

Ineligible                                      Space not available  
Lack of funds                                      Destination outside service area  
Called too late                                      Other: \_\_\_\_\_

4) What do you normally use the service for?

Medical                                      Education/Training  
Employment                                      Life-Sustaining  
Nutritional                                      Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

Yes    No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

Yes    No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

all drivers

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) E. Elizabeth Stutzinger  
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

2022 TRANS HERNANDO  
RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

- Friend
- Workplace
- Current Rider
- Hospital/Doctor
- Veterans Services
- Other: \_\_\_\_\_

2) How often do you normally use Trans Hernando?

- Daily
- 1-2 Times/Week
- 3-5 Times/Week
- Other: \_\_\_\_\_

3) Have you ever been denied transportation services?

- Yes
- No

If Yes, what was the reason given for refusing transportation services?

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Called too late
- Other: \_\_\_\_\_

4) What do you normally use the service for?

- Medical
- Education/Training
- Employment
- Life-Sustaining
- Nutritional
- Other: \_\_\_\_\_

5) Have you ever had a problem with your trip?

- Yes
- No

If Yes, 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: \_\_\_\_\_

6) Do you have access to a smart phone or computer with internet?

- Yes
- No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

all employees are quiet good peoples

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name) \_\_\_\_\_

Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

All of the people that I've  
met are nice to all of us, I  
thank them so much.

Gert Mobley

2022 TRANS HERNANDO RIDER/BENFICIARY SURVEY

1) How did you find out about Trans Hernando and its services?

Friend Workplace Current Rider
Hospital/Doctor Veterans Services Other: Driver

2) How often do you normally use Trans Hernando?

Daily 1-2 Times/Week 3-5 Times/Week Other:

3) Have you ever been denied transportation services?

Yes No

If Yes, what was the reason given for refusing transportation services?

Ineligible Space not available
Lack of funds Destination outside service area
Called too late Other:

4) What do you normally use the service for?

Medical Education/Training
Employment Life-Sustaining
Nutritional Other: Senior Center

5) Have you ever had a problem with your trip?

Yes No

If Yes, 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:

6) Do you have access to a smart phone or computer with internet?

Yes No

7) Is there an employee at Trans Hernando you would like to specifically recognize?

All Employees are very helpful and accomodating

8) What does transportation mean to you? Please use space provided on back of page.

Permission granted by (please sign name)

Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.

Thank you

I sure enjoy taking the transport  
everywhere I go, I've met so many  
Nice people & Wonderful Drivers.  
The office Staff are so nice too  
Its such a Blessing to have nice  
service.

# Contractor Survey

## \_\_\_\_\_ 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

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

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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? \_\_\_\_\_

**Level of Cost  
Worksheet 1**

**Insert Cost page from the AOR.**

County: Hernando  
 CTC: Mid Florida Community Services, Inc.  
 Contact: Miranda Maldonado  
 1122 Ponce De Leon Blvd  
 Brooksville, FL 34601  
 352-799-1510

Email: mimaldonado@mfcs.us.com

Demographics	Number
Total County Population	198,792
Unduplicated Head Count	792



Trips By Type of Service	2019	2020	2021
Fixed Route (FR)	0	0	0
Deviated FR	0	0	0
Complementary ADA	0	0	0
Paratransit	73,644	55,794	57,845
TNC	0	0	0
Taxi	0	0	0
School Board (School Bus)	0	0	0
Volunteers	0	0	0
<b>TOTAL TRIPS</b>	<b>73,644</b>	<b>55,794</b>	<b>57,845</b>

Passenger Trips By Trip Purpose	2019	2020	2021
Medical	20,461	14,076	9,502
Employment	5,202	2,956	2,295
Ed/Train/DayCare	26,706	25,748	43,669
Nutritional	7,978	4,693	943
Life-Sustaining/Other	13,297	8,321	1,436
<b>TOTAL TRIPS</b>	<b>73,644</b>	<b>55,794</b>	<b>57,845</b>

Passenger Trips By Revenue Source	2019	2020	2021
CTD	16,126	12,488	9,952
AHCA	0	0	0
APD	50,765	12,467	19,157
DOEA	2,308	1,750	0
DOE	0	0	0
Other	4,445	29,089	28,736
<b>TOTAL TRIPS</b>	<b>73,644</b>	<b>55,794</b>	<b>57,845</b>

Trips by Provider Type	2019	2020	2021
CTC	18,434	14,238	9,952
Transportation Operator	0	0	0
Coordination Contractor	55,210	41,556	47,893
<b>TOTAL TRIPS</b>	<b>73,644</b>	<b>55,794</b>	<b>57,845</b>

Vehicle Data	2019	2020	2021
Vehicle Miles	677,101	569,720	466,787
Roadcalls	2	5	5
Accidents	0	0	4
Vehicles	46	46	45
Drivers	34	34	35

Financial and General Data	2019	2020	2021
Expenses	\$1,699,762	\$1,232,559	\$1,299,180
Revenues	\$1,720,957	\$1,223,813	\$1,304,123
Commendations	46	29	0
Complaints	20	13	0
Passenger No-Shows	352	352	248
Unmet Trip Requests	0	0	0

Performance Measures	2019	2020	2021
Accidents per 100,000 Miles	0	0	0.86
Miles between Roadcalls	338,550	113,944	93,357
Avg. Trips per Passenger	72.48	64.06	73.04
Cost per Trip	\$23.08	\$22.09	\$22.46
Cost per Paratransit Trip	\$23.08	\$22.09	\$22.46
Cost per Total Mile	\$2.51	\$2.16	\$2.78
Cost per Paratransit Mile	\$2.51	\$2.16	\$2.78

<h2 style="margin: 0;">Level of Competition</h2> <h3 style="margin: 0;">Worksheet 2</h3>
--

1. Inventory of Transportation Operators in the Service Area

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

2. How many of the operators are coordination contractors? \_\_\_\_\_

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? \_\_\_\_\_

Does the CTC have the ability to expand? \_\_\_\_\_

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

5. Does the CTC have a competitive procurement process? \_\_\_\_\_

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

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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
Age of company	Safety Program
Previous experience	Capacity
Management	Training Program
Qualifications of staff	Insurance
Resources	Accident History
Economies of Scale	Quality
Contract Monitoring	Community Knowledge
Reporting Capabilities	Cost of the Contracting Process
Financial Strength	Price
Performance Bond	Distribution of Costs
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? \_\_\_\_\_

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

The request for bids/proposals was distributed:

\_\_\_\_\_ Locally      \_\_\_\_\_ Statewide      \_\_\_\_\_ Nationally

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

**Level of Availability (Coordination)**  
**Worksheet 3**

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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