

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: _____

LCB EVALUATION WORKBOOK

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REVIEW CHECKLIST & SCHEDULE

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

3. NETWORK TYPE:

- ☐ SOLE PROVIDER
☐ PARTIAL BROKERAGE
☐ COMPLETE BROKERAGE

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

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION
CONTRACTS WITH: [There are none](#)

| Coordination Contract Agencies | | | | |
|--------------------------------|---------|------------------|------------------|---------|
| Name of Agency | Address | City, State, Zip | Telephone Number | Contact |
| | | | | |
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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? [See Appendix B for full text](#)

IS THIS PROCESS IN WRITTEN FORM? ☐ Yes ☐ No
(Make a copy and include in folder) [See Appendix C](#)

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 see Appendix B](#)

Please Verify These Passengers Have an Eligibility Application on File:

| TD Eligibility Verification | | | Application on File? |
|-----------------------------|-------------------|--------------|----------------------|
| Name of Client | Address of client | Date of Ride | |
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13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?
18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC contracts for compliance with 427.0155(1), F.S.

“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”

ARE YOUR CONTRACTS UNIFORM? ☐ Yes ☐ No

IS THE CTD’S STANDARD CONTRACT UTILIZED? ☐ Yes ☐ No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?

☐ Yes ☐ No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)

☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

| Operator Name | Exp. Date | SSPP | AOR Reporting | Insurance |
|---------------|-----------|------|---------------|-----------|
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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

[See Appendix B for Overflow Text](#)

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

| Operator | Insurance Cost |
|----------|----------------|
| | |
| | |
| | |
| | |

Rates were copied from evaluation completed in 2024 due to limited information available from Palm Tran Connection.

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

☐ Yes ☐ No

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

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

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

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

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

No information provided during time of CTC Evaluation.

DRIVER REQUIREMENT CHART

[illegible]

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

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

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

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

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

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

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

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: _____

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)]

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

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

Cost [CTC and Transportation Alternative (Alt.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

RULE 41-2

Findings:

Recommendations:

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

Compliance with Commission Standards

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

Review the TDSP for the Commission standards.

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

| | |
|--|--|
| Adequate seating | |
| Driver Identification | |
| Passenger Assistance See Appendix B | |
| 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.

| Local Standards | Comments |
|--|----------|
| 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 <i>Average age of fleet:</i> | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| Complaints <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 | |

Information not provided

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:**

| Provision of Service | Training Provided | Written Policy | Neither |
|--|------------------------------|---------------------------|----------------|
| Accommodating Mobility Aids | | | |
| Accommodating Life Support Systems (O ₂ 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.

[No information was provided](#)

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 |
|--------------------------------------|---|------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2024 Data used due to minimal changes.

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:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance? ☐ Yes ☐ No

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

Did the driver render an appropriate greeting?

☐ Yes ☐ No ☐ Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

☐ Yes ☐ No

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

☐ Yes ☐ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

☐ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☐ Yes ☐ No

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

☐ Yes ☐ No

If used, was the lift in good working order?

☐ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☐ Yes ☐ No

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

☐ Yes ☐ No

If No, please explain:

CTC: _____ County: _____

Date of Ride: _____

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

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

Note: Attach the manifest

Due to the success of previous year's online surveys, the TPA chose to use the Survey123 platform to supplement phone calls. With both the phone calls and online survey, we were able to reach 288 riders in total.

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

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

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes

☐ No. If no, skip to question # 4

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

☐ None ☐ 3-5 Times

☐ 1-2 Times ☐ 6-10 Times

If none, skip to question # 4.

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

☐ Ineligible ☐ Space not available

☐ Lack of funds ☐ Destination outside service area

☐ Other _____

5) What do you normally use the service for?

☐ Medical ☐ Education/Training/Day Care

☐ Employment ☐ Life-Sustaining/Other

☐ Nutritional

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

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

☐ No. If no, skip to question # 6

What type of problem did you have with your trip?

☐ Advance notice

☐ Cost

☐ Pick up times not convenient

☐ Late pick up-specify time of wait

☐ Assistance

☐ Accessibility

☐ Service Area Limits

☐ Late return pick up - length of wait

☐ Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

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

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

Additional Comments:

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 |
|--------------------------------------|



CTC Expense Sources

County: Palm Beach

CTC Status: Complete

CTC Organization: Palm Beach County
Board of Commissioners

Fiscal Year: 07/01/2023 - 06/30/2024

CTD Status: Complete

| | Selected Reporting Period | | | Previous Reporting Period | | |
|--|--------------------------------|--------------------------|----------------------|--------------------------------|--------------------------|----------------------|
| | CTC & Transportation Operators | Coordination Contractors | Total | CTC & Transportation Operators | Coordination Contractors | Total |
| Expense Sources | | | | | | |
| Labor | \$ 4,776,508 | \$ 0 | \$ 4,776,508 | \$ 4,313,083 | \$ 0 | \$ 4,313,083 |
| Fringe Benefits | \$ 1,852,782 | \$ 0 | \$ 1,852,782 | \$ 1,719,293 | \$ 0 | \$ 1,719,293 |
| Services | \$ 20,250 | \$ 0 | \$ 20,250 | \$ 11,100 | \$ 0 | \$ 11,100 |
| Materials & Supplies Consumed | \$ 4,631 | \$ 0 | \$ 4,631 | \$ 269,010 | \$ 0 | \$ 269,010 |
| Utilities | \$ 199,892 | \$ 0 | \$ 199,892 | \$ 0 | \$ 0 | \$ 0 |
| Casualty & Liability | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Taxes | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Miscellaneous | \$ 186,527 | \$ 0 | \$ 186,527 | \$ 0 | \$ 0 | \$ 0 |
| Interest | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Leases & Rentals | \$ 0 | \$ 0 | \$ 0 | \$ 1,975 | \$ 0 | \$ 1,975 |
| Capital Purchases | \$ 7,089,545 | \$ 0 | \$ 7,089,545 | \$ 0 | \$ 0 | \$ 0 |
| Contributed Services | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Allocated Indirect Expenses | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Purchased Transportation Services | | | | | | |
| Bus Pass | \$ 0 | N/A | \$ 0 | \$ 0 | N/A | \$ 0 |
| School Board (School Bus) | \$ 0 | N/A | \$ 0 | \$ 0 | N/A | \$ 0 |
| Transportation Network Companies (TNC) | \$ 0 | N/A | \$ 0 | \$ 0 | N/A | \$ 0 |
| Taxi | \$ 0 | N/A | \$ 0 | \$ 0 | N/A | \$ 0 |
| Contracted Operator | \$ 47,580,406 | N/A | \$ 47,580,406 | \$ 40,866,291 | N/A | \$ 40,866,291 |
| Total - Expense Sources | \$ 61,710,541 | \$ 0 | \$ 61,710,541 | \$ 47,180,752 | \$ 0 | \$ 47,180,752 |

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

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

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

| | |
|--|---------------------------------|
| | Scope of Work |
| | Safety Program |
| | Capacity |
| | Training Program |
| | Insurance |
| | Accident History |
| | Quality |
| | Community Knowledge |
| | Cost of the Contracting Process |
| | Price |
| | Distribution of Costs |
| | 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? For all to see/as posted on the county's website.

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?

| |
|--|
| |
|--|

Appendix B: Overflow Text

General Questions, Page 9 and 10

2. WHAT IS THE COMPLAINT PROCESS?

Palm Tran Connection records all complaints that come through email, phone calls, and social media, and determines to whom the complaint should be directed to for research and resolution via the Customer Complaint Department. When a Transportation Operator receives a complaint from Palm Tran Connection, they are required to service complaints within five business days or 24 hours if it is a complaint regarding safety or serious misconduct. Palm Tran Connection reviews all responses to complaints and is the final arbiter as to whether complaints have been adequately resolved by the Operator. The party logging the complaint is then notified of the resolution via postcard when the complaint has been received and a written response when the complaint has been resolved. Clients can communicate with the CTD if they are still not happy after the resolution. Online feedback is also available through www.PalmTran.org. Palm Tran Connection service is available as part of the online scheduling website.

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

Palm Tran Connection determines eligibility for paratransit programs and enters eligibility information for each application (i.e. conditions, dates, etc.) into its paratransit database. Service will be provided the next service day after service eligibility has been determined and is in compliance with existing state and federal guidelines. Certification by the applicant must be submitted to Palm Tran Connection. Licensed medical verification or proof of income level may be required. Palm Tran Connection will determine eligibility within 21 days of receiving an application. Temporary eligibility may be given to those applying to allow them to complete their applications and can be for up to 21 days. For life-sustaining appointments a quick eligibility form may be processed until the full application is received. Once eligibility has been determined, Palm Tran Connection will mail a letter to the applicant explaining eligibility determination, authorized services available, eligibility expiration, re- application process and the appeals process. Applicants may request an application by calling (561) 649-9838, downloading an application from Palm Tran Connection's website (PalmTran.org) or requesting an application in person at Palm Tran Connection's office (Monday through Friday between 8:00 a.m. and 4:30 p.m.).

Compliance with Chapter 427, F.S. page 15, 16, 19

What type of monitoring does the CTC perform on its operator(s) and how often is it conducted?

The CTC has Service Coordinators (road supervisors) who perform both on-site annual inspections and random inspections as-needed. Inspections encompass all aspects of the contracts including vehicles, training, and drivers. In addition to the service coordinators, the CTC has a Drug and Alcohol Coordinator who ensures the transportation operators as well as Palm Tran employees are following the Federal Drug and Alcohol Guidelines. Additionally, the CTC has a Contract Manager and Financial Analyst who oversee the Operators' contracts legal and financial aspects. The CTC also monitors the quarterly AOR reports submitted by the Operators to ensure they are operating in the most effective manner. In addition to annual inspections, the CTC conducts semi-annually Motor Vehicle Reports (MVRs) and weekly safety-sensitive checks on contracted drivers per contract.

How is the CTC using School Buses in the Coordinated System?

At this time, there is no specific utilization of school buses by Palm Tran Connection. There have been discussions with the School Board of school bus usage, but with the size of Palm Beach County and the average one-way trip length being over 15 miles, school buses would not be conducive to the wear and tear of paratransit trips. School buses are currently not a viable cost-effective alternative.

Comments:

There is a need to unload charter and private school trips to another transportation service or get the rides subsidized by the schools, as the times of services to get the students to and from school overlap with Connection peak trip period, and the schools don't pay Connection for the trips. Connection should work with the School District of Palm Beach County to develop an agreement with charter and private schools to subsidize costs for paratransit services provided to the students if possible.

The CTC needs help to meet the ever-growing demand for paratransit services. They struggle with ADA, Paratransit, Senior, and Charter School demands. Neither the Senior Programs nor Charter Schools are contributing adequately to assist with their demands for service. To maintain the quality of service, the transportation system will have to increase its capacity, which will, in turn, increase the expenses.

Hours of Service:

Friday 4:50 a.m. to 11:00 p.m.

Saturday 6:00 a.m. to 10:45 p.m.

Sunday 7:45 a.m. to 8:00 p.m.

Provisions for After Hours Reservations/Cancellations?

The CTC provides an IVR (Interactive Voice Recognition System) after hours. The system calls clients the night before the trip and allows them to confirm or cancel a trip. Confirmation codes are provided to clients and displayed in the Trapeze Scheduling Software. Voicemails are left for clients who do not respond. Clients can also dial in and press option “5” to control their trips. After hours, they are able to confirm or cancel their reservations without an agent.

Compliance with Commission Standards, Page 30

Passenger Assistance

Both ambulatory and non-ambulatory paratransit service is provided according to ADA rules and guidelines. ADA paratransit services may include requiring riders to transfer from one paratransit vehicle to another or to a fixed route vehicle as part of the trip. Palm Tran Connection does not accept same day reservations.

Drivers must assist riders, upon request, in getting on and off of the vehicle. The assistance may include lending a supporting arm or guiding and assisting up or down stairs. Drivers may not assist riders in wheelchairs up or down more than one step. Drivers are required to carry packages weighing less than thirty-five (35) pounds in total. Drivers are prohibited from lifting or carrying passengers and/or their children.

Compliance with Local Standards, Page 33

Transport of Escorts and Dependent Children Policy:

Palm Tran Connection allows riders to travel with a Personal Care Attendant (PCA), service animal, children, and one (1) companion (or escort). Additional individuals beyond that first companion are carried only on a space available basis. Riders must reserve a space for the companion(s) when they reserve their trip.

PCA's and anyone else approved to accompany the rider must board the vehicle at the rider's scheduled location and time of pick-up. PCA's and escorts are subject to the same rules and regulations as a Palm Tran Connection rider. Riders may transport pets in a commercially available pet carrier which must fit under the rider's seat or on their lap. Newborns to five-years old must ride in a federally approved child safety seat provided by the parent.

A PCA is a person traveling as a necessary aid to facilitate travel by a person with disabilities who cannot travel alone or children age eight (8) and under. Riders are limited to one (1) PCA. Activities performed by a PCA may include but not limited to: mobility assistance, personal care, or communication (translation, interpretation, reading and assistance at the destination). Palm Tran Connection will not provide a PCA for a rider.

Use, Responsibility, and cost of child restraint devices:

Children who are between the ages of birth and four (4) years old inclusive and/or children who weigh less than forty (40) pounds must travel with a responsible guardian (PCA) and must ride in a child safety seat which complies with Section 316.613, Florida Statutes. It is Palm Tran Connection's policy that it is the individual customer's responsibility to provide the child safety seat.

Out-of-Service Area trips:

No service is provided beyond the County's borders without prior approval of Palm Tran Connection or LCB. No TD service is provided outside of the State of Florida. However, service is available to access Tri-Rail stations; therefore, it is possible to travel to any accessible station in Broward or Miami-Dade Counties. Paratransit service connects with Broward County Transit at a southern Palm Beach County transfer location.

CPR/1st Aid:

Palm Tran Connection does not require the drivers to be trained in CPR/First Aid. Drivers are directed to notify their dispatcher of any incident involving either the safety of a passenger or the injury of a passenger. The Dispatcher is required to contact 911 for the usage of CPR or First Aid.

Rider Personal Property:

Transportation Operators are required to transport packages belonging to riders if the rider is on board with his/her package and the package fits on the rider's lap or beneath his/her seat. Packages must be no larger than two (2) large paper grocery bags or four (4) smaller plastic handle bags and weigh no more than twenty-five (25) pounds combined.

Transportation Operators are prohibited from transporting illegal controlled substances (excluding prescription medication), hazardous materials, firearms, or explosive devices.

Pick-up Window:

Pickup Window: The scheduled vehicle is required to arrive at the rider's origin within a thirty (30) minute pickup window as shown on the vehicle's manifest. Riders must be ready and waiting to board the vehicle at all times during the thirty (30) minute pickup window. The pickup window occurs 15 minutes before to 15 minutes after the given pickup time.

Boarding Window: When the scheduled vehicle arrives within the scheduled pickup window, the rider has five (5) minutes to board the vehicle and to be seat-belted and/or properly secured. If the rider is unable to board within this "boarding window", the provider will be instructed to proceed with the route, and the rider will be charged with a "No Show". Riders who need additional time to board as a result of their disabilities may have additional time, based on prior approval from Palm Tran Connection on a case-by-case basis.

Appendix C:
Written complaint process included in the
FY25 Grievance Procedures

**Palm Beach County
Transportation Disadvantaged
Local Coordinating Board**

FY 2025 Grievance Procedures

**Approved by the TD LCB
August 28, 2024**

Article 1: Preamble

Section A: Preamble

The following sets forth the grievance procedures that shall serve to guide the Palm Beach County Transportation Disadvantaged Local Coordinating Board (TD LCB), serving to assist Palm Tran Connection, the Community Transportation Coordinator. The intent is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes (F.S.), Rule 41-2, Florida Administrative Code (FAC), and subsequent laws setting forth requirements for the establishment of grievances or complaints from agencies, users, potential users, subcontractors, and other interested parties.

Article 2: Definitions, Name, Legal Status and Purpose

Section A: General Definitions

- A. Commission for the Transportation Disadvantaged (also known as the “Commission”): an independent state agency created to accomplish the coordination of transportation services provided to the transportation disadvantaged population.
- B. Community Transportation Coordinator (also known as the “CTC” or “Coordinator”): a transportation entity recommended by the appropriate planning agency as provided for in Section 427.015(1), F.S., and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area.
- C. Designated Official Planning Agency (also known as the “DOPA”): the official body or agency designated by the Commission to fulfill the functions of transportation disadvantaged planning in areas not covered by a Metropolitan Planning Organization (MPO). The Metropolitan Planning Organization shall serve as the planning agency in areas covered by such organizations.
- D. Local Coordinating Board (also known as the “LCB”): advisory entity in each designated service area composed of representatives appointed by the Metropolitan Planning Organization or DOPA, to provide assistance to the community transportation coordinator relative to the coordination of transportation services.
- E. Metropolitan Planning Organization (also known as the “MPO”): organization responsible for carrying out transportation planning and programming in accordance with the provisions of 23 U.S.C. s. 134, as provided in 23 U.S.C. s. 104(f)(3). In Palm Beach County the MPO is the Palm Beach Metropolitan Planning Organization (MPO) doing business as the Palm Beach Transportation Planning Agency (TPA).
- F. Transportation Disadvantaged (also known as “TD”): those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are disabled or high-risk or at-risk as defined in Section 411.202, F.S.
- G. Transportation Operator: one or more public, private for profit, or private non-profit entities contracted by the Community Transportation Coordinator to provide service to transportation disadvantaged persons pursuant to a coordinated transportation service plan.

Section B: Definition of Service Complaint and Formal Grievance

- A. Service Complaint: Service complaints are routine incidents that occur on a daily basis. They are reported to the driver, dispatcher, or to other individuals involved with the daily operations of the CTC, and are resolved within the course of a reasonable time period. Service complaints may

include but are not limited to: late trips, no-show by transportation operator, no-show by client, client behavior, driver behavior, passenger discomfort, and service denial.

- B. Formal Grievance: A formal grievance is a written complaint by the grievant documenting any concerns or an unresolved service complaint regarding the operation or administration of TD services by a transportation operator, CTC, DOPA or LCB. A grievance may include but is not limited to: chronic, recurring, or unsolved service complaints, violations of specific laws governing TD services, contract disputes, coordination disputes, agency compliance, conflicts of interest, supplanting of funds, and billing or accounting procedures.

Section C: Name

The name of the subcommittee to hear grievances or complaints for the Palm Beach County TD LCB shall be the "Grievance Subcommittee".

Section D: Legal Status of Subcommittee

The LCB is an advisory body. It is established in section 427.157, FS, to advise the Commission and the CTC about local concerns and issues. Florida Statutes define an advisory body as: a body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives. The Grievance Subcommittee may make recommendations to the LCB regarding Formal Grievances.

Section E: Purpose

The purpose of the Grievance Subcommittee is to process and investigate unresolved grievances from agencies, users, transportation operators, potential users of the system and the CTC, and make recommendations to the LCB or to the Commission for improvement of service. The Grievance Subcommittee does not possess adjudicative or determinative powers.

Article 3: Membership, Appointment, Terms of Membership

Section A: Membership

The Grievance Subcommittee shall be comprised of a minimum of three (3) voting members of the LCB. The Subcommittee shall elect a Chair.

Section B: Appointment

Members shall be appointed to the Grievance Subcommittee by the LCB Chair. The LCB Chair reserves the right to make reappointments to the Subcommittee should any conflicts of interest arise. Planning staff serve as facilitators to the grievance process but do not serve on the Grievance Subcommittee.

Section C: Terms of Members

Members of the Grievance Subcommittee shall serve at the pleasure of the LCB Chair for the duration of the grievance for which they are appointed. Members of the Subcommittee may be removed for cause by the LCB Chair.

Quorum shall be a simple majority. Meetings shall be held at such times as the Subcommittee may determine and/or as necessitated by the grievance procedure.

Article 4: Resolution Process

Section A: Complaint Procedure

1. The CTC records all complaints that come from agencies, users, transportation operators, and potential users of the system, through email, phone calls, social media, letter, and in-person and determines to whom the complaint should be directed for research and resolution via the Customer Complaint Department.
2. When a complaint is received, the person filing the complaint is interviewed and the information collected is recorded in the CTC's customer service system.
3. If the complaint is safety related, it is forwarded to the Contract Compliance Supervisor who must respond within 24 hours.
4. If the complaint is not safety-related, the applicable Contractor must respond with 48 hours.
5. On-time performance complaints are reviewed by the Service Supervisor for scheduling or a dispatch error.
6. CTC staff investigates complaints by reviewing on-board recorded videos, interviewing other riders that were also on-board the vehicle during the incident, reviewing software system notes, reviewing the driver's manifest, and interviewing the driver.
7. Following the investigation, complaints are ruled as valid, not valid, documented, excused, or LQD (liquidated damages). All complaints remain on the Driver's record regardless of resolution.
8. The CTC reviews all Contractor responses to complaints and is the final arbiter as to whether or not complaints have been adequately resolved by the Operator.
9. The party is notified of the resolution of the complaint via postcard or by letter, as applicable.
10. If the CTC is unsuccessful at resolving the complaint through the process outlined in Section A or the party is not satisfied with the resolution, the party may follow the Formal Grievance procedure outlined in Section B.

Section B: Formal Grievance Procedure

The LCB Formal Grievance procedures are:

1. The party shall have ten (10) working days from the date on the CTC's resolution of the complaint to decide if the proposed resolution is agreeable.
2. If the party is not satisfied with the outcome, they may submit a written request for a Formal Grievance. The grievance shall be sent to:

Palm Beach Transportation Planning Agency
Local Coordinating Board Grievance Subcommittee
301 Datura Street
West Palm Beach, FL 33401

The written grievance must contain the following:

- a. Name and address of the grievant;
- b. Statement of the grounds for the grievance supplemented by supporting documentation, made in a clear and concise manner; and
- c. Explanation by the grievant of the improvements needed to address the complaint.

3. Upon receipt of a Formal Grievance, the DOPA shall have ten (10) working days to contact the grievant via telephone, mail, or e-mail to indicate that the Formal Grievance is sufficient and that it has been filed or additional information is necessary to file the grievance.
4. The DOPA shall arrange a meeting between the involved parties in an attempt to assist them in reaching a desirable solution. The meeting shall take place within fifteen (15) working days of the filed date of the Formal Grievance. The DOPA shall prepare a report regarding the meeting outcome which shall be sent to the Grievant and the Grievance Subcommittee Chair within ten (10) working days of the meeting.
5. If the Grievant is not satisfied with the proposed resolution outlined in Step 4, the Grievant may request a hearing by the Grievance Subcommittee.
6. The DOPA shall have ten (10) working days to contact the Grievance Subcommittee members and set a future grievance hearing date and location. The Grievant and all involved parties shall be notified of the hearing date and location at least five (5) working days prior to the hearing date. All Grievance proceedings shall be held at a publicly noticed meeting. The Grievance Subcommittee will follow a meeting agenda in accordance with the procedures herein set forth:
 - a. Call to Order;
 - b. Presentation of Grievance
 - i. Shall also include witnesses if applicable, and
 - ii. Response of concerned parties, which shall include witnesses, if applicable;
 - c. Discussion of Grievance;
 - d. Recommendation to the LCB; and
 - e. Adjournment
7. Upon conclusion of the hearing, the Grievance Subcommittee shall submit a written report of the hearing proceedings to the Chair of the LCB within ten (10) working days. The report must outline the grievance and the Grievance Subcommittee's findings/recommendations. The report shall be forwarded to all LCB members.
8. The CTC may avail itself of the Formal Grievance Procedures as outlined in Section B.2. through B.7.

Section C: CTD Ombudsman Program

If the Grievant is not satisfied with the resolution by the Grievance Subcommittee, they may file a formal complaint with the State's Commission for the Transportation Disadvantaged Ombudsman Program via the contact information below:

By telephone:

(800) 983-2435 (toll-free) or (850) 410-5700

Hearing or speech impaired: 711 (Florida Relay System)

By mail:

Florida Commission for the Transportation Disadvantaged

605 Suwannee Street, MS-49

Tallahassee, FL 32399-0450

By e-mail:

CTDOmbudsman@dot.state.fl.us

The DOPA will maintain copies of their Grievance Procedures and reports will be made available to the Commission Ombudsman Program, upon request.

Section D: Document Accessibility

A copy of the Grievance Procedures shall be available to anyone upon request.

All documents pertaining to the Grievance Procedures will be made available, upon request, in a format accessible to persons with disabilities.


Article 5: Amendments

Section A: General

The Grievance Procedures may be amended by a majority vote of members present, if a quorum exists, providing the proposed change(s) is/are provided to all members at least seven (7) days in advance of the meeting.

Article 6: Certification

The undersigned hereby certifies that they are the Chair of the Local Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance Procedures of this Local Coordinating Board as adopted on the 28th day of August 2024.

Approved:  _____
Chelsea Reed, Chair
Palm Beach County Local Coordinating Board

Appendix D:

Observation Rides of the System

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: May 16, 2025
2. Were others present with you on this ride?

Driver, 4 total riders, including myself

3. Where did you travel from and where did you go?

From: 94 Satinwood Lane, Palm Beach Gardens

To: Gardens Mall, VA Hospital, Transportation Planning Agency

4. Number of passengers picked up/dropped off:
 - a. How many were ambulatory (using a mobility device)?

2

- b. How many were non-ambulatory?

1

5. Did the driver provide passenger assistance?

a. Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform

b. Name tag/ID badge

c. None

Driver also wore a bright
hazard vest

7. Did the driver ensure the passengers were properly secured?

Yes

No

8. Does the vehicle have working heat and air conditioning?

Yes

No

9. If the lift was used, is it in good working order?

Yes

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

No

11. Please provide any other comments about the ride below.

The driver was kind, courteous, and conversational with all passengers. The care shown to a rider with a complicated wheelchair, that required extra assistance, was sincere and appropriate. The ride was smooth, without any quick stops, and all passengers were checked on verbally during the ride, and were very comfortable.

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: 5/29/2025

2. Were others present with you on this ride?

No _____

3. Where did you travel from and where did you go?

From: Home in Jupiter _____

To: Gardens Mall _____

4. Number of passengers picked up/dropped off: Just me- 1

a. How many were ambulatory (using a mobility device)?

NA _____

b. How many were non-ambulatory?

NA _____

5. Did the driver provide passenger assistance?

a. Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform

b. Name tag/ID badge

c. None

7. Did the driver ensure the passengers were properly secured?

Yes

No

8. Does the vehicle have working heat and air conditioning?

Yes

No

9. If the lift was used, is it in good working order?

Yes

No

NA

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

No

NA

11. Please provide any other comments about the ride below.
Helpful and friendly drivers, picked up and dropped off on time both directions, van was clean and in good working order, drivers made sure seat belt was on

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: April 30, 2025

2. Were others present with you on this ride?

_____ Yes _____

3. Where did you travel from and where did you go?

From: _____ Palm Beach Gardesn _____

To: ___ Loggerhead Marine Life Center in Juno
Beach _____

4. Number of passengers picked up/dropped off:

a. How many were ambulatory (using a mobility device)?

___ 0 ___

b. How many were non-ambulatory?

___ 1 ___

5. Did the driver provide passenger assistance?

a. **Yes X**

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform X

b. Name tag/ID badge X

c. None

7. Did the driver ensure the passengers were properly secured?

Yes X

No

8. Does the vehicle have working heat and air conditioning?

Yes X

No

9. If the lift was used, is it in good working order?

Yes N/A

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

No

11. Please provide any other comments about the ride below.

The drivers were very courteous and accommodating. It was a pleasure to ride on Palm Tran to my meeting and return me to my original destination. Thx.

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: 5-2-2025

2. Were others present with you on this ride?

No, although I requested to have other pick up or drop off.

3. Where did you travel from and where did you go?

From: 1831 Lin Mar Dr. Lake Clarck Shores FL 33406

To: 111 S. Sapodilla Ave West Palm Beach FL 33401

4. Number of passengers picked up/dropped off:

a. How many were ambulatory (using a mobility device)?

1 me

b. How many were non-ambulatory?

0_____

5. Did the driver provide passenger assistance?

a. Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform

- b. Name tag/ID badge
- c. None

7. Did the driver ensure the passengers were properly secured?

Yes x

No

8. Does the vehicle have working heat and air conditioning?

Yes x

No

9. If the lift was used, is it in good working order?

Yes

N/A

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

N/A

No

11. Please provide any other comments about the ride below.

The driver was very nice. He asked if I needed to go back to get my sweater. I said no.

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: 5/2/2025

2. Were others present with you on this ride?

No _____

3. Where did you travel from and where did you go?

From: 111 S. Sapodilla Ave West Palm Beach FL 33401

To: 1831 Lin Mar Dr. Lake Clarck Shores FL 33406

4. Number of passengers picked up/dropped off:

a. How many were ambulatory (using a mobility device)?

___0___

b. How many were non-ambulatory?

___1 me___

5. Did the driver provide passenger assistance?

a. Yes x

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform x

- b. Name tag/ID badge x
- c. None

7. Did the driver ensure the passengers were properly secured?

Yes x No

8. Does the vehicle have working heat and air conditioning?

Yes x No

9. If the lift was used, is it in good working order?

Yes Not used No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes N/A No

11. Please provide any other comments about the ride below.

I requested to have other rides during the ride. Unfortunately, there no other riders in the van.

The driver was very nice. He helped get in the van and

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: March 8th 2025

2. Were others present with you on this ride?

Yes

3. Where did you travel from and where did you go?

From: Apartment (1991 Presidential Way, WPB, FL, 33401)

To: Publix at Village Commons (831 Village Blvd, WPB, FL 33409)

4. Number of passengers picked up/dropped off:

a. How many were ambulatory (using a mobility device)?

___0___

b. How many were non-ambulatory?

___1___

5. Did the driver provide passenger assistance?

a. Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform

b. Name tag/ID badge

c. None

7. Did the driver ensure the passengers were properly secured?

Yes

No

8. Does the vehicle have working heat and air conditioning?

Yes

No

9. If the lift was used, is it in good working order?

Yes

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

No

11. Please provide any other comments about the ride below.

I am unclear on what contributed to confusion at the start of my observational ride. For both rides, I did not receive a call to my work cell in the provided form regarding the ETA of my rides. I believe in prior years we would receive a call about the ride arriving or being nearby. I did not receive this call; however, I did receive a call from my apartment leasing office regarding someone from Palm Tran waiting for me. When I went down to meet the Palm Tran driver within my pickup window of 1:15 – 1:45pm, he took me to the leasing office. I am still unsure why he

brought me to the office; however, I tried explaining to him that I would like to complete the ride and I felt that he did not need to bring me to the leasing office, this ride was something that must be resolved with me and Palm Tran, not my apartment leasing office. He did not say anything to the apartment staff while we were in the office, and I continued to explain that we should go to the van because there is no need to bring in the apartment staff. When we returned to the outside pick up area of the apartment, he told me that the ride was canceled. I never submitted a cancellation request for the ride. I explain that I did not cancel the ride and the driver insisted that I did cancel the ride. I received a call from the dispatch manager as we tried to work through this situation. I explained to the driver that I did not cancel the ride and that I also did not receive a call from Palm Tran regarding notification that the driver was nearby. The driver insisted that Palm Tran did call me, however my call log in my cell phone does not show this. Eventually my ride was added back to his tablet and he allowed me on the vehicle. There was an additional rider on the van. On the ride, the driver brought the rider to her location. However, the rider had to explain to the driver how to get to her destination. When we reached her destination, the driver assisted her with the chair lift. After that, I was able to complete the ride to Publix.

While waiting for my return trip to the apartment, I waited outside the Publix building from the start of my 3-3:30 pick up window and got picked up at 3:37pm. I did not receive a call regarding my pickup time, however I was still able to find where my ride was. The driver for this second leg was very kind and helped the other rider with her wheelchair and in utilizing the chair lift. He made sure that the wheelchair was prepared and fully secure before she sat on the wheelchair. We continued to the apartment, and

the driver assisted me with my two reusable grocery bags and opened the main doors to the apartment for me.

During both portions of the trip, the vehicle was clean and had information regarding Palm Tran services and rules. The drivers wore clear identification and assisted the wheelchair using riders with the chair lift.

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: 5/13/25
2. Were others present with you on this ride?
2- Disabled Veterans (Victor + Carlos)
1- VA Employee
3. Where did you travel from and where did you go?
From: 5217 Sancerre Cir, Lake Worth, FL
To: VA Medical Center
4. Number of passengers picked up/dropped off:
 - a. How many were ambulatory (using a mobility device)?
1
 - b. How many were non-ambulatory?
1
5. Did the driver provide passenger assistance?
 - ☒ a. Yes
 - b. No
6. What kind of identification did the driver have? (checkboxes)
 - ☒ a. Uniform

- b. Name tag/ID badge
- c. None

7. Did the driver ensure the passengers were properly secured?

Yes

No

8. Does the vehicle have working heat and air conditioning?

Yes

No

9. If the lift was used, is it in good working order?

Yes

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

No

11. Please provide any other comments about the ride below.

Drivers were courteous & respectable!
Great drivers!
Vehicles were clean.

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: **5/29/2025**

2. Were others present with you on this ride?

___No_____

3. Where did you travel from and where did you go?

From: (Home) in Wellington_____

To: AVIS Rent a Car Office_____

4. Number of passengers picked up/dropped off:

a. How many were ambulatory (using a mobility device)?

None

b. How many were non-ambulatory?

5. Did the driver provide passenger assistance?

a. X Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. X Uniform

- b. ☒ Name tag/ID badge
- c. None

7. Did the driver ensure the passengers were properly secured?

☒ Yes

No

8. Does the vehicle have working heat and air conditioning?

☒ Yes

No

9. If the lift was used, is it in good working order? **N/A**

Yes

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey? **Only Rider**

Yes

No

11. Please provide any other comments about the ride below.
Great Service, clean vehicle, and the driver was very professional.

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: 4/18/25

2. Were others present with you on this ride?

no

3. Where did you travel from and where did you go?

From: 521 Upland Rd WPB, FL 33401

To: TANGER OUTLETS WPB, FL 33401

4. Number of passengers picked up/dropped off: 0

a. How many were ambulatory (using a mobility device)?

b. How many were non-ambulatory?

5. Did the driver provide passenger assistance?

a. Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform ☒

b. Name tag/ID badge ✓

c. None

+ SAFETY VEST + GLOVES

7. Did the driver ensure the passengers were properly secured?

Yes

No

8. Does the vehicle have working heat and air conditioning?

Yes

No

9. If the lift was used, is it in good working order?

N/A

Yes

No

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

N/A

Yes

No

11. Please provide any other comments about the ride below.

DRIVER VERY EARLY
DID NOT HAVE MY NAME
DROVE VERY SAFELY - STOPPED
@ RAIL CROSSING

Observational Ride

Ride a vehicle within the coordinated system. Please request a copy of the manifest page that contains this trip.

1. Date of Observation: 4/18/25

2. Were others present with you on this ride?

NO

3. Where did you travel from and where did you go?

From: TANGER OUTLET WPB, FL 33401

To: 521 UPLAND RD WWPB, FL 33401

4. Number of passengers picked up/dropped off: 0

a. How many were ambulatory (using a mobility device)?

b. How many were non-ambulatory?

5. Did the driver provide passenger assistance?

a. Yes

b. No

6. What kind of identification did the driver have? (checkboxes)

a. Uniform ✓

b. Name tag/ID badge ✓

c. None

+ SAFETY VEST

7. Did the driver ensure the passengers were properly secured?

Yes

No

8. Does the vehicle have working heat and air conditioning?

Yes

No

9. If the lift was used, is it in good working order?

Yes

No

N/A

10. If Palm Tran Connection Riders were present, did they take a CTC Evaluation Survey?

Yes

No

N/A

11. Please provide any other comments about the ride below.

DRIVER WAS EARLY
MET AT AGREED UPON DESTINATION
DRIVER MADE SURE SEATBELT
WAS WORN

**Appendix E:
Rider Evaluation Survey
& Results**

Palm Tran Connection Evaluation Survey

Thank you for being a great customer of Palm Tran Connection. We are evaluating our system and kindly ask customers to take two minutes to complete this survey.

What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or over
- ☐ Prefer not to answer

Which of the following best describes your race/ethnicity? (check all that apply)

- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Black / African American
- ☐ Hispanic / Latino
- ☐ Native Hawaiian / Pacific Islander
- ☐ White / Caucasian
- ☐ Prefer not to answer

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

Home Zip Code

When was the last time you used Palm Tran Connection?

Were you shared an amount in addition to the co-payment (ride fare)?

- ☐ Yes
- ☐ No

Have you ever **been** denied transportation?

- ☐ Yes
- ☐ No

How often do you use Palm Tran Connection?

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

What do you normally use the service for?

- ☐ Doctor's Appointments
- ☐ Work
- ☐ Treatments your life depends on
- ☐ Education/Training/Day Care
- ☐ Food Shopping
- ☐ Other

Have you ever used the Rider's Choice Program available through Palm Tran Connection?

- ☐ Yes
- ☐ No
- ☐ I have never heard of this program
- ☐ I prefer not to answer

Did you have a problem on your last trip?

- ☐ Yes
- ☐ No

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

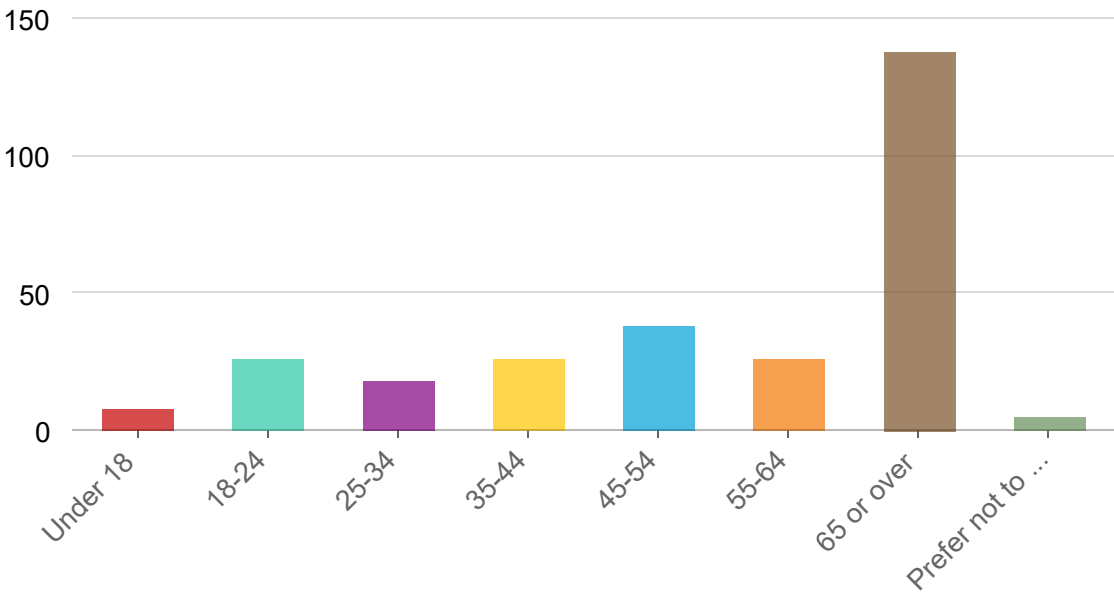
1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

What does **transportation** mean to you?

Additional Comments:

CTC Rider/Beneficiary Survey

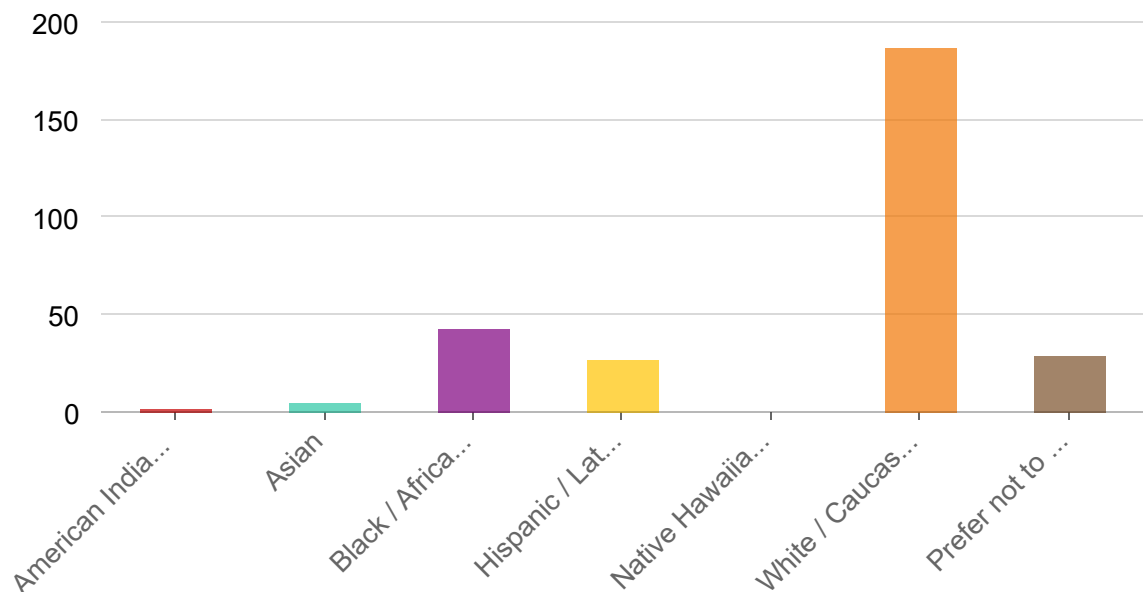
What is your Age



| Answers | Count | Percentage |
|----------------------|-------|------------|
| Under 18 | 8 | 1.35% |
| 18-24 | 26 | 4.39% |
| 25-34 | 18 | 3.04% |
| 35-44 | 26 | 4.39% |
| 45-54 | 38 | 6.42% |
| 55-64 | 26 | 4.39% |
| 65 or over | 138 | 23.31% |
| Prefer not to answer | 5 | 0.84% |

Answered: 285 Skipped: 307

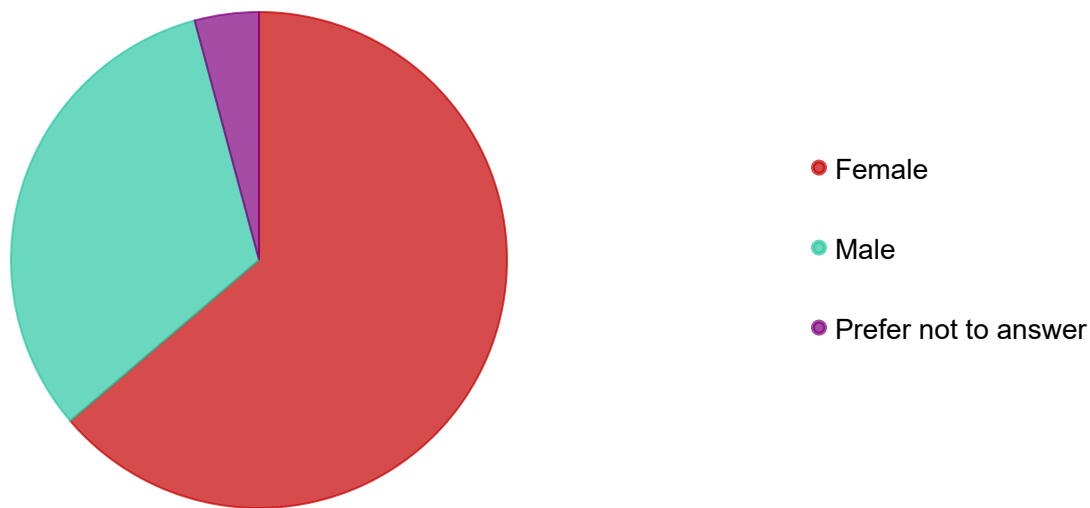
Which of the following best describes your race/ethnicity? (check all that apply)



| Answers | Count | Percentage |
|------------------------------------|-------|------------|
| American Indian / Alaska Native | 2 | 0.34% |
| Asian | 5 | 0.84% |
| Black / African American | 43 | 7.26% |
| Hispanic / Latino | 27 | 4.56% |
| Native Hawaiian / Pacific Islander | 0 | 0% |
| White / Caucasian | 187 | 31.59% |
| Prefer not to answer | 29 | 4.9% |

Answered: 281 Skipped: 311

What is your gender?



| Answers | Count | Percentage |
|----------------------|-------|------------|
| Female | 183 | 30.91% |
| Male | 92 | 15.54% |
| Prefer not to answer | 12 | 2.03% |

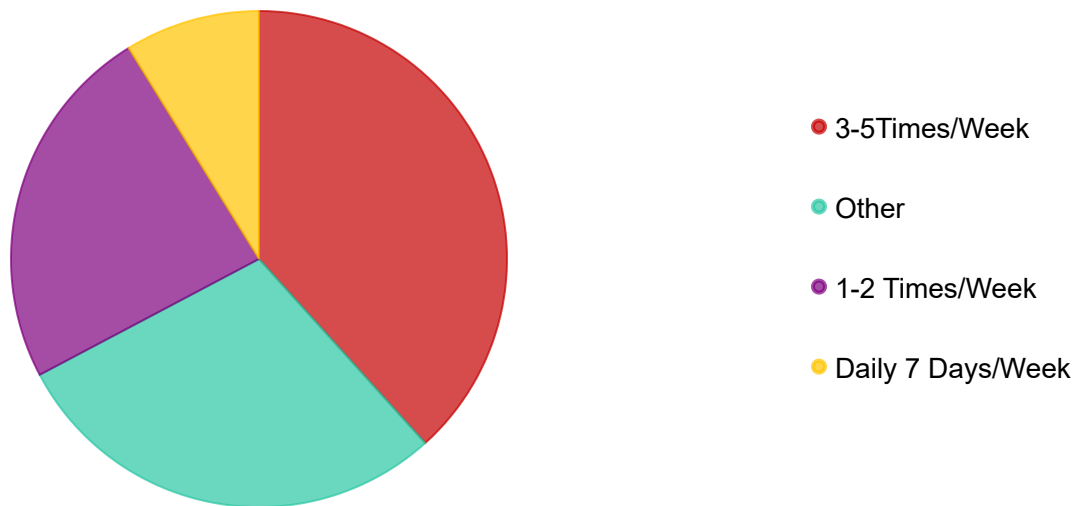
Answered: 287 Skipped: 305

Home Zip Code

| | |
|------------|---|
| 334364 | 1 |
| 3348404 | 1 |
| 33470-3476 | 1 |
| 33434month | 1 |

Answered: 273 Skipped: 319

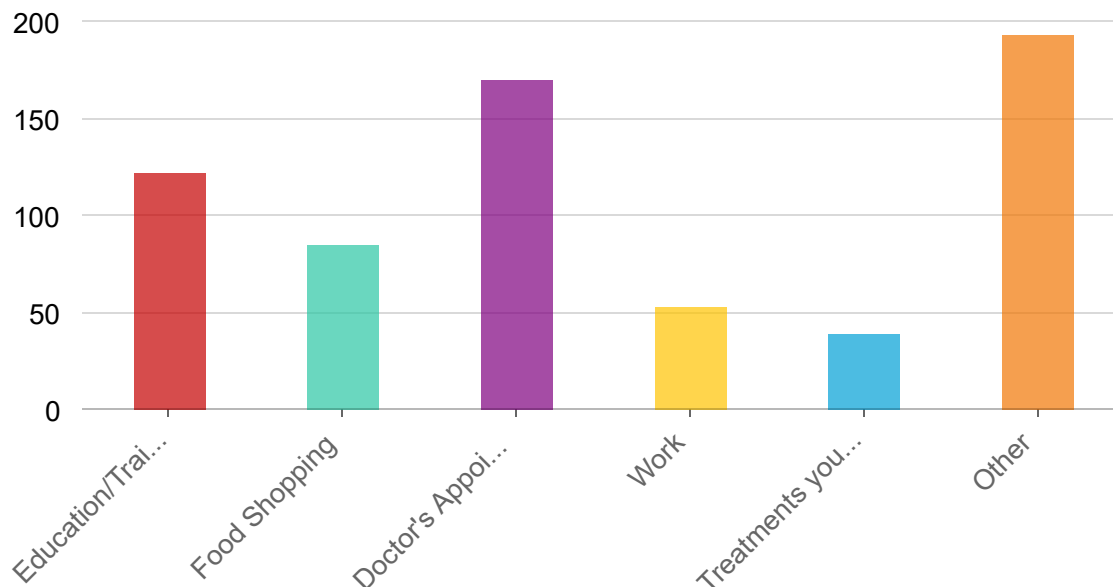
How often do you use Palm Tran Connection?



| Answers | Count | Percentage |
|-------------------|-------|------------|
| 3-5 Times/Week | 213 | 35.98% |
| Other | 161 | 27.2% |
| 1-2 Times/Week | 133 | 22.47% |
| Daily 7 Days/Week | 49 | 8.28% |

Answered: 556 Skipped: 36

What do you normally use the service for?



Answers

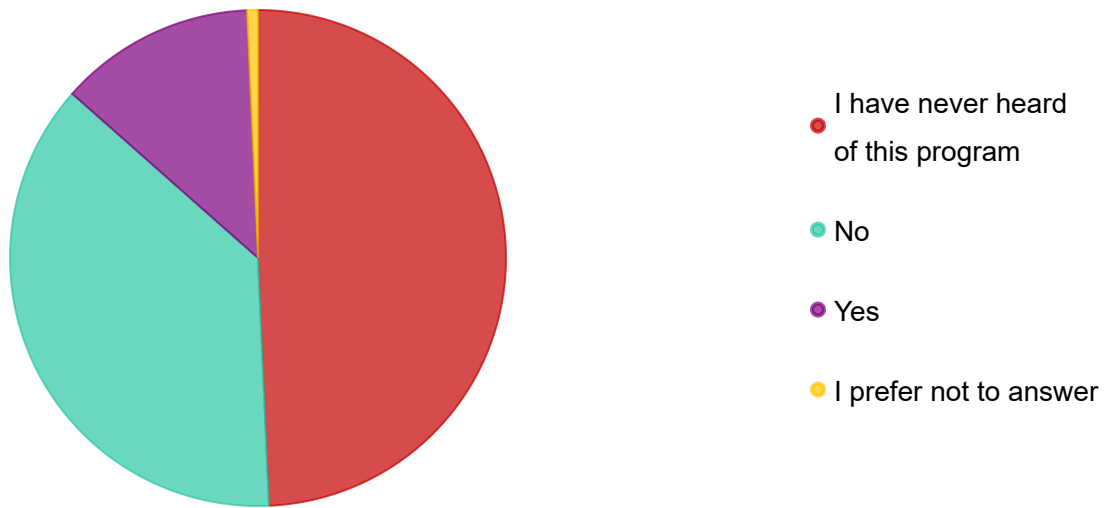
Count

Percentage

| | | |
|---------------------------------|-----|--------|
| Education/Training/Day Care | 122 | 20.61% |
| Food Shopping | 85 | 14.36% |
| Doctor's Appointments | 170 | 28.72% |
| Work | 53 | 8.95% |
| Treatments your life depends on | 39 | 6.59% |
| Other | 193 | 32.6% |

Answered: 562 Skipped: 30

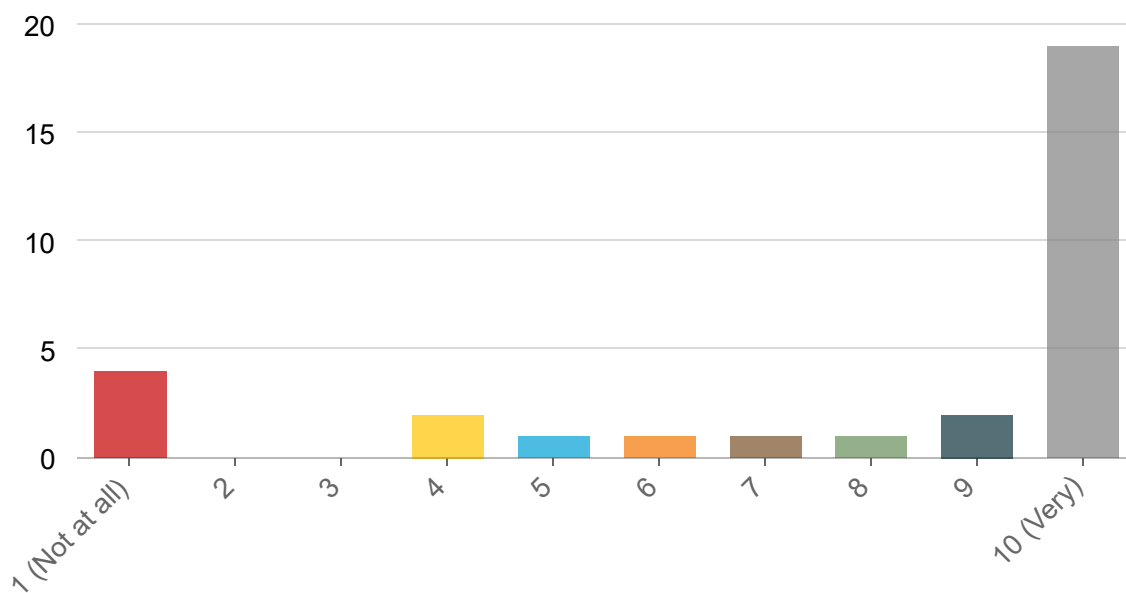
Have you ever used the Rider's Choice Program available through Palm Tran...



| Answers | Count | Percentage |
|------------------------------------|-------|------------|
| I have never heard of this program | 139 | 23.48% |
| No | 105 | 17.74% |
| Yes | 36 | 6.08% |
| I prefer not to answer | 2 | 0.34% |

Answered: 282 Skipped: 310

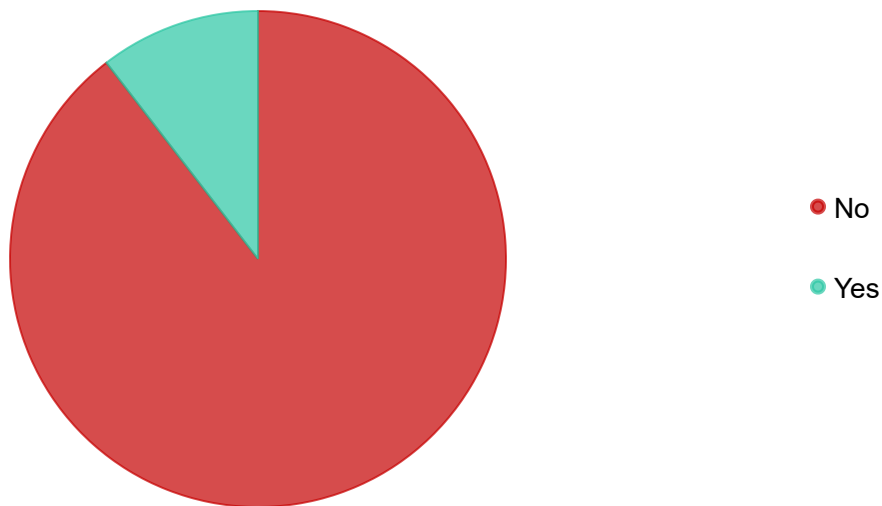
How satisfied were you with the Riders Choice Program compared to the Pal...



Answers**Count****Percentage**

| | | |
|----------------|----|-------|
| 1 (Not at all) | 4 | 0.68% |
| 2 | 0 | 0% |
| 3 | 0 | 0% |
| 4 | 2 | 0.34% |
| 5 | 1 | 0.17% |
| 6 | 1 | 0.17% |
| 7 | 1 | 0.17% |
| 8 | 1 | 0.17% |
| 9 | 2 | 0.34% |
| 10 (Very) | 19 | 3.21% |

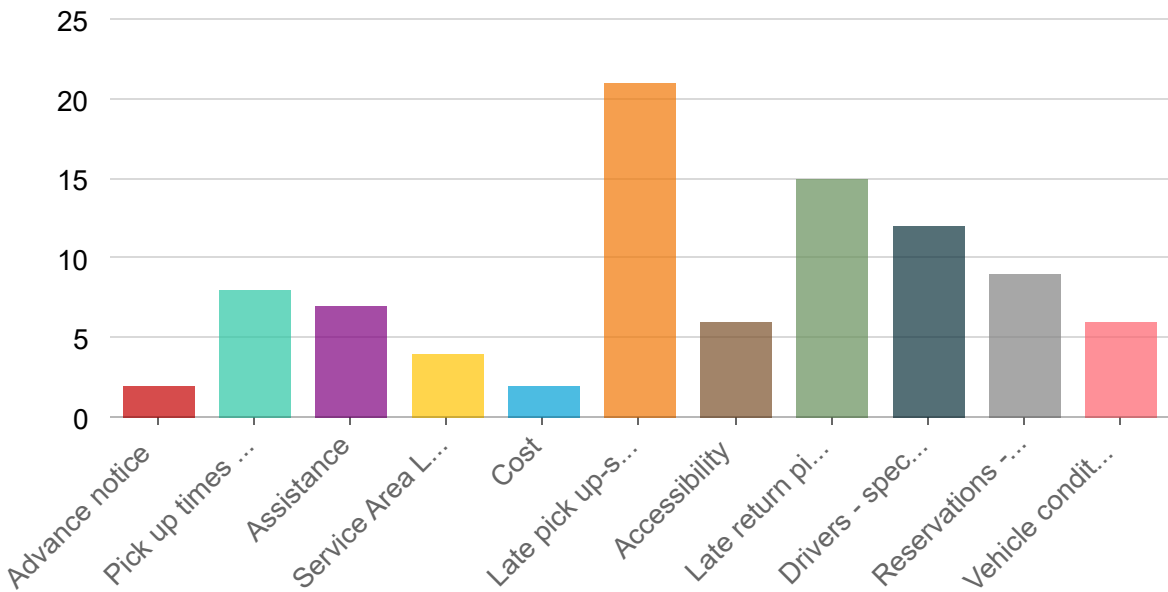
Answered: 31 Skipped: 561

Did you have a problem on your last trip?

| Answers | Count | Percentage |
|---------|-------|------------|
| No | 479 | 80.91% |
| Yes | 56 | 9.46% |

Answered: 535 Skipped: 57

What type of problem did you have with your trip?

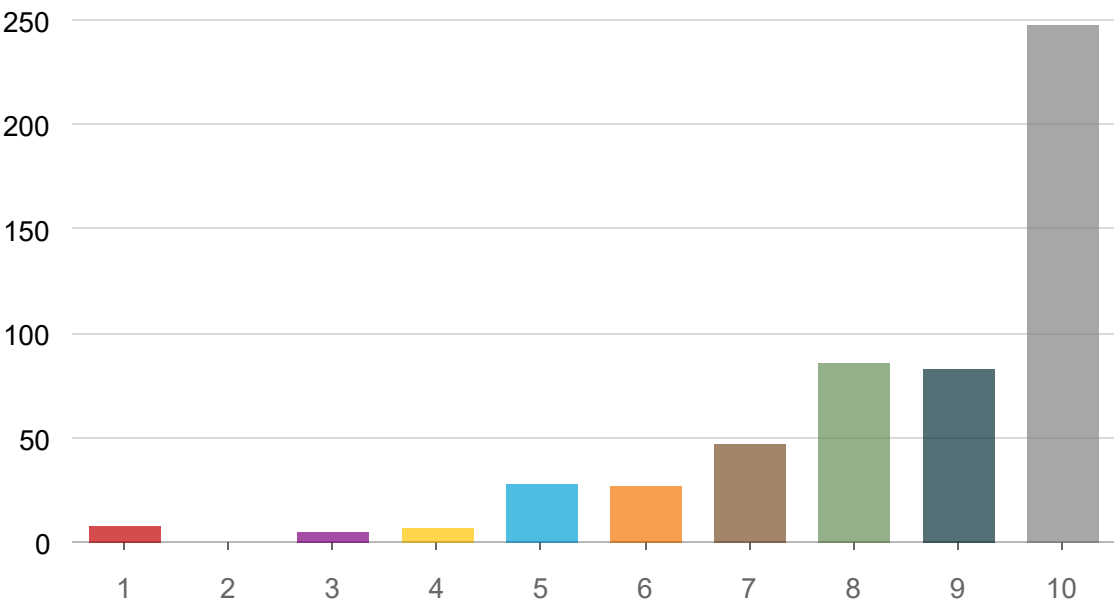


| Answers | Count | Percentage |
|--------------------------------------|-------|------------|
| Advance notice | 2 | 0.34% |
| Pick up times not convenient | 8 | 1.35% |
| Assistance | 7 | 1.18% |
| Service Area Limits | 4 | 0.68% |
| Cost | 2 | 0.34% |
| Late pick up-specify time of wait | 21 | 3.55% |
| Accessibility | 6 | 1.01% |
| Late return pick up - length of wait | 15 | 2.53% |

| | | |
|---------------------------------------|----|-------|
| Drivers - specify | 12 | 2.03% |
| Reservations - specify length of wait | 9 | 1.52% |
| Vehicle condition | 6 | 1.01% |

Answered: 51 Skipped: 541

On a scale of 1 to 10 rate the transportation you have been receiving (10 bein...



| Answers | Count | Percentage |
|---------|-------|------------|
| 1 | 8 | 1.35% |
| 2 | 0 | 0% |
| 3 | 5 | 0.84% |
| 4 | 7 | 1.18% |
| 5 | 28 | 4.73% |
| 6 | 27 | 4.56% |
| 7 | 47 | 7.94% |
| 8 | 86 | 14.53% |

