CTC

EVALUATION WORKBOOK

Florida Commission for the

Transportation Disadvantaged

CTC BEING REVIEWED: BROWARD COUNTY TRANSIT

COUNTY: BROWARD

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REVIEW PERIOD: FY 2024 – 2025 REVIEW DATES 02/02/26-04/01/26

PERSON CONDUCTING THE REVIEW: MPO STAFF

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LCB EVALUATION WORKBOOK

ITEM	PAGE
EVALUATION INFORMATION	3
ENTRANCE INTERVIEW QUESTIONS	4
GENERAL QUESTIONS	6
CHAPTER 427, F.S.	9
RULE 41-2, F.A.C.	17
COMMISSION STANDARDS	20
LOCAL STANDARDS AND AMERICANS WITH DISABILITIES	28
STATUS REPORT	33
LEVEL OF COST WORKSHEET # 1	34
LEVEL OF COMPETITION WORKSHEET #2	35
LEVEL OF AVAILABILITY WORKSHEET #3	36
ON-SITE OBSERVATION SURVEYS	42
RIDER/BENEFICIARY SURVEYS	44
CONTRACTOR SURVEYS	45
COMPLETE SURVEYS	47

EVALUATION INFORMATION

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

1	Cover Page
4 - 5	Entrance Interview Questions
6	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
9	Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services
14	Insurance
15	Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives
18-25	Commission Standards and Local Standards
35	Level of Cost - Worksheet 1
35	Level of Competition – Worksheet 2
37	Level of Coordination – Worksheet 3
42 – 111	Surveys

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 CTD).

- LCB reviews the CTC once every year to evaluate the operations and performance of the local coordinator.

  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

- LCB will issue a Review Report with findings and recommendations to CTC no later than 30 working days after 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 ANNUAL OPERATING REPORT (AOR), COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT: RURAL **X** URBAN

2. ORGANIZATION TYPE:
   - PRIVATE-FOR-PROFIT
   - PRIVATE NON-PROFIT
   - **X** GOVERNMENT
   - TRANSPORTATION AGENCY

3. NETWORK TYPE:
   - SOLE PROVIDER
   - **X** PARTIAL BROKERAGE
   - COMPLETE BROKERAGE

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

   ARC Broward, Miramar Senior Services, NE Focal Point, NW Focal Point, Transportation America, United Community Options.

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

Agency for Community Treatment Services (ACTS), ARC Broward, Archways, Ann Storck Center, BARC Housing, Broward Children's Center, Cerebral Palsy Adult Home, Inc., Christina G. Smith Community Mental Health Foundation, City of Deerfield Beach – Northeast Focal Point (NEFP), City of Lauderhill, City of Margate – Northwest Focal Point (NWFP), City of Miramar, City of Pembroke Pines – Southwest Focal Point (SWFP), City of Tamarac, Douglas Gardens North, Friendship Circle, Gulf Coast Jewish Family and Community Services Center, Henderson Behavioral Health, House of Hope, Lighthouse of Broward, Memorial Hospital System - South Broward Hospital District, Sunrise Community Center, United Community Options, Woodhouse, Inc.

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

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

OMBUDSMAN/TD	Number of calls	Closed Cases	Unsolved Cases
Cost	0	0	0
Medicaid NA	0	0	0
Quality of Service	0	0	0
Service Availability	0	0	0
Toll Permit	0	0	0
Other	0	0	0

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S.
"Review all transportation operator contracts annually." **See TDSP, Pages 256-304; Appendix H**

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

1. Contractors are required to provide CTC with updated Driver Rosters by the twentieth (20) calendar day of each month. Roster shall indicate driver's name, date of hire, training dates, last Drug and Alcohol test, Motor Vehicle Record (MVR) review date and date of latest criminal record check. Contractors are required to maintain updated Driver Rosters in the Computerized Trip Management System (CTMS)

2. Contractors must provide CTC with evidence all drivers have completed the training program offered by CTC prior to any driver providing service and must attend a refresher class or repeat new driver training a minimum of once every two (2) years. Classes include Defensive Driver, Passenger Assistance Technique, Responding to Client Incidents, SUNsational Service and other training required by Provider.

3. Training information shall be included in the monthly operating summary package. Additionally, drivers are required to participate in a driver training program developed by CTC. Contractors must require all personnel providing transportation to possess the following, which shall be filed with CTC prior to personnel providing paratransit service: current, valid Broward County Chauffeur's Registration in accordance with requirements of Chapter 22-1/2, Broward County Code of Ordinances. Provider ADEPT driver roster is submitted weekly to Broward County Risk Management department. They verify daily for driver license violations which would require driver removal from operating a vehicle. Driver Training Program shall include a minimum of eighty (80) hours of training prior to driving a service vehicle. This shall include the following: Passenger Assistance Technique; Defensive Driver; Responding to Client Incidents; Vehicle breakdown; Vehicle and/or Passenger Accidents; Vehicle Orientation; Trip Scheduling; and biannual refresher classes.

4. CTC requests MVRs for Contractor's drivers on a periodic basis. When a report shows evidence of violations, CTC will promptly notify Contractor and Taxi Section of Broward County's Division of Consumer Affairs. Contractor must have procedures to periodically review drivers' MVRs. Compliance is monitored by CTC staff. Per Contract "County may request and review State of Florida MVRs for Contractor's drivers on a monthly basis."

5. Training program includes methods for measuring effectiveness of training in developing skill and improving performance. Methods shall be based on performance indicators which measure proficiency and not solely on Contractor meeting minimum training hours required. Such measurement procedure shall be provided to CTC upon request.

6. CTC performs annual evaluations of Contractors ensuring compliance with the System

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

7. CTC's direct involvement in day-to-day operations of service includes but is not limited to: on-street monitoring of drivers and vehicles, equipment and customer service inspections, contract compliance and quality control. Contractors cooperate fully with the CTC monitoring programs. Contractors provide full access to all driver records at operating facilities. Contractors are required to make available: workstation, desk, telephone, and chair if so requested.

8. CTC's on-street monitoring shall include but is not limited to: on-time performance, knowledge of service area and routing, driver assistance, manifest accuracy and completeness, driver and vehicle appearance, wheelchair lift condition and operation, wheelchair securement systems and use, safety equipment, driving habits and compliance with Florida Motor Vehicle Regulations. Language from Contractor Service Agreement (See page 6, #3).

9. Contractors provide CTC with service data via summary reports generated by CTMS and a bi-weekly invoice for each component of service for previous bi-weekly (Monday through Sunday) period. This information shall include but is not limited to the following: number of one-way passenger trips by type of trip; total hours of vehicle service; copies of daily reports for driver activity or other daily reports showing starting and ending times; starting and ending mileage for each vehicle; copies of trip tickets, log sheets or driver manifests; weekly reimbursement charges for services and denied trip requests.

10. CTC operates with zero trip denial rates. If one provider is unable to perform a requested trip due to capacity constraints another provider performs the trip.

11. Pursuant to Federal Transit Administration's (FTA) standards for precision, accuracy and accountability, CTC is required to report data to the National Transit Database (Section 15 data). As required by FTA, or CTC, Contractors shall collect Section 15 data and other "service supplied" information or "service consumed" information, as terms are defined in Section 15 of FTA regulations. Contractors are responsible for collection of financial and operational data, including on-board operational and passenger-related data and for transmittal to CTC on CTC approved forms as follows: operational and passenger-related data shall be submitted to CTC no less than weekly, financial data shall be submitted to CTC no less than quarterly and designated "service supplied" data shall be submitted to CTC thirty (30) days prior to termination of CTC's fiscal year. All source documents for Section 15 filings shall be subject to audit and shall be maintained by Contractors for five (5) years following final payment under their agreement with CTC.

12. Contractors must provide written monthly reports to CTC by the twentieth (20th) day of the month following the month of service. All required information shall be collected and reported individually for each funding component of service. Reports shall be submitted on a form developed by Contractor and approved by CTC and shall include, but not be limited to the following:

    - Brief Narrative: Brief narrative highlighting month's activities, unusual events, trends

and other noteworthy observations.

- Ridership: Number of one-way passenger trips, Personal Care Attendants (PCAs) and Companions on a day-by-day basis for each funding and fare entity and category.

- Miles and Hours: Total hours of service and vehicle miles on a day-by-day basis.

- Cost of Service: Total service revenue based upon contracted rates, collected fares and net revenue to provide service (total revenue less imputed fares).

- Service Quality Measures: On-time performance data, trips completed, missed trips and trip denials with an explanation.

- Efficiency Measures: Appropriate measures to include passengers per mile, hour or vehicle trip.

- Fleet Data: Updated fleet listings and status of all vehicles.

- Other: Accident/incident reports/briefs/findings, training activities/certifications, including sensitivity training and education, key personnel changes, and suggested improvements.

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

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

15. Day-to-day monitoring is also conducted through CTC's Complaint Procedure. All client complaints shall be referred to CTC's Paratransit Customer Service. All complaints are entered into CTMS. Complaint will be forwarded to Contractor for written or electronic response. Contractor's responses shall be made within three (3) business days of receipt of complaint. Complaints of more serious nature such as injury, driver misconduct and client safety shall be responded to by the end of that business day. Complaints are tallied each month, indicating total number of complaints and type of complaints, for each Contractor. The complaint standard is established at 0.2% of trips delivered in a calendar month.

16. CTC works closely with CTD's Ombudsman Program to resolve all service complaints and inquiries. CTC investigates each item as described above (see #15); contacts all concerned parties and sends CTD's Ombudsman Program a report on the resolution of the complaint/inquiry.

Is a written report issued to the operator? **X** Yes □ No

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

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

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

Is a written report issued? **X** Yes □ No

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

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? **X** Yes □ No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

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

HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM? N/A

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

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

HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM? ☐ N/A

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

- Of the 4,588 total bus stops within Broward County, 3,616 are ADA compliant.
- Of the 972 non-ADA compliant bus stops 280 bus stops are structurally unable to meet ADA requirements due to space/easement limitations. All BCT routes have ADA accessible bus stops.
- All bus drivers are trained to provide assistance upon request.
- All buses are equipped with voice annunciation systems which provide on-board automatic voice announcements in English, Spanish and Creole. They announce bus stops, major transfer points and safety advisories.
- All signage, both inside buses and at bus stops, complies with ADA regulations.

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

BCT provides service to 410 square miles within Broward County. BCT fixed-route buses connect with Palm Beach and Miami-Dade transit systems and Tri-Rail. BCT's fleet has 383 fixed-route buses (all BCT buses are wheelchair accessible, and our bus operators provide assistance upon request) providing service on 44 weekday routes and 67 community buses operated in partnership with 17 municipalities. BCT transports 23 million passengers annually (65,196 daily) with an annual service mileage of over 14 million miles. There are 44 BCT Routes and 51 Community Shuttle Routes Monday-Friday. On Saturdays, service is reduced to 32 BCT directly operated Fixed Routes and 23 Community Bus Routes. Service is further reduced on Sundays, with BCT providing rides on 33 directly operated Fixed Routes and 5 Community Bus Routes. There are 4,655 designated bus stops and 1,231 bus stops have shelters with ads with a minimum of 50 shelters planned for construction in2026.

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

Fixed-route service into Palm Beach County includes Route 19 to Sandalfoot and Route 10 to Mizner Park.

Fixed-route service into Miami-Dade County includes Route 18, 441 Breeze and University Breeze to Golden Glades; Route 2, 207th Street and University Drive; and Routes 1, 28 and US 1 Breeze to Aventura Mall and 95 & 595 Express Buses from various Park & Rides to downtown Miami, Brickell, Civic Center , and Miami Intermodal Center.

BCT provides free Wi-Fi on all buses.

Transit Technology

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

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

Status: CAD/AVL uses cellular communications to provide frequent location reports from the bus and provides more reliable voice communications. CAD/AVL also allows real-time bus tracking information to be shared via website, mobile application, and passenger advisory signs located at bus stops and terminals. BCT has a CAD/AVL system in fixed-route and community buses.

Automatic Passenger Counters (APC)

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

Status: BCT is exploring options to replace its existing Automatic Passenger Counter (APC) system with newer technology that will result in greater data quality and reliability. A new APC system will interface with the new CAD/AVL system currently being installed.

Real Time Transit Information

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

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

Traffic Signal Priority System (TSP)

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

Status: BCT is actively collaborating with its regional partners such as FDOT and Broward MPO, as well as Broward County Traffic Engineering to determine its potential application and benefits. Transit Division will begin testing this technology with the traffic light system once the CAD/AVL system is fully operational.

TOPS! Paratransit Customers and Fixed Route Service

Eligible conditional status ADA paratransit customers may ride Broward County fixed-route buses free-of-charge without affecting their paratransit eligibility.

Broward County's fixed route service is the easiest and most affordable and economical way to travel throughout Broward County while the express bus service provides free commuter park and ride locations, and travel along the major interstate highways to Miami on weekdays during morning and afternoon peak travel hours.

MyRide.Broward.org helps customers know when the next three buses will arrive at their location.

Customers needing assistance to plan a trip can call 954-357-8400 and be sure to tell the customer service agent:

- Where customer is (city, major intersection or address)
- Where customer would like to go (destination)
- What days of the week customer wants to travel
- What time of day customer will be traveling

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

Fares and Passes

New Mobile-Friendly Fareboxes

All BCT buses have been retrofitted with mobile-friendly fareboxes. The new fareboxes make travel easier and more convenient for customers, who are now able to purchase a bus pass using their smartphone. The new fareboxes can process various forms of payments including mobile tickets, smart cards, and cash. Customers will also be able to connect with all South Florida Transportation systems.

BCT Mobile Ticketing

To purchase a ticket through the mobile ticketing app a customer needs to:
1. Download the RideBCT App or the SoFloGO App
2. Purchase ticket on customer's smartphone
3. Scan and ride.

View the instructional video https://www.broward.org/BCT/Fares/Pages/MobileApp.aspx

Mobile Ticketing Reduced Fare Pass Registration

In order to purchase reduced-fare electronic bus passes with the Mobile Ticketing App, you must visit one of our locations for a Customer Service Agent to create your account.

Mobile Ticketing Registration is available at the following locations:

- Government Center West
  1 North University Drive
  Plantation FL 33324
  Second Floor
  Hours: Monday - Friday, 9-11AM and 2-4PM

- Broward Central Terminal
  101 NW 1 Avenue
  Fort Lauderdale FL 33301
  Hours: Monday - Friday, 8AM - 5PM

- Lauderhill Transit Center
  1359 NW 40th Avenue
  Lauderhill FL 33313
  Hours: Monday - Friday, 8AM - 5PM

- Northeast Transit Center
  304 Dr. Martin Luther King Jr. Boulevard
  Pompano Beach FL 33060
  Hours: Monday and Wednesday: 6:30AM - 2:30PM; Friday: 11AM - 5PM

Required Documentation:

Original documentation ONLY (Photocopies will not be accepted)

- **Senior Fares (65 and older) -** Proof of age is required.
- **Medicare or Disability Fares -** Proof of disability is required
  - A valid government issued photo I.D. is also required. All Medicare cards, doctor letters and Government issued photo I.D. cards must be originals.
- **College Bus Pass –** Current college photo I.D. card or a current copy of the student's class schedule and a current photo I.D. is required.
- **Youth fares (18 years or younger) –** Proof of age is required.

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

Adult Fares (Ages 19-64)

- One-way Cash Fare $2
- 3 Day Bus Pass $12
  Unlimited rides for 3 consecutive days. Starts the first day the card is swiped on the bus.
- 7 Day Bus Pass $20
  Unlimited rides for 7 consecutive days. Starts the first day the card is swiped on the bus.
- 10 Ride Bus Pass $20
  Expires after the 10th ride is taken.
- All Day Pass $5
  Available for purchase on the bus. Unlimited rides all day on BCT fixed routes.
- 31 Day Adult Bus Pass $70
  Unlimited rides for 31 consecutive days. Starts the first day the card is swiped on the bus.
- Premium Express one-way cash fare $2.65
- Premium Express 10 Ride Bus Pass $26.50
- Premium Express 31 Day Bus Pass $95

Senior Fares (65 and older)
Medicare or Disability Fares (proof of disability required)

- One-Way Cash Fare Reduced $1
- All Day Bus Pass Reduced $4
- 31 Day Bus Pass Reduced $40
- Premium Express One-Way Cash Fare Reduced $1.30

Proof of age is required for a senior fare.

BCT offers a Reduced Fare Photo I.D. Card to make it easier for persons age 65 years and older and disabled persons to qualify for the reduced bus fare.

Photographs for the Reduced Fare Photo I.D. Card program are taken at the Broward Central Terminal, 101 NW 1st Avenue, Fort Lauderdale, and at the Lauderhill Transit Center, 1359 NW 40th Ave. in front of the Lauderhill Mall, Lauderhill.

Hours are Monday, Tuesday, Thursday, Friday, 9AM to 4PM (closed for lunch 12:30 to 1:30PM) at the Customer Service Center.

Persons 65 years and older have the option of obtaining a Reduced Fare Photo I.D. Card or showing another acceptable form of identification with proof of age. To receive a Reduced Fare Photo I.D. Card, riders must prove eligibility according to these requirements:

For a BCT Disabled Reduced Fare Photo I.D. Card, proof of disability is required with a Medicare card or a dated letter from a doctor (on Doctor's letterhead) stating 50 percent or more permanent disability or a Social Security Award Letter (letter must have the wording 'disabled individual'). A valid government issued photo I.D. is also required. All Medicare cards, doctor letters and Government issued photo I.D. cards must be originals. No copies will be accepted.

Youth Fares (18 years or younger)

- One-Way Cash Fare Reduced $1
- All Day Bus Pass Reduced $4
- 31 Day Bus Pass Reduced $40
- Premium Express One-Way Cash Fare Reduced $1.30

All bus passes are not exchangeable, refundable, or transferable. Damaged cards are invalid. Lost, stolen, or damaged cards will NOT be replaced by BCT.

College Bus Pass

- 31 Day College Bus Pass $50

To purchase this pass, a current college photo I.D. card or a current copy of the student's class schedule and a current photo I.D. is required. The College Student bus pass is only available for sale at the Broward County Main Library (MN), North Regional/BC Library (NR), South Regional/BC Library (SR), Miramar Library (MI), Northwest Regional Library (NO), Tamarac Branch Library (TA), Alvin Sherman Library located at Nova Southeastern University, on some college campuses, and at the Central Bus Terminal and Northeast Transit Center.

All bus passes are not exchangeable, refundable, or transferable. Damaged cards are invalid. Lost, stolen, or damaged cards will NOT be replaced by BCT.

BCT partners with Broward County Homeless Initiative Partnership Administration to provide discounted bus passes, (50%), to agencies in Broward County serving homeless individuals. County Human Services provides BCT a list of agencies eligible to purchase discounted passes and is not a grant.

Transfers between regular BCT bus service and BCT Express bus service

Passengers using any BCT bus pass and transferring from a regular BCT route to an Express bus route, must pay a $1.00 upgrade fee. Passengers with a Premium bus pass do not have to pay the $1.00 upgrade fee. Passengers paying with cash on a regular BCT bus route, will not be able to transfer to an Express bus route without paying the full premium fare when boarding the Express bus. Passengers using an All-Day bus pass will be required to pay the $1.00 upgrade fee when boarding Express buses.

Transfers from BCT to other South Florida Transit Systems

When boarding a BCT bus, passenger pays the appropriate BCT fare and may request a transfer from the bus operator if transferring to Miami-Dade Transit (MDT), Palm Tran, or Tri-Rail.

Transfers to BCT to other South Florida Transit Systems
When transferring from MDT, Palm Tran, and Tri-Rail to BCT regular fixed-route bus service, passenger pays $.50 with a transfer issued by MDT or Palm Tran and proof of fare payment such as Easy Card and receipt issued by Tri-Rail. Tri-Rail passengers boarding BCT at any locations other than at a Tri-Rail station will be required to pay the full fare.

Transfers between other South Florida Transit Systems and BCT Premium Express bus service
Transfers to MDT or Tri-Rail from Premium Express Service, a transfer is issued and passenger must pay appropriate MDT or Tri-Rail fare. Transfer from MDT or Tri-Rail to Premium Express Service, a $.50 transfer fee is required with the appropriate transfer from MDT or Tri-Rail. The Premium Express Service does not connect with Palm Tran. The Easy Card issued by MDT and Tri-Rail is not accepted as payment on any BCT bus.

Upgrade Transfer Policy
From BCT local to BCT Express: BCT bus pass plus $1 upgrade, pertains to holders of all BCT passes: All Day, 3 Day, 7 Day, 10 Ride, Adult 31 Day Regular, Adult 31 Day Senior, Disabled/Medicare, Youth and College Student Pass.

Bus Pass Purchase Online
Bus passengers and authorized vendors can purchase bus passes online after creating an "Access Broward" account. Visit https://www.broward.org/BCT/Pages/default.aspx and click on "Fares," then select "Bus Pass Purchase." Broward County Transit (BCT) bus passes can be ordered online by making an electronic payment. Transit riders can order only 10-Ride, 7-Day, 31-Day Adult, 10-Ride Premium and 31-Day Premium bus passes. Reduced fare bus passes (Youth/Senior/Disabled/Medicare/College Student) must be purchased in person at the main terminal or authorized vendor locations as valid I.D. is required for age, student status and/or disability verification. Authorized bus pass vendors are able to purchase all bus passes online with the exception of the All-Day bus pass which can only be purchased onboard the bus.

When an online purchase is made, the customer will be sent an e-mail confirming the order. Standard shipping via the U.S. Postal Service (USPS) is free. Authorized bus pass vendors have the option of bus passes being shipped for free by USPS or by secure delivery for a graduated rate.

Online orders are usually processed within three business days. For orders shipped within the U.S., please allow 7-10 business days to receive your bus pass.

Orders may be placed 24-hours-a-day, seven-days-a-week; however, orders placed after 2:00 p.m. on Friday, weekends or holidays will be considered received the following business day and will usually be processed within three business days.

Online transaction information is processed using a 128-bit "Secure Socket Layer" (SSL) certificate. This protection makes it extremely difficult – if not impossible – for anyone to intercept personal or credit card information.

All online bus pass purchases are final; bus passes cannot be exchanged or refunded. BCT does not assume responsibility or liability for bus passes that are lost during shipping. Under Florida law, e-mail addresses are public records. If customers do not want their account

registered email addresses released in response to a public records request, they should not register to purchase bus passes online.

BCT's Customer Relations and Communications Section develops and implements marketing, advertising and public relations programs to provide the public with information about current, new and enhanced bus service, special projects and events and benefits of riding public transportation. This section responds to a myriad of customer inquiries and provides personal trip planning through the customer information telephone center and Google Transit™ accessible on BCT's web site www.broward.org/bct.

Improvements are ongoing at https://www.broward.org/BCT/Pages/default.aspx. Its redesign and more user-friendly layout have resulted in continued increases of monthly visits. Enhancements include 'Transit Flash," a monthly e-newsletter sent to a customer e-mail database with up-to-date information online bus pass purchasing and translation from English to Spanish and Creole.

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT? **X** Yes □ No

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

Is the CTC accomplishing the goal? □ Yes **X** No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? □ Yes **X** No

Comments:

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

Minimum limits of One Million Dollars ($ 1,000,000.00) per occurrence combined single limit for Bodily Injury Liability and Property Damage Liability.

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

See TDSP, Appendix G, Operator Contract, Article 16

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

Operator	Insurance Cost

City of Miramar/Miramar Senior Services	$501
NE Focal Point (Deerfield)	No trips performed
NW Focal Point (Margate)	$ $40,688
Transportation America	$4,245,779
United Community Options (UCP)	$603

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

☐ Yes **X** No

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

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

Comments:

Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.
"...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts."

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

Cost [CTC and Coordination Contractor (CC)]
See TDSP Appendix B, Providers and Coordination Contractors

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) ($ amount / unit)	NA				
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
AMBULATORY	$24.55				
WHEELCHAIR	$42.08				

Special or unique considerations that influence costs?
Explanation:

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

Cost [CTC and Transportation Alternative (Alt.)] NA

None known to CTC	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) ($ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

IS THE CTC IN COMPLIANCE WITH THIS SECTION? X Yes □ No

Rule 41-2

Findings: Recommendations:

COMPLIANCE WITH 41-2, F.A.C.
Compliance with Commission Standards ***"...shall adhere to Commission approved standards…"***

Review the TDSP for the Commission standards. **See TDSP, Appendix G, Paratransit Contract**

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	Rule 41-2.006 (4) (f), F.A.C.: A local toll free for complaints or grievance shall be posted inside the vehicle. The local complaint process be outlined as a section in the local Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local coordinating board. Local Policy: Services provided by BCT may be reached by calling BCT Customer Service Paratransit Services Section, (954) 357-8400 #2 or 1-866-682-2258 (toll free within Dade, Broward and Palm Beach Counties) hearing impaired—(954) 357-8302. FCTD has a TD Hotline available Monday through Friday, 8:00 a.m. to 5:00 p.m., 1-800-983-2435 or TTY 1-800-648-6084. The phone numbers are posted in all TOPS! vehicles and are also included in the *Rider's Guide*, which is sent to all TOPS! customers.
Vehicle Cleanliness	Rule 41-2.006 (4) (h), F.A.C.: Interior of all vehicles shall be free of dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger. Local Policy: Broward County Vehicle Standards: It is the responsibility of CONTRACTOR to ensure each vehicle meets standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: Vehicle exterior or is free of grime, oil or other substance, cracks, breaks, dents, and damaged paint that noticeably detracts from the overall appearance of the vehicle. Body molding should be in place, or if removed, holes filled and painted. Interior shall be free from dirt, grime, oil, trash, or other material which could soil items and protruding metal or other objects that could damage items. Passenger compartment is clean, free of torn upholstery or floor coverings, damaged or broken seats, protruding sharp edges and vermin or insects. All

Commission Standards	Comments
	vehicles shall be cleaned inside and out daily. Vehicles used in general service with capacity of fifteen (15) passengers or less cannot be more than five (5) years old.
Passenger/Trip Database	Rule 41-2.006 (4) (j), F.A.C.: Broward County passenger/trip database must be maintained or accessible by the BCT paratransit services section on each rider being transported within the system. Local Policy: Required Records: Call representative shall confirm or record the following in CTMS for each call: A) PIN #; B) confirm Name, Address, Phone Number and Emergency Contact; C) determine if call is for a complaint or transportation; D) Verify eligibility: E) Verify Pick-up location; F) Determine drop-off location; G) Determine date of travel; H) Verify if pick-up or appointment; I) Determine appointment time; J) Determine if PCA or companion is traveling; K) Recap information; L) Save to wait-list and advise caller they will receive an automated call the night before advising the pick-up time. Customer Pick Up: CONTRACTOR shall be required to provide door-to-door service. Drivers must go into lobbies or vestibules of buildings to locate and/or assist a customer; however, drivers are prohibited from entering residences. Sounding a horn at the curb shall be insufficient notification of a ride's arrival. When customer boards the vehicle, driver shall complete paperwork or utilize an alternate automated system indicating pickup. The following information, at a minimum, shall be recorded by driver: (A.) pick-up time (B.) vehicle odometer mileage; (C.) fare collected from passenger (D.) Other information as required by COUNTY. Section 15 Filing: Pursuant to FTA's standards for precision, accuracy and accountability, COUNTY is required to report data to National Transit Database (Section 15 data). As required by FTA or COUNTY, CONTRACTOR shall collect Section 15 data and other "service supplied" information or "service consumed" information, as terms are defined in Section 15 of FTA Regulations. CONTRACTOR shall be responsible for collection of financial and operational data, including on-board operational and passenger related data and transmittal to COUNTY on COUNTY approved forms as follows: (A.) Operational and passenger related data shall be submitted to COUNTY no less than weekly (B.)

Commission Standards	Comments
	Financial data shall be submitted to COUNTY no less than quarterly and (C.) Designated service supplied data shall be submitted to COUNTY thirty (30) days prior to termination of COUNTY'S fiscal year. All source documents for Section 15 filings shall be subject to audit and shall be maintained by CONTRACTOR for five (5) years following final payment under this Agreement.
Adequate seating	Rule 41-2.006 (4) (k), F.A.C.: Adequate seating for paratransit services shall be provided to each rider and escort, child or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit service provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time. Local Policy: Availability: "Availability" shall mean a measure of capability of transit system to be used by potential patrons such as hours system is in operation, route spacing, seating availability and pick-up and delivery time parameters. Denials/Refusal of Service: CONTRACTOR may refuse to provide contracted paratransit service if vehicle capacity is insufficient to accommodate users at the time they wish to travel. When service is refused for vehicle capacity reasons, CONTRACTOR will notify the Call Center. Call Center will make other arrangements to provide the requested trip including contacting Customer. Wheelchair to Seat Transfer: CONTRACTOR may ask customers who use wheelchairs if they wish to transfer from wheelchair to seat. Such transfer is at the discretion of the customer and service may not be refused or denied based upon decision of customer. Accessibility: CONTRACTOR shall provide sufficient dedicated vehicles, which shall include but not be limited to, an appropriate number of vehicles equipped with lift or ramp, wheelchair securement devices and spare vehicles to maintain service in case of vehicle breakdowns, suitable for transportation of customers to

Commission Standards	Comments
	meet requirements specified in this Agreement. All vehicles, wheelchair lifts or ramps and wheelchair securement devices used for paratransit service shall meet all applicable ADA regulations, be approved by COUNTY and are subject to annual COUNTY inspection. CONTRACTOR shall meet or exceed standards and requirements for accessible vehicles set forth in Architectural and Transportation Barriers Compliance Board (ATBCB) as published in 49 CFR Section 37.161, 37.163, 37.167, 37.169,38.21 and 38.23-38.33, on September 6, 1991. Failure to provide adequate vehicles to meet terms and conditions of this Agreement may result in termination of Agreement as provided by Article 15 herein.
Driver Identification	Rule 41-2.006 (4) (l), F.A.C.: Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with specific passengers, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transport the rider on a recurring basis. Each driver must have a photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. Local Policy: Trip Delivery: Safety of driver, riders, public and a positive experience for the rider and driver are of primary importance to COUNTY. CONTRACTOR shall ensure drivers provide service as follows: Wear either company photo identification or name badge, patch, inscription with the name of the company/driver and, at Contractor's option, a company designated uniform.
Passenger Assistance	Rule 41-2.006 (4) (m), F.A.C.: The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. Boarding assistance shall include opening the vehicle door, fastening the seat belt or wheelchair securement devices, storage of mobility assistive devices and closing the door. Assisted access must be in a dignified manner. Drivers may not assist wheelchairs up or down more than one step, unless it can be performed safely as determined by the passenger, guardian and driver. Local Policy: Customer Pick Up: CONTRACTOR shall be required to provide door-to-door service. Drivers must

Commission Standards	Comments
	go into lobbies or vestibules of buildings to locate and/or assist customer; however, drivers are prohibited from entering residences. Sounding a horn at the curb shall be insufficient notification of a ride's arrival. When customer boards the vehicle, driver shall complete paperwork, or utilize an alternate automated system, indicating pick-up has been made. The following information, at a minimum, shall be recorded by the driver: (A.) pick-up time (B.) vehicle odometer mileage (C.) fare collected from passenger; (D.) Other information as required by COUNTY. Door-to-Door Service: Customers shall be provided door-to-door service as defined by Article I herein. Sounding the horn at the curb shall not be acceptable as sufficient notification of driver's arrival. Door, used herein, shall be building's door, not an individual office or apartment door located within a building. Customer Assistance: Boarding and disembarking assistance shall be provided to any customer. Driver shall go to door, announce his or her arrival (e.g., face-to-face or by intercom) and provide any additional assistance which will ensure customer's safe passage to and from vehicle and vehicle seat. Even if customer indicates he or she does not require driver's assistance, driver shall take necessary precautions to ensure customer's safe passage. Trip Delivery: Safety of driver, riders and public and a positive experience for rider and driver, are of primary importance to COUNTY. CONTRACTOR shall ensure drivers provide service as follows: Provide courteous and safe assistance to riders. Drivers: Driver Training Program must include a minimum of eighty (80) hours of training prior to (scheduled classroom training such as Defensive Driving may be accomplished during the first thirty (30) days of employment, due to class scheduling considerations) driving a service vehicle. All drivers providing service under this Agreement must be employees of CONTRACTOR and use of independent contractors is not allowed. Training must include, in addition to training requirements for all employees as set forth above, instruction in: Passenger Assistance Technique Certification or an equivalent course which must be approved by COUNTY prior to service delivery. Training shall include elderly and disabled customer sensitivity,

Commission Standards	Comments
	awareness and communications, passenger relations and assistance, hands-on assistance to visually impaired and dealing with service animals (guide dogs), assistance with mobility equipment including wheelchairs, scooters, walkers, canes, crutches, braces, etc.
Smoking, Eating and Drinking	Rule 41-2.006 (4) (n), F.A.C.: Smoking is prohibited in any vehicle. Local Policy: Broward County Vehicle Standards: It is CONTRACTOR's responsibility to ensure each vehicle meet standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: No smoking in vehicle.
Two-way Communications	Rule 41-2.006 (4) (p), F.A.C.: All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two-way communications in good working order and audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after May 1, 1996. Local Policy: Broward County Communication: CONTRACTOR shall be required to provide a base radio station and two-way mobile radios and/or cellular telephones for CONTRACTOR owned vehicles and sufficient portable two-way radios and/or cellular telephones to enable office and field supervisors to communicate with each other and dispatch staff.

Commission Standards	Comments
Air Conditioning/Heating	Rule 41-2.006 (4) (q), F.A.C.: All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after May 1, 1996. Local Policy: Vehicle Standards: It is CONTRACTOR's responsibility to ensure each vehicle meet standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: Vehicles are to be equipped with operable air-conditioning system. If air conditioning system becomes inoperable during the day, vehicle may continue to provide service only for the remainder of that day.
Billing Requirements	Rule 41-2.006 (4) (i), F.A.C.: Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined by the local Coordinating Board and provided in the local Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator is a non-governmental agency. Local Policy Compensation: COUNTY shall compensate CONTRACTOR for services rendered in full compliance with terms and conditions of this Agreement. Compensation: CONTRACTOR shall be compensated for services delivered pursuant to terms and conditions of this Agreement as follows: Payment: COUNTY will remit payment to CONTRACTOR within thirty (30) days from date each report is received pursuant to Article 7.1. COUNTY shall comply with provisions of the "Florida Prompt Payment Act" as required by Section 1-51.6 of Broward County Code of Ordinances. Per contract language, "COUNTY shall remit payment to CONTRACTOR within thirty (30) calendar days of receipt

Commission Standards	Comments
	of CONTRACTOR's completed monthly report and proper invoice as set forth in Article 8. COUNTY shall comply with provisions of the "Florida Prompt Payment Act" as required by Section 1-51.6 of Broward County Code of Ordinances." Disincentives: COUNTY shall reduce payment to CONTRACTOR by any disincentive deduction assessed for failure to comply with service, performance or maintenance requirements as specifically set forth by this Agreement. Reimbursement: COUNTY shall not process or remit payment for any reimbursement after sixty (60) days of the actual trip date. Noncompliance: In the event of failure by CONTRACTOR to comply with any requirement of this Agreement, COUNTY shall withhold payment until CONTRACTOR is determined to be in compliance. Noncompliance shall include, but not be limited to, the following: (A.) Services were improperly rendered. (B.) CONTRACTOR failed to meet service specifications. (C.) Services were otherwise questionable. Fare Structure: COUNTY shall determine customer fare structure for each service trip. COUNTY retains right to implement and CONTRACTOR shall comply with fare adjustments. Fare Collection: CONTRACTOR is responsible for collection of fares due and owing from customer, maintenance of records and deposit receipts for fares collected, as per terms and conditions of this Agreement. CONTRACTOR shall accept all means of payment approved from time to time by COUNTY including, but not limited to, cash, passes, tickets, transit punch cards, transfers and electronic transit fare cards. All fares are collected as customer boards vehicle. Customers must pay exact fare when boarding and vehicle operators are not permitted to make change. Drivers will not be permitted to accept gratuities. Billing Functions: Billing functions shall be performed through CTMS.

COMMISSION STANDARDS

Findings:

Recommendations:

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

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

Review the TDSP for the Local standards. **See TDSP, Appendix G Paratransit Contract**

Local Standards	Comments
Transport of Escorts and dependent children policy	Rule 41-2.006 (4) (b), F.A.C.: An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Service Plan. Local Policy: Broward County complies with the transport of escorts and dependent children policy. Escort/PCA: "Escort/PCA" shall mean a person traveling as an aide to facilitate travel by a person with a disability. PCAs may include, but are not limited to, nurses, caretakers, and parents of customers. Pursuant to 42 CFR 37.125(i), customer shall indicate, at time of registration, whether or not he or she travels with a PCA. No fare shall be collected from an Escort/PCA. "Mobility Aids" shall mean a device or animal used by a person to facilitate travel, including, but not limited to, Escort/PCA, wheelchair, walker, cane, or service animal. Children younger than five (5) years old must be transported in an appropriate car seat. All eligible customers and companions, including children, must pay the one-way fare. CTC does not provide child safety seats. Children under eighteen (18) are not permitted to ride in the front seat of a paratransit vehicle.
Use, Responsibility and cost of child restraint devices	Rule 41-2.006 (4) (c), F.A.C.: Use of child restraint devices shall be determined locally as to their responsibility, and cost of such device in the local Service Plan.

Local Standards	Comments
	Local Policy: Broward County complies with use of child restraint devices. Child Restraints: As required by the Child Passenger Protection Act, the following requirements apply when transporting children: Children Under One (1) Year of Age: Children under one (1) year of age must be buckled into a federally-approved child safety seat when they ride in the back seat. Children One-to-Five Years of Age/Front Seat: Children under eighteen (18) are not permitted to ride in the front seat of a paratransit vehicle. Children One-to-Five Years of Age/Back Seat: Children one (1)-to-five (5) years of age must ride in a federally-approved child passenger restraint until they are at least 5 years old and weigh more than 40 pounds. Children weighing more than 40 pounds but less than 8 years old or less than 4'9' tall must ride in a booster seat. CONTRACTOR is not required to provide a child safety seat. CONTRACTOR shall refuse to transport any child under five (5) years of age when a child safety seat is not provided by customer or responsible party. This information shall be documented on drivers' log and shall be considered a customer no show. CONTRACTOR agrees to comply with any subsequent provisions of this policy.
Out-of-Service Area trips	Rule 41-2.006 (4) (g), F.A.C.: Out of Service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips. Local Policy: Delivery of transportation service in Broward County continues to evolve into a multi-provider, intermodal, intercounty and coordinated system. BCT has service into Miami-Dade and Palm Beach Counties. The three (3) counties have designated several transfer locations for customers to transfer across service areas. The counties have an intercounty service agreement for paratransit delivery. Broward County works cooperatively with paratransit customers from other counties and states who request visitor status and show proof of current paratransit eligibility.
CPR/1st Aid	Rule 41-2.006 (4) (r,s), F.A.C.: Cardiopulmonary

Local Standards	Comments
	resuscitation policy shall be determined locally and provided in the local Service Plan. First aid policy shall be determined locally. Local Policy: Broward County complies with locally established emergency medical policy. Proper response to emergency medical needs of riders is to immediately contact 911.
Driver Criminal Background Screening	FCTD Standards Training Manual states: "A policy establishing the minimum driver criminal background screening to be performed should be developed and addressed in the service plan." It should be noted that this standard is not required by Rule 41-2 of the F.A.C., the Memorandum of Agreement or the Coordinated Transportation Contracting Instruction. Local Policy: Broward County Driver Roster: CONTRACTOR shall provide COUNTY with updated Driver Rosters by the twentieth (20th) calendar day of each month. Each roster shall indicate driver's name, date of hire, training dates, last Drug & Alcohol test, MVR review date and date of latest criminal record check. Driver Training: CONTRACTOR must provide COUNTY with evidence all drivers have completed the training program offered by CONTRACTOR prior to driver providing service. This training shall be included as part of the monthly operating summary package. Additionally, drivers shall be required to participate in a driver training program which may be developed by COUNTY. CONTRACTOR will receive information regarding any COUNTY program. CONTRACTOR shall require all personnel providing transportation under the Agreement to possess the following, which shall be filed with COUNTY Contract Administrator prior to–driver providing paratransit service: Current, valid Broward County Chauffeur's Registration in accordance with the requirements of Chapter 22-1/2, Broward County Code of Ordinances. COUNTY shall request State of Florida MVRs for CONTRACTOR'S drivers on a periodic basis. If report shows evidence of violations, COUNTY shall promptly notify CONTRACTOR and the Taxi Section of COUNTY Consumer Affairs Division. CONTRACTOR shall have procedures to periodically review driver's MVRs. Compliance shall be monitored by CTC. Background check completed biannually when the chauffeur’s license is renewed.

Local Standards	Comments
Rider Personal Property	Rule 41-2.006 (4) (d), F.A.C.: Passenger property that can be carried by the passenger and/or driver in one (1) trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistance devices, or intravenous devices. Local Policy Personal Belongings: "Personal Belongings" shall mean passenger property carried by passenger and safely stowed for transport with the passenger at no additional charge. "Personal Belongings" do not include for purpose of this definition wheelchairs, child seats, stretchers, secured oxygen or personal assistive devices. Personal Property in Vehicles: Any personal property of a customer found in a vehicle shall be retained by CONTRACTOR for a minimum of sixty (60) days after which, with prior approval of COUNTY, CONTRACTOR may dispose of said property.
Advance reservation requirements	Local Policy Advanced Reservation Service: "Advanced Reservation Service" shall mean service which is reserved by the customer one (1) to three (3) days in advance. Same Day Service: "Same Day Service" shall mean service is provided on the same day a request for service is made. "Same Day Service": Requests for service made on the same day may be provided at the discretion of County and TOPS! Reservation Center. County attempts to make every reasonable effort to accommodate same day trip requests.
Pick-up Window	Local Policy On Time: "On Time" shall mean service vehicle arriving within fifteen (15) minutes before or fifteen (15) minutes after pick-up time recorded at time of the scheduled trip request. For example, a pick-up is scheduled at 10:15 a.m. Customers shall expect to be picked-up between 10:00 a.m. and 10:30 a.m. Vehicle is on time if it arrives no earlier than 10:00 a.m. and no later than 10:30 a.m. Window: "Window" shall mean the period of time allowed prior to and after scheduled time of pick-up of any rider(s). Reservation Hours (Reservations): Requests for Service shall be made available to caller by TOPS! Reservation Center through a telephone operator, seven (7) days-a-

Local Standards	Comments
	week between 8:00 a.m. and 5:00 p.m. Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online. Eligible customers must reserve paratransit service one (1) to three (3) days prior to the date of desired trip. Pick-up window will be communicated to client via automated telephone call the evening prior to the trip. Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online. See TOPS! Rider's Guide for step-by-step on-line reservation details. Riders' Guide available at https://www.broward.org/BCT/Pages/Paratransit.aspx Scheduling and Dispatching: All trips must be scheduled by TOPS! Reservation Center and dispatched through CONTRACTOR's local dispatch facility using COUNTY supplied CTMS. The following requirements pertain to scheduling and dispatching: If CONTRACTOR fails to deliver client on time, client shall not be penalized for the return trip if he/she cannot be ready at the scheduled return pick-up time. A window of thirty (30) minutes will be from time client is ready for his/her return trip.
On-Time Pick Up and On-Time Arrival	On-Time Pick Up and On-Time Arrival – The Vehicle arrives at the designated pick-up location within the Pick-Up Window as established by the CTMS or earlier or the drop off location by the appointment time as requested by the customer.

Measurable Standards/Goals	Standard/Goal	Latest Figures	Is the CTC/Operator meeting the Standard?
Public Transit Ridership: Travel Training Program	CTC Travel Training 120	0	NO
Public Transit Ridership: Bus Pass Program	CTC Bus Pass	20,183	N/A
On-time performance:	CTC 07/01/2024-06/30/2025	88.15%	NO
Accidents: Reported from the current AOR	CTC 2.5/100,000 miles	.56	YES
Road calls: Reported from the current AOR	CTC	230	N/A
Average Age of Fleet: CTC records	CTC	100% Fleet < 10 years old	
Complaints: Rider complaints as reported to CTC (excluding WMR).	CTC 0.2% of trips delivered in a calendar month	Program wide: .2%	
	Transportation America	.43	NO
Call -Hold Time: Inktel Direct, TOPS! Reservation Center: *Per Ducati Reporting System.	CTC <90 seconds		
	TOP's Reservation Center < 90 seconds	seconds* 29 seconds	YES

Florida Commission for the Transportation Disadvantaged

CTC Expense Sources

County: Broward
Broward County
Fiscal Year: 07/01/2024 - 06/30/2025

CTC Status: Submitted
CTD Status: Under Review

CTC Organization:

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Expense Sources						
Labor	$ 1,456,577	$ 2,451,282	$ 3,907,859	$ 1,233,807	$ 2,322,943	$ 3,556,750
Fringe Benefits	$ 521,294	$ 614,384	$ 1,135,678	$ 431,548	$ 671,329	$ 1,102,877
Services	$ 450,795	$ 354,025	$ 804,820	$ 216,093	$ 501,336	$ 717,429
Materials & Supplies Consumed	$ 3,825,701	$ 776,585	$ 4,602,286	$ 3,668,731	$ 758,015	$ 4,426,746
Utilities	$ 260,226	$ 49,156	$ 309,382	$ 259,121	$ 42,654	$ 301,775
Casualty & Liability	$ 0	$ 901,492	$ 901,492	$ 0	$ 786,664	$ 786,664
Taxes	$ 89,509	$ 1,459	$ 90,968	$ 75,392	$ 2,505	$ 77,897
Miscellaneous	$ 3,107	$ 15,697	$ 18,804	$ 3,317	$ 23,750	$ 27,067
Interest	$ 0	$ 4	$ 4	$ 0	$ 1,100	$ 1,100
Leases & Rentals	$ 0	$ 4,965	$ 4,965	$ 0	$ 4,033	$ 4,033
Capital Purchases	$ 0	$ 80,396	$ 80,396	$ 0	$ 57,139	$ 57,139
Contributed Services	$ 0	$ 36,375	$ 36,375	$ 0	$ 64,801	$ 64,801
Allocated Indirect Expenses	$ 0	$ 167,972	$ 167,972	$ 0	$ 112,094	$ 112,094
Purchased Transportation Services						
Bus Pass	$ 699,736	N/A	$ 699,736	$ 734,858	N/A	$ 734,858
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	$ 47,893,867	N/A	$ 47,893,867	$ 36,496,867	N/A	$ 36,496,867
Total - Expense Sources	**$ 55,200,812**	**$ 5,453,792**	**$ 60,654,604**	**$ 43,119,734**	**$ 5,348,363**	**$ 48,468,097**

Worksheet 2

1. Inventory of Transportation Operators in the Service Area

** Number fluctuates. Definition of operators in the area would have included those in the region and we do not collect that data.	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit	** unknown	12	249,472	11%
Private For-Profit	** unknown	1	980,588	44%
Government	** unknown	5	103,014	5 %
Public Transit Agency – Bus Pass trips	1	1	871,101	40%
Total	1	19	2,204,145	100%

2. How many of the operators are coordination contractors? 17

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? Given the funding, all of them.

   Does the CTC have the ability to expand? Yes

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

   Renewed Coordination Agreements:
   Ann Storck Center October 18, 2021
   Christina G Smith Mental Health Foundation October 18, 2021
   City of Pembroke Pines October 18, 2021

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

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

1	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties
	Requests for Letters of Interest

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

Request for Letters of Interest

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

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

	Scope of Work
X	Safety Program
X	Capacity
X	Training Program
X	Insurance
X	Accident History
X	Quality
X	Community Knowledge
X	Cost of the Contracting Process
X	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? Advertised on County website and followed County RFP publication and solicitation process.

   How many responded? 7 for service providers, 2 bids for call center

   The request for bids/proposals was distributed:

   X Locally X Statewide X Nationally

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

Level of Availability (Coordination)
Worksheet 3

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

Coordinated plans for transporting the TD population are described in Broward County's TDSP. The TDSP is updated annually by the MPO and CTC and adherence to the plan is closely monitored. **See the Introduction and Service Analysis of the current TDSP here: https://www.browardmpo.org/major-initiatives/transportation-disadvantaged-services**

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

Coordinated plans for transporting the TD population are described in Broward County's TDSP. The TDSP is updated annually by the MPO and CTC and adherence to the plan is closely monitored. For the MPO's current Public Participation Plan, please see: https://browardmpo.org/index.php/core-products/public-participation-plan-ppp. To view the current TDSP plan, please visit: https://www.browardmpo.org/major-

initiatives/transportation-disadvantaged-services

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

TD Trips - Pursuant to Chapter 427 Florida Statutes, Broward County as the CTC under direction from CTD and in cooperation with the LCB, developed local eligibility guidelines. The CTC requires a written application for TD eligible customers, of whom there were 304 registered customers with TOPS! Door to door paratransit service and 3,771 registered customers for the TD Bus Pass Program. The CTC and LCB have an established Complaint and Grievance Procedure for applicants and customers. Applicant may request a review of the application by the CTC program director. TOPS! performed 276,054 TD trips.

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

ADA: ADA Eligible Trips - BCT is responsible for providing complementary paratransit services under the Americans with Disabilities Act of 1990. Customers under this service are eligible based upon Federal ADA Rules and Regulations. There 6,385 active eligible ADA customers registered with TOPS! paratransit service. TOPS! performed 704,504 complementary ADA trips.

ADA eligibility is determined by applicant's functional limitations in demonstrating ability to use a fixed-route bus and/or navigate the fixed-route system. Applicants complete a written application. A physician of the applicant's choice completes the medical section. Completed applications are reviewed by a third-party BCT-contracted medical functional assessment facility. Those applicants not receiving presumptive approval are sent for an assessment to determine appropriate service - ADA paratransit or fixed-route bus service. Assessments are conducted by a team of specifically trained professionals including physical and occupational therapists and comprise functional, cognitive, visual and respiratory evaluations. Applicants who qualify and are enrolled in ADA paratransit service must apply for re-certification every three (3) to five (5) years. The CTC has established an eligibility appeals board that meets as needed. BCT's Paratransit Services Section staff processed 9,624 applications and approved 7,274 applications for ADA and TD paratransit service this reporting period.

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

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

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

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

Answering and On-Hold Time Standards: TOPS! Reservation Center shall establish a system to ensure calls shall be answered within five (5) rings and on-hold time shall be kept at minimum while customers are booking transportation. Maximum hold time shall be defined as no more than ninety (90) seconds. TOPS! Reservation Center shall establish a plan detailing how on-hold times may be kept to a minimum. This plan shall include maximum estimated hold times for both peak and off-peak travel times. Approximate peak times on weekdays are 6:00 a.m. until 9:00 a.m. and 3:00 p.m. until 5:00 p.m.
Reporting Function: TOPS! Reservation Center shall have a reporting function on the telephone system which measures: number of calls by function, average length of call, hold times, abandoned calls, cancellations, and other reporting capabilities.

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

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

Reservation Hours (Reservations): All requests for service shall be made available to client through TOPS! Reservation Call Center at 1-866-682-2258 or online. Reservations service operates seven (7) days-a-week between 8:00 a.m. and 5:00 p.m. and online reservations are available twenty-four (24) hours a day, seven (7) days a week. Eligible customers shall reserve paratransit service one (1) to three (3) days prior to requested date of service. Next day reservations must be completed before 5 p.m. Pick-up times may be negotiated provided all negotiations comply with ADA regulations. Passengers will receive their Service Window for each trip the night before travel, between 5 p.m. and 9 p.m., through an automated system. If the Service Window provided is not convenient and the passenger would like to negotiate a different time or wishes to cancel the trip, they must contact the Call Center. The system will call the passenger via the most current phone number(s) on file. If the passenger has an answering machine or voicemail, the system will leave a message. When the vehicle is approximately ten (10) minutes away from the passenger's location, the passenger will receive an automated Advanced Arrival Reminder Notification call.

Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online www.mytopstrips.org. See TOPS! Rider's Guide for step-by-step on-line reservation details. The Riders' Guide is available at www.broward.org/BCT (select "Paratransit").

All reservations are booked into CTMS at the actual time of request and required data fields are updated, verified and entire reservation is read back to client for their approval. All

reservations received during the day at TOPS! Reservations Center are constantly monitored and scheduled for efficiency, effectiveness, and productivity.

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

A. Name of client.

B. Appropriate funding component of service.

C. Client's Paratransit Service Identification Number.

D. Pick-up location.

E. Drop-off location.

F. Desired drop-off time/appointment time

G. Telephone number where caller can be reached.

H. Number in party (including PCA and/or companion).

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

Trip/client/ allocations are determined during contract negotiations prior to execution of the agreement between CTC and transportation operators. Please note assigned site locations were voided at the start of the current Paratransit contract effective 1/1/2015.

Scheduling – How is the trip assignment to vehicles coordinated?

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

A. Client is not permitted to request a specific driver.

B. Appointment times and locations shall be confirmed with caller at time trip is reserved.

C. Any changes made to an existing reservation shall be accompanied by supporting documentation a CTMS entry.

D. If CONTRACTOR fails to deliver client to appointment on time, client shall not be penalized for return trip in the event client cannot be ready at scheduled return pick-up time. A window of thirty (30) minutes shall be given in situations involving late delivery to appointments from time client is ready for return trip.

E. A minimum sixty (60) minute wait is required between the client's appointment time and the client's next pick-up time.

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

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

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

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

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

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

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

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

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

CTMS tracks and reports coordination of trips.

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

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

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

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

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

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

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

Information is shared during meetings with three boards/committees: the Broward County Advisory Board for Individuals with Disabilities, South Florida Regional Transportation Authority's ADA Advisory Committee, and the Broward MPO through the LCB as well as presentations at the Commission for Transportation Disadvantaged annual workshops for CTD staff and transportation professionals. Information is also shared with the following organizations in Broward County: Agency for Persons with Disabilities, Division of Blind Services, CareerSource Broward, Center for Independent Living, Vocational Rehab, Park 7 Veterans Club of Coral Springs, Veterans Affairs Voluntary Service (VAVS) Kling Clinic, South Florida AIDS Network (SFAN), Rock Island HOA, The Preserve at Palm-Aire, Learning Center for Vision Impaired Seniors, Lighthouse of Broward, National Federation of the Blind of Broward County, Davita Inc., Plantation Kidney Center, FMC Fresenius Dialysis Center, Tamarac Artificial Kidney Center, Cleveland Clinic, University of Miami (Deerfield Beach location), Memorial Health Systems, Holy Cross Hospital, South Florida Wellness Network, Jubilee, Broward Partnership – Fort Lauderdale, Broward Outreach – Hollywood, LifeNet, House of Hope, Club 55+ Senior Citizens "Coffee & Conversation" City of Fort Lauderdale, City of Pembroke Pines - Southwest Focal Point Senior Center, Northeast Focal Point, Northwest Focal Point, Tamarac Community Center and The Quest Center. Additionally, TD program information and applications can be found on our website: www.broward.org/BCT

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

CTC has one (1) formal service contract agreement with operators of the paratransit system and 17 formal agreements with all coordination contractors.

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation: _____

Please list any special guests that were present: _____

Location: _____

Number of Passengers picked up/dropped off: _____

Ambulatory _____

Non-Ambulatory _____

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

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

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

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

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

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

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

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

Does vehicle have two-way communications in 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: Broward County Transit County: Broward

Date of Ride: _____

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

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

Note: Attach the manifest

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: _____ County: BROWARD

Date of Call: / / Funding Source: _____

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

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

If so, how much? _____

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

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
Broward County

Contractor name (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip? □Yes □No

2. Do the riders/beneficiaries call your facility directly to issue a complaint? □Yes □No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders? □Yes □No

   If yes, is the phone number posted the CTC's? □Yes □No

4. Are the invoices you send to the CTC paid in a timely manner? □Yes □No

5. Does the CTC give your facility adequate time to report statistics? □Yes □No

6. Have you experienced any problems with the CTC? □Yes □No

   If yes, what type of problems?

Comments: _____

_____

_____

_____

PURCHASING AGENCY SURVEY **NA**

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

1) Do you purchase transportation from the coordinated system? □ YES □ NO

If no, why? _____

2) Which transportation operator provides services to your clients?

3) What is the primary purpose of purchasing transportation for your clients?
- □ Medical
- □ Employment
- □ Education/Training/Day Care
- □ Nutritional
- □ Life Sustaining/Other

4) On average, how often do your clients use the transportation system?
- □ 7 Days/Week
- □ 1-2 Times/Week
- □ 3-5 Times/Week
- □ 1-3 Times/Month
- □ Less than 1 Time/Month

5) Have you had any unresolved problems with the coordinated transportation system?
- □ Yes
- □ No - If no, skip to question 7

6) What type of problems have you had with the coordinated system?
- □ Advance notice requirement [specify operator (s)]
- □ Cost [specify operator (s)]
- □ Service area limits [specify operator (s)]
- □ Pick up times not convenient [specify operator (s)]
- □ Vehicle condition [specify operator (s)]
- □ Lack of passenger assistance [specify operator (s)]
- □ Accessibility concerns [specify operator (s)]
- □ Complaints about drivers [specify operator (s)]
- □ Complaints about timeliness [specify operator (s)]
- □ Length of wait for reservations [specify operator (s)]
- □ Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?
- □ Yes
- □ No - If no, why? _____

Contractor Survey
Broward County

Contractor name (optional) **Inktel (305) 523.1233 Ext: 99062**

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

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

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?
   No – we operate the Call Center.

   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.

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

6. Have you experienced any problems with the CTC?
   No.
   If yes, what type of problems?

Comments: **N/A**

Contractor Survey

Broward County

Contractor name: **Transportation America (954) 463-0845**

1. Do the riders/beneficiaries call your facility directly to cancel a trip?
   No.

2. Do the riders/beneficiaries call your facility directly to issue a complaint?
   No. Sometimes get calls, but redirect to the Call Center or Broward County.

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?

   No toll-free number as all calls are in Broward. Yes, provide local number.

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

   Yes, phone number posted for the CTC.

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

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

6. Have you experienced any problems with the CTC?
   No.

   If yes, what type of problems?

Comments: **N/A**

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/18/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☒ Yes ☐No If no, skip to question # 5

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

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

If none, skip to question # 5.

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

☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☒ Other no reason provided

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Very important as it helps her to to her doctor's appointments in a timely fashion

Additional Comments They have a lift where she can use her walker.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/23/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
☐ Employment
☒ Nutritional
☐ Education/Training/Day Care
☒ Life-Sustaining/Other

6) Did you have a problem with your trip?

☒ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

8) What does transportation mean to you? (Permission granted by Reliable transportation required to get to places with safety for use in publications.)

Additional Comments _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/23/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☒ No

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

☐ Yes ☐No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☐No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments Client indicated they do not take this transportation

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/19/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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

☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☐ Other n/a

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?

☒ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

☐ Advance notice
☐ Cost
☐ Pick up times not convenient
☐ Assistance
☐ Service Area Limits
☒ Accessibility
☐ Drivers - specify
☐ Vehicle condition
☒ Late pick up-specify time of wait
☒ Late return pick up - length of wait
☒ Reservations - specify length of wait
☒ Other Unsafe drivers, not respecting timeframes and communication barriers

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 0

8) What does transportation mean to you? (Permission granted by Important but need better drivers for use in publications.)

Additional Comments Drivers are horrible and have no compassion. Busses need a number so seniors can know which bus they should be on. Client has placed multiple complaint tickets.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/23/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☐No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☐No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments Client did not want to answer any further questions and hung up.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/18/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

8) What does transportation mean to you? (Permission granted by Very beneficial as she does not have a vehicle for use in publications.)

Additional Comments _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Charlotte/Carol Martin
County: BROWARD

Date of Call: 02/18/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
☐ Employment
☒ Nutritional
☐ Education/Training/Day Care
☐ Life-Sustaining/Other

6) Did you have a problem with your trip?

☒ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

8) What does transportation mean to you? (Permission granted by Very important and can't drive and works out for her. for use in publications.)

Additional Comments They are sometimes late, have to wait 30 minutes.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Fenner / Lacey / Manny Fuentes
County: BROWARD

Date of Call: 3/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year USED 2026
July 2023 – June 2024? ☐ Yes ☐ No

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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?

- ☐ Yes If yes, please state or choose problem from below
- ☑ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments _____

Means everything, especially for dr's appt. High traffic times are not stressful as rider "Tops is the Tops!"

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Ferrer-Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/31/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year 2026 July 2023 – June 2024? ☑ Yes ☐ No today

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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?

- ☑ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Cost
- ☐ Pick up times not convenient
- ☐ Assistance
- ☐ Service Area Limits
- ☐ Accessibility
- ☐ Drivers - specify
- ☐ Vehicle condition
- ☑ Late pick up-specify time of wait 2-3 hr. delay
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other Lack of communication, No Show

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 6

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

Additional Comments _____

Has autism - needed for school transportation. Cardiac + Caused frenzy

Communication needs to be better

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: MANNY FUENTES
County: BROWARD

Date of Call: 03/26/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☒ Yes ☐No If no, skip to question # 5

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

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

If none, skip to question # 5.

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

☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☒ Other WAS NOT ALLOWED WITH HER SERVICE ANIMAL

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments ESSENTIAL SERVICE THAT ASSISTS A SPECIAL NEEDS CLIENT NAVIGATE THROUHOUT THE COUNTY.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: MANNY FUENTES
County: BROWARD

Date of Call: 03/26/27 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☒ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

☐ Advance notice
☐ Cost
☐ Pick up times not convenient
☐ Assistance
☐ Service Area Limits
☐ Accessibility
☐ Drivers - specify
☐ Vehicle condition
☐ Late pick up-specify time of wait
☐ Late return pick up - length of wait
☐ Reservations - specify length of wait
☒ Other DELAY IN TRANSPORT AND WAITING AN UNREASONABLE TIME FOR A RIDER THAT NEVER SHOWED UP AT PICK LOCATION.

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

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

Additional Comments IT IS A GREAT SERVICE, THAT WITH NOT HAVING OTHER TRANSPORTATION, GREATLY HELPS ME.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Feiver-Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☑ No 2026

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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
- ☐ Employment
- ☐ Nutritional
- ☑ Education/Training/Day Care
- ☐ Life-Sustaining/Other

6) Did you have a problem with your trip?

- ☐ Yes If yes, please state or choose problem from below
- ☑ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments _____

very important
very needed

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Ferrer-Lopez / Arianna Fuentes
County: BROWARD

Date of Call: 2/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☑ No Used 2024

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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?

- ☐ Yes If yes, please state or choose problem from below
- ☑ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Cost
- ☐ Pick up times not convenient
- ☐ Assistance
- ☐ Service Area Limits
- ☐ Accessibility
- ☐ Drivers - specify
- ☐ Vehicle condition
- ☑ Late pick up-specify time of wait 10-20 minutes (see below)
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other _____

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

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

Additional Comments _____

- Due to loss of balance & falls, he appreciates the service now that he is no longer able to drive.
- In AM experiences delayed pickup as drivers do not follow correct road directions to navigate in trailer park.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen - Ferrer - Lopez / Nanny Fuentes
County: BROWARD

Date of Call: 3/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☑ No Used 2024

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

☐ Yes ☑ No If so, how much? ____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

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

If none, skip to question # 5.

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 Bank
- ☐ Nutritional

6) Did you have a problem with your trip?

- ☐ Yes If yes, please state or choose problem from below
- ☑ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments _____

- Appreciates TOPS, it is a great service
- Always on time
- Drivers Go above and beyond with their service
- Always help to destination as he is *blind, they assist ~~him~~ from door to door/desk.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Cindy Fernandez / Manny Fuentes
County: BROWARD

Date of Call: 2/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☑ Yes ☐ No 2026

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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?

- ☑ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Cost
- ☐ Pick up times not convenient
- ☐ Assistance
- ☐ Service Area Limits
- ☐ Accessibility
- ☐ Drivers - specify
- ☐ Vehicle condition
- ☑ Late pick up-specify time of wait 15 mins to ½ hour
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☑ Other no show due to lack of communication for address location

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments _____

- Delays due to multiple passenger pickup.
- means something to him – due to health can no longer drive, can navigate with less pain as he is not in driver's seat.
- Appreciative, definitely a County asset

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Ferrer / Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/31/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☐ No 2026

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

- ☐ Yes If yes, please state or choose problem from below
- ☑ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments _____

Enjoy • drivers nice service)

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Ferrer Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☑ No 2025-2026

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

☐ Daily - 7 Days a Week ☐ 1-2 Times/Week
☐ 3-5 Times/Week ☑ Other cut down & paused services since son now drives a car

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

- ☑ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Cost
- ☐ Pick up times not convenient
- ☐ Assistance
- ☐ Service Area Limits
- ☐ Accessibility
- ☐ Drivers - specify
- ☐ Vehicle condition
- ☑ Late pick up-specify time of wait more than 1 hr.
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other _____

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments _____

- Great help, single parent - helped greatly by this service
- Convenience

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Ferrer Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☑ Yes ☐ No

2020, 2021, 2022, 2023 & 2024

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☑ Yes ☐ No If no, skip to question # 5

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

☐ None ☑ 1-2 Times → COVID
☐ 3-5 Times ☐ 6-10 Times

If none, skip to question # 5.

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

☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☒ Other Not enough drivers, cancelled service 2020 During COVID

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?

- ☐ Yes If yes, please state or choose problem from below
- ☑ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments _____

- Service is outstanding
- door to door service
- Extra help from drivers is so appreciated

015

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Forer-Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/31/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☑ Yes ☐ No past

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

☐ Daily - 7 Days a Week ☐ 1-2 Times/Week
☐ 3-5 Times/Week ☒ Other 2X/month

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

- ☑ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Cost
- ☐ Pick up times not convenient
- ☐ Assistance
- ☐ Service Area Limits
- ☐ Accessibility
- ☐ Drivers - specify
- ☐ Vehicle condition
- ☑ Late pick up-specify time of wait 30 mins
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other _____

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments _____

No comments

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Carmen Ferrer-Lopez / Manny Fuentes
County: BROWARD

Date of Call: 3/27/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☑ Yes ☐ No

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

☐ Yes ☑ No If so, how much? ____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
- ☑ Employment
- ☐ Nutritional
- ☐ Education/Training/Day Care
- ☐ Life-Sustaining/Other

6) Did you have a problem with your trip?

- ☑ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Pick up times not convenient
- ☐ Service Area Limits
- ☐ Drivers - specify
- ☑ Late pick up-specify time of wait 20 30minutes
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other _____
- ☐ Cost
- ☐ Assistance
- ☐ Accessibility
- ☐ Vehicle condition

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 6

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

Additional Comments _____

- muy importante / Service is very important
- Especialmente porque me hace falta para llegar a mi trabajo / Needed to get to work el transporte
- Inconviene cuando llega tarde / Llego tarde a mi trabajo / Inconvenient when late resulting in tardiness to job.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: [illegible] Manny Fuentes
County: BROWARD

Date of Call: 3/27 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☐ No

V. 2025 an. May 2025

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

☐ Yes ☑ No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☑ No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
- ☑ Employment
- ☐ Nutritional
- ☐ Education/Training/Day Care
- ☐ Life-Sustaining/Other

2 Volunteer Services

6) Did you have a problem with your trip?

- ☑ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Pick up times not convenient
- ☐ Service Area Limits
- ☐ Drivers - specify
- ☑ Late pick up-specify time of wait 2 hours
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other _____
- ☐ Cost
- ☐ Assistance
- ☐ Accessibility
- ☐ Vehicle condition

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

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

Additional Comments _____

Good service, providing transportation services for those without a vehicle, like me.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Tatiana Gillyard
County: BROWARD

Date of Call: 03/31/27 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☒ Yes ☐No If so, how much? $3 NEVER KNOW HOW MUCH SHE WILL BE CHARGED

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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?

☒ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 5

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

Additional Comments MEDICAL CONDITON AND NEED TO GET TO DOCTORS AND DIALYSIS THE TRANSPORTATION SERVICES ARE NEEDED.

The client is on disability and can not afford the $3 fare.

The client mentioned late pickup and drop off times to her appointment.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Tatiana Gillyard
County: BROWARD

Date of Call: 03/31/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☐ Yes ☒ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments The client stated that they do not receive transportation services, the survey was not completed due to the client stating they do not receive services.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: TATIANA GILLYARD
County: BROWARD

Date of Call: 03/31/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments GETTING FROM ONE PLACE TO ANOTHER SUCCESSFULLY.

THE RIDER STATED THEY NO LONGER USED THE TRANSPORTATION SERVICES

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: TATIANA GILLYARD
County: BROWARD

Date of Call: 03/31/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☒ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments FOR HIS SON TRANSPORTATION MEANS FREEDOM

THE SERVICE IS GREAT BUT THERE IS ROOM FOR IMPROVEMENT

ON ONE OCCASION HE WAS DROPPED OFF TO THE WRONG LOCATION AND SOMETIMES TRANSPORATTION ARRIVES AN HOUR LATE

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Tatiana Gillyard
County: BROWARD

Date of Call: 03/31/27 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

Her father is in a wheelchair and the drivers are very helpful to hin

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

Additional Comments TRANSPORTATION MEANS THE ONLY WAY SHE CAN GET AROUND WITH HER FATHER INA WHEELCHAIR

STATED THAT SHE HOPES THE COUNTY CONTINUES PROVIDING THE SERVICES

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Tatiana Gillyard
County: BROWARD

Date of Call: 04/01/26 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☐No If so, how much? THE CASE MANAGER DOES NOT HAVE THIS INFORMATION AND STATED THAT THE RIDER WOULD NOT BE ABLE TO REMEMBER AND ANSWER THESE QUESTIONS, THEREFORE, SURVEY WAS ENDED.

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☐No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments _____

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Tatiana Gillyard
County: BROWARD

Date of Call: 04/01/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☐No If so, how much? STARTED CHARGING $3.50

SMELLED SO BAD REASON SHE STOPPED USING THE SERVICES. CONVENIENT BUT THE SMELL WAS HORRIBLE CAUSING HER TO VOIMIT WHEN SHE WENT HOME.

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

☐ None ☐ 1-2 Times
☐ 3-5 Times ☐ 6-10 Times
If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments CONVENIENCE. LOT OF HELP BECAUSE SHE DIDN'T WANT TO DRIVE, HOWEVER, THE SMELL WAS UNBEARABLE. THE SMELL WAS IN ALL OF THE CARS

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/6/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments Transportation means to me: It means a lot because I can't drive and I don't have anyone to take me to dialisys.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments Transportation means to me: A way to get around to do errands. Additional Comments: Sometimes they run late.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/6/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 9

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

Additional Comments Transportation means to me: Helps me and my family 90% of the time. Aditional comments: Every once in a while the scheduled transportation is too early, but is not often.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
☒ Employment
☒ Nutritional
☐ Education/Training/Day Care
☒ Life-Sustaining/Other

6) Did you have a problem with your trip?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments Transportation means to me: Without TOPS I could not go anywhere. Best service in South Florida.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
- ☐ Employment
- ☐ Nutritional
- ☒ Education/Training/Day Care
- ☒ Life-Sustaining/Other

6) Did you have a problem with your trip?

- ☐ Yes If yes, please state or choose problem from below
- ☐ No - If no, skip to question # 7

What type of problem did you have with your trip?

- ☐ Advance notice
- ☐ Pick up times not convenient
- ☐ Service Area Limits
- ☐ Drivers - specify
- ☐ Cost
- ☐ Assistance
- ☐ Accessibility
- ☐ Vehicle condition
- ☒ Late pick up-specify time of wait
- ☐ Late return pick up - length of wait
- ☐ Reservations - specify length of wait
- ☐ Other Late time 30 minutes - 1 hour

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

8) What does transportation mean to you? (Permission granted by (Anikaas Saplflor answered the survey - his son has autism and unable to answer. for use in publications.)

Additional Comments Transportation means to me: It's helpful. He can go wherever he needs to go. Comments: Occasionally, they come too late, sometimes 30 minutes, and she is fine with that. However, if TOPS could let customers know that they are running late then they could be doing something during the wait time or try to get another ride.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments The service gives me the opportunity to get the medical care that I need because I cant drive. Complaint: A few times I have found roaches walking around the bus and sometimes vehicles are not properly cleaned.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/6/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
☐ Employment
☐ Nutritional
☐ Education/Training/Day Care
☒ Life-Sustaining/Other

6) Did you have a problem with your trip?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments Transportation means to me: When we have to travel far, we use TOPS to visit our family. Additional comments: Service is excellent.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
☐ Employment
☐ Nutritional
☐ Education/Training/Day Care
☒ Life-Sustaining/Other

6) Did you have a problem with your trip?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments What transportation means to me: Without it, I would be in my house. I do not have a leg and the transportation is a relief. Comments: (1) Sometimes they are late. (2) The rider uses a wheelchair and feels that her wheelchair needs to be fastened tighter to the bus when riding. Sometimes she feels that she may fall.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments What transportation means to me: It means freedom to get places where I need to go. Comments: The bus brokedown only once. People with medical issues may have problesms because the temperature is always hot. Drivers are really kind.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 03/04/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

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

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

Additional Comments What transportation means to me: Its very necessary. I do not have a car and it helps me a lot since I am unable to drive a car. Comments: Sometimes drivers take too long to pick me up.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/12/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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
☒ Employment
☐ Nutritional
☐ Education/Training/Day Care
☐ Life-Sustaining/Other

6) Did you have a problem with your trip?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

8) What does transportation mean to you? (Permission granted by Wilmer Guebara (The person who is taking care of him was next to him at the time of the interview) for use in publications.)

Additional Comments Transportation means to me: It's a big benefit because I can go to work since I cannot drive.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 3/6/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 6

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

Additional Comments Service means to me: It helped me during the process when I had to go to a lot of doctor visits. Aditional comments: Customer routes should be close to the other customers that share the ride. Sometimes they had to take me to Boca and first they went to places close to Miami. I had to travel from almost one side to the opposite side.

RIDER/BENEFICIARY SURVEY

Staff/LCB Member making call: Shatara Piedrasanta
County: BROWARD

Date of Call: 03/4/2026 Funding Source: Transportation Disadvantaged

1) Did you receive transportation service between the year July 2023 – June 2024? ☒ Yes ☐ No

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

☐ Yes ☒No If so, how much? _____

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes ☒No If no, skip to question # 5

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

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

If none, skip to question # 5.

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?

☐ Yes If yes, please state or choose problem from below
☒ No - If no, skip to question # 7

What type of problem did you have with your trip?

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

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8

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

Additional Comments What transportation means to me: It takes me where I need to go. Comments: I am satisfied with the service.