

**COLLIER COUNTY
TRANSPORTATION DISADVANTAGED SERVICE PLAN**

**MAJOR UPDATE
FY 2018/19 – FY 2022/23**

**ADOPTED
October 24, 2018**

**AMENDED
December 4, 2019**

Prepared for:

The Collier County Metropolitan Planning Organization

In Coordination with:

Collier County Local Coordinating Board for the Transportation Disadvantaged

&

Collier County Public Transit and Neighborhood Enhancement Division



Prepared by:



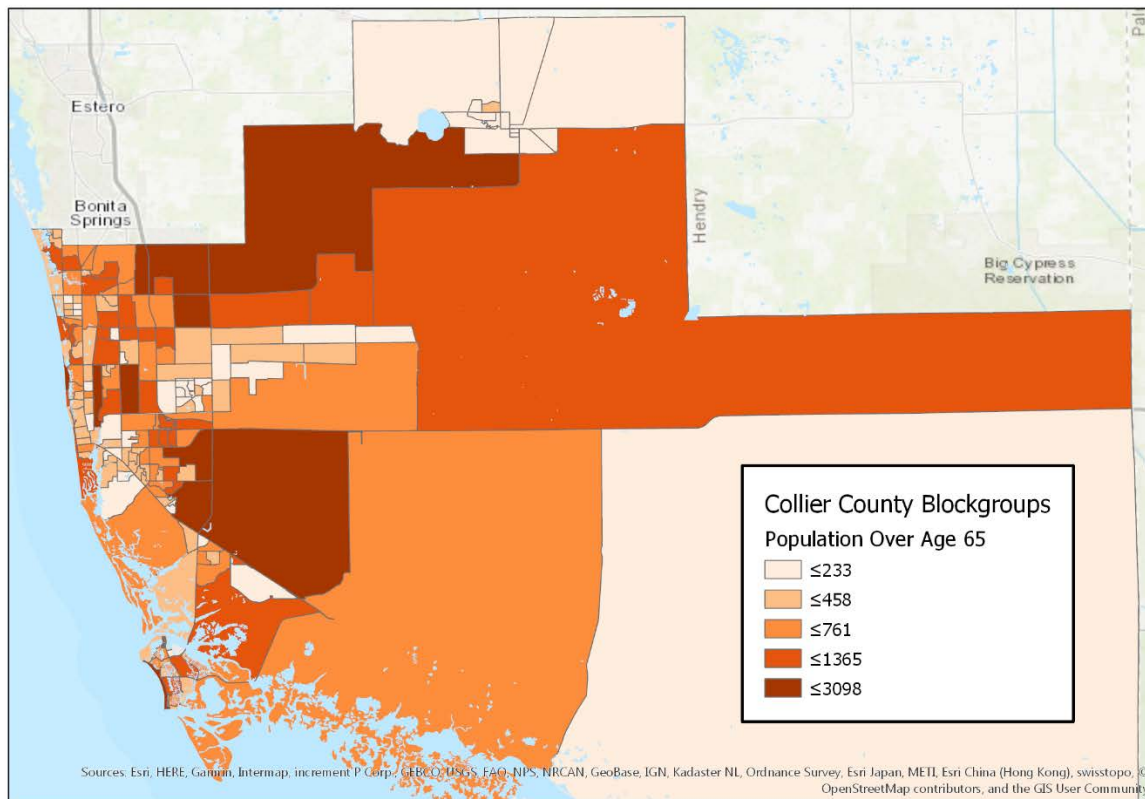


Figure 3. Population 65+ Years of Age

Household Income

Table 3 displays the annual household income distribution for Collier County as compared to Florida in 2016. The most significant difference in household income distribution is in the income category of households earning \$75,000 or more per year. The percentage of households in the highest income category is 9.2 percent higher than the State of Florida. Households earning \$50,000 to \$74,999 is also slightly higher than the statewide average. All other income categories fall below the state average.

Annual Household Income						
Collier County	\$0-\$9,999	\$10,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$74,999	\$75,000+
Population	556,637 6,535	16,506	13,815	18,073	25,041	53,361
Percent	4.9%	12.4%	10.4%	13.6%	18.8%	40.0%
Florida						
Population	556,637	126,7914	838,036	1,102,789	1,350,797	2,277,089
Percent	7.5%	17.1%	11.3%	14.9%	18.3%	30.8%

Table 3. Annual Household Income Distribution, 2016

*Population included is 16 years or older.

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Table 6. Average Wages by Major Industry, 2016 Preliminary

Industry Type	Collier County	Florida
Natural Resources & Mining	\$27,855	\$31,501
Construction	\$45,834	\$47,342
Manufacturing	\$53,872	\$57,824
Trade, Transportation, & Utilities	\$39,732	\$41,939
Information	\$66,885	\$77,256
Financial Activities	\$84,025	\$69,701
Professional & Business Services	\$56,640	\$56,930
Education & Health Services	\$49,177	\$48,616
Leisure & Hospitality	\$29,287	\$24,399
Government	\$53,369	\$52,022
Other Services	\$34,253	\$33,996

Source: Florida Legislature, Office of Economic and Demographic Research, May 2018

Link: <http://edr.state.fl.us/Content/area-profiles/county/collier.pdf>

Housing Classification and Patterns

As previously described, a large portion of Collier County consists of protected land so housing is generally concentrated in the western portion of the County. Due to the desirability of coastal property, land values and high housing costs pose a challenge to area employers who report difficulty hiring and retaining employees due to a lack of affordable housing in the area. A 2017 study by the Urban Land Institute reported that two out of five households in Collier County are cost burdened (pay more than 30% of income toward housing) and one out of five are severely cost burdened (pay more than 50% of income toward housing). This impacts significant number the County’s employees including those in public safety, health care, education, service workers and entry/mid-level professionals. Also of significant concern are residents who are low to moderate income seniors, and very low income (transportation disadvantaged) residents, many of whom are particularly reliant on public transportation for access to health care and other life sustaining activities.

Educational Profiles

In addition to Collier County colleges and universities listed in Table 7 below, there are several technical training institutes and programs that feature curriculums focused on a specializations ranging from aerospace, computer science, early childhood education, auto repair and accounting to name a few. Technical training is available at Lorenzo Walker Technical College located in Naples and the northern part of the County is served by the Bethune Education Center and Immokalee Technical College.

Passengers are encouraged to contact a CAT Connect Customer Service Representative to inform them of these situations regardless of the time of the notification so that the excused missed trip can be appropriately recorded.

Policy for Handling Subsequent Trips Following No-shows

When a passenger fails to show for a scheduled trip, the driver should radio dispatch and advise them of the no-show. Dispatch attempts to call the passenger and reminds the driver to wait the five (5) minutes to ensure that the passenger will not be present. The no-show is recorded in the system and any return trip for the same day that was scheduled is also cancelled unless the passenger calls to indicate that the return trip should not be cancelled. The courtesy cancellation of the return trip is performed in order to avoid charging the passenger multiple no-shows on the same day and increasing the no show trip count. Passengers are strongly encouraged to cancel any subsequent trips they no longer need. A confirmation number will be provided with all cancellations and passengers are encouraged to retain the confirmation number for verification of their call.

Suspension Policies for a Pattern or Practice of Excessive No-shows and Late Cancellations

CAT Connect reviews all recorded no-shows and late cancellations to ensure accuracy before recording them in a passenger's account. Each verified no-show or late cancellation consistent with the above definitions counts as one penalty point. Passengers will be subject to suspension after they meet all the following conditions:

- Accumulate three penalty points in a six (6) calendar month period (January to June & June to December)
- Have "no-showed" or "late cancelled" at least five percent of the passenger's booked trips for the month.

A passenger will be subject to suspension only if both the number of penalty points is reached and percentage of trips deemed no-show is met. CAT Connect will notify passengers by telephone after they have accumulated one penalty point and they will be advised that they are subject to suspension should they accumulate two additional penalty points within the six (6) month period consistent with the criteria listed in this section of the policy above.

All suspension notices include a copy of this policy, and grievance/appeal policy which details how to appeal suspensions.

Suspensions begin five days after the decision has been determined, ensuring the passenger is notified by telephone and letter. Suspensions will be held in abeyance if the passenger timely files an appeal of the suspension. The first violation in a calendar month triggers a warning telephone call but no suspension. Subsequent violations result in the following suspensions:

- Second violation: Second warning letter and phone call
- Third violation: [7-day] suspension; Notification will be by telephone and letter
- ~~Fourth~~Third-violation: [14-day] suspension; Notification will be by telephone and letter

- ~~Fourth-Fifth~~ violation and subsequent violations: [30-day] suspension; Notification will be by telephone and letter

Each letter will specify the basis of the proposed penalty (e.g., Mr. Smith scheduled trips for 8:00 a.m. on May 15th, 2:00 p.m. on June 3rd, 9:00 a.m. on June 21st, and 9:20 p.m. on July 10th, and on each occasion the vehicle appeared at the scheduled time and Mr. Smith was nowhere to be found) and set forth the proposed suspension (e.g., Mr. Smith would not receive service for 14 days).

Policy for Disputing Specific No-Shows or Late Cancellations

Passengers wishing to dispute specific no-shows or late cancellations must do so within five business days of receiving a phone call or letters. Passengers should contact the CAT Connect operations center at 239-252-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. to explain the circumstance, and request the removal of the no-show or late cancellation.

Policy for Appealing Proposed Suspensions

Passengers wishing to appeal suspensions under this policy have the right to file an appeal request, which must be in writing by letter or via email. Passengers must submit written appeal requests within 15 business days of the date of the suspension letters. Passengers who miss the appeal request deadline will be suspended from CAT Connect on the date listed on the suspension notice.

All suspension appeals follow the CAT Connect grievance/appeal policy.

Trip Prioritization

Trips funded by the TD Trust fund are prioritized based upon the Local Coordinating Board's policy. Trips are based on trip efficiency, seating availability, and funding availability. As shown below, medical trips have the highest priority followed by employment and nutritional trips. Recreational trips will be accommodated when possible.

Priority 1 – Medical

Priority 2 – Employment

Priority 3 – Nutritional

Priority 4 – Group Recreational

Priority 5 - Social (agency related activities)

Priority 6 – Group Recreation

Priority 7 – Personal Business

ADA trips are provided without prioritization and cannot be denied. Additionally, trips that are provided through the Federal Transit Administration's Section 5311 funding program must be open to the general public, and may not be prioritized.

Transportation Operators and Coordination Contractors

At the time this TDSP Major update was being prepared, Collier County was under contract with MV Transportation and MTM Inc. to provide Operations and Administrative services for its fixed route and paratransit systems as shown in Table [2524](#) below.

Table 25. CAT Transportation Operators

Operators	Contact	Services	Client	Hours
MV Transportation	Barry Bland	Fixed Route and Para Operations	BCC	4:30 - 8:00
MTM Transportation	Braian Morales	Fixed Route and Para Scheduling/Dispatch	BCC	4:30 - 8:00

Concurrent with the preparation of the TDSP Major update, however, Collier County Government issued a Request for Proposal for a single new or incumbent contractor to perform and operate a turnkey operation for 1) Transportation operations management services 2) Fixed route transit operations and 3) Demand response services utilizing county owned vehicles supplemented with a minimum 20% non-county owned vehicle, as well as any vehicles owned and maintained by third parties that are subcontracted with the County.

Proposers were encouraged to leverage technologies, hardware and applications, best operational practices, transit vision, and the ability for coordination to promote efficiencies. Proposers were also encouraged to propose optional alternatives, modes, practices and resources to achieve transit efficiency goals.

Proposals were due on July 20, 2018 for scoring by the County’s selection Committee based on the following criteria (100 total possible points) which will serve as the basis for short listing firms:

1. Cover Letter / Management Summary 0 Points
2. Certified Minority Business Enterprise 5 Points
3. Plans & Programs 35 Points
4. Financial Capacity & Cost of Services 15 Points
5. Employee Retention, Benefits and Compensation Plans 10 Points
6. Experience and Capacity of Firm 20 Points
7. Past Record & References 10 Points
8. Disadvantaged Business Enterprise/Small Business Enterprise Utilization 5 Points

The selection committee then grades and ranks the firms and enters into negotiations with the top ranked firm to establish costs for the services needed. The County reserved the right to issue an invitation for oral presentations to obtain additional information after grading and before the final ranking. With successful negotiations, a contract will be developed with the selected firm, based on the negotiated price and scope of services and submitted for approval by the Board of County Commissioners with anticipated award in the fall of 2018.

Additionally, following negotiated agreements, coordination contracts have been executed with the five private non-profit organizations shown in Table [2624](#) below. In FY 2016/2017, 12,320 trips were provided on the coordinated system.

Table 26. CTC Coordination Contractors

Coordination Contractors	Services	Contact	Clients	Hours
EasterSeals Florida Inc.	Demand Response	Susan Ventura	Disabled	8:00 - 4:00
Goodwheels	Demand Response	Alan Mandel	Disabled/NEMT	4:30 - 7:30
Hope Health Care	Demand Response	Samira Beckwith	Seniors	8:00 - 5:00
David Lawrence Mental Health Center	Demand Response	Scott Burgess	Disabled	8:00 - 5:00
UCP of Southwest Florida	Demand Response	Kirk Zaremba	Disabled	8:30 - 4:40

Public Transit Utilization

As shown in Table-[2725](#), CAT fixed route ridership has declined over the past five years. This is consistent with trends seen across the country and within the State of Florida where fixed route bus ridership has declined approximately 11 percent and 21 percent respectively between 2014 and 2017. In urbanized areas with populations under 200,000, the declines were higher.

Table 27. Fixed Route Ridership

Fixed Route Ridership FY 2013 - FY 2017	
FY13	1,361,294
FY 14	1,181,530
FY 15	1,094,103
FY 16	973,981
FY 17	893,398

School Bus Utilization

No school buses are utilized in the coordinated system.

Vehicle Inventory

An inventory of CAT’s paratransit fleet is included in Appendix C. The inventory identifies vehicle type, model year, accessibility features and mileage.

In prior TDSPs, a vehicle replacement schedule was included based on the useful life as measured in years. A recent FDOT policy change now stipulates that vehicles are eligible for replacement based on both the useful life in years and the useful life in miles unless there is a compelling reason to replace the vehicle earlier due to excessive maintenance costs or other special circumstances. There should not be any significant negative impacts on CAT’s vehicle replacement needs resulting from this policy. It is possible that some vehicles will need to remain in service slightly longer than in prior years and defining

- Oxygen Transport - Passengers may travel with oxygen equipment provided that it is self-administered and can be safely stowed when the vehicle is ~~in~~en-route. Drivers are not permitted to supply, connect, or disconnect oxygen.
- Service Animals - Guide dogs or other service animals are allowed if specified when applying for TD and/or ADA sponsored transportation services. Family pets are not allowed.
- On-Board Travel Time - The CTC will make every effort to comply with funding agencies' stated ride times. In situations where it becomes apparent that an individual's on-board travel time will exceed the one hour or two hour window (due to accidents and vehicular breakdown, as examples), the CTC will make every effort to contact the families or caregiver of the passenger.
- Joint Lee and Collier County Local Coordinating Board Meetings - The CTC recognizes the importance of Joint LCB meetings between Lee and Collier Counties for the purpose of developing consistent inter and intra county policies. For this reason, the BCC as the CTC will make every effort to pay for out-of-county TD trips to attend the Joint LCB meetings between Lee and Collier County. These out-of-county trips will be for attendance at Joint LCB meetings only, and will be paid by the BCC, depending on the funding availability.
- Refusal to Pay or No Pays - In an effort to ensure consistent and fair transportation services to all of our passengers, everyone is expected to pay the proper fare upon boarding a CAT Connect. To emphasize the importance of limiting No Pays, CAT Connect adopted the following, zero tolerance of refusal to pay policy: If the passenger does not have the appropriate amount to pay for his or hers co-pay, transportation will not be provided. If the passenger refuses to pay for a return trip the passenger will not be eligible to reserve a future trip until payment of the co-pay has been fulfilled.
- Multiple Destinations - Each trip includes one destination. Brief stops at locations before the scheduled destination will not be allowed. If multiple destinations are needed, each section of the trip must be scheduled separately and the rider must pay a fare for each ride.

Local Complaint and Grievance Procedure

The Local Coordinating Board has adopted the Collier County local complaint and grievance procedures as follows:

If someone is not satisfied and/or disagrees with a decision made as it relates to program eligibility or the provision of service that individual has the right to file a grievance or to request and appeal within 60 days of the decision. For appeals to the No Show/Late Cancellation suspension, passengers must submit a written appeal within 15 business days from the date of the suspension letter.

When making contact with CAT to express a concern with any aspect of the service, customers may call 239-252-777 or write to CAT Connect at 8300 Radio Road, Naples, Florida 34104. When sending a written complaint please include details such as time, date, location and a description of the problem

consideration. The Appellant’s attendance at that meeting is encouraged. Once the LCB hears the appeal and makes a determination, a written notification of the appeal determination will be provided.

Collier County Metropolitan Planning Organization Executive Director
 3229 Tamiami Trail, Suite 103
 Naples, Florida 34112
 Phone: 239-252-8192 (Front Desk)

Coordination Contract Evaluation Criteria

In its role as the CTC, Collier County is responsible for planning, coordination and implementation of the most cost effective transportation system possible within Collier County. Before entering into a coordination contract, Collier County analyzes local transportation needs and available resources to ensure that TD services are non-duplicative and can be provided in the most cost effective manner by the proposed coordination contractor. Collier County considers the capabilities of a proposed coordination contractor to comply with record keeping, safety, vehicle operations, state and federal civil rights laws, etc. When applicable, Collier County evaluates the past performance of the proposed coordinated provider before entering into another Memorandum of Understanding.

Cost/Revenue and Allocation and Rate Structure Justification

In ~~March 2018~~ March 2019, the Collier MPO’s Local Coordinating Board approved the service rates shown in Table ~~19-28~~ below utilizing the Florida Commission for the Transportation Disadvantaged 201~~87~~ Rate Calculation Worksheet. The Rate Calculation Model is a tool utilized by the CTD to standardize the comparison and approval of rates paid to coordinators throughout the State of Florida. The detailed Rate Model worksheets are included in Appendix E.

Table 28. CTD Calculated Rates

FY 2018/2019 / <u>2020</u> CTD Rate Model	
Ambulatory Trip	\$34.02 <u>\$34.74</u>
Wheelchair Trip	\$58.32 <u>\$59.55</u>
Group Trip-Individual	\$18.10 <u>\$18.90</u>
Group Trip-Group	\$51.77 <u>\$50.55</u>
Bus Pass (daily-full fare)	\$4.00
Bus Pass (daily-reduced fare)	\$2.00
Bus Pass (weekly-full fare)	\$15.00
Bus Pass (weekly-reduced fare)	\$7.50
Bus Pass (monthly-full fare)	\$35.00
Bus Pass (monthly-reduced fare)	\$17.50
Marco Express (monthly-full fare)	\$70.00
Marco Express (monthly-reduced fare)	\$35.00

Source: [2018 Collier County TDSP Annual Update Collier County FY2019-2020 TD Approved Rate Model Worksheet](#)

During 2018, Collier County conducted an extensive fare structure evaluation to analyze potential fixed-route and paratransit fare changes, assess potential ridership and revenue impacts, minimize adverse impacts to low income and minority persons and identify fare policy recommendations.

The fare study involved a public outreach campaign involving rider intercept surveys, public workshops, and the involvement of the County’s Public Transit Advisory Committee. Based on the input received, the majority (77%) of bus riders would support a fare increase if revenue is used to improve service frequency and availability or to access new locations. Fifty percent of ADA riders supported a \$0.50 fare increase and 56% of TD riders supported a fare increase of \$0.25.

At the June 12, 2018 Board of County Commissioner’s Meeting a resolution was adopted to implement the following fare structure changes effective October 1, 2018. The effective date for student discount programs is June 12, 2018. Table [29-29](#) displays CAT’s new fare policy.

Table 29. New CAT Fare Structure Effective October 1, 2018

Service Category	Base Fare	Reduced Fare
One Way Fare	\$2.00	\$1.00
Children 5 Years of Age and Younger	Free	Free
Transfers	Free up to 90 Min.	Free up to 90 Min
Day Pass	\$3.00	\$1.50
Marco Express One-way Fare	\$3.00	\$1.50
Smart Card Passes		
15-Day Pass	\$20.00	\$10.00
30-Day Pass	\$40.00	\$20.00
Marco Express 30-Day Pass	\$70.00	\$35.00
Smart Card Media Fees		
Smart Card Replacement Without Registration	\$2.00	\$2.00
Smart Card Registration	\$3.00	\$3.00
Smart Card Replacement With Registration	\$1.00	\$1.00
Discount Passes		
Summer Paw Pass (Valid June 1-August 31 for		\$30.00
Students Age 17 and Under (Cost Includes Smart Card).		
30-Day Corporate Pass		\$29.75/mo.
*Reduced Fares are For members of Medicare, Disabled Community, those 65 years and older, children 17 and under, high school and college students and active/retired military personnel. ID required. This fare also applies to the subcontracted transportation provider with the Florida Commission for the Transportation Disadvantaged that provides transportation services under the non-emergency transportation Medicaid contract for Collier County		
Promotional Fares		
Try Transit Day	Annual as designated by the Board	Free
Transit Anniversary	As designated by the PTNE Director	Free
Special Events	Up to 5 events annually (Staff may distribute fare media up to specific value).	\$200/event

Appendix A: Private Transportation Providers

2017 List of Private Transportation Providers *

2017 Doc #	2017 Status	Name / Company	License Number
394782	Active	Wheelchair Transport Service, Inc.	LCCTO20080000556
P15000037985	Active	BLUE AREA TRANSPORTATION INC	LCCTO20150002059
L05000054939	Active	PALM AIR TRANSPORTATION, LLC	LCCTO20140003074
L05000113592	Active	Preferred Shuttle LLC	LCCTO20100001647
L05000119388	Active	Ion Transportation, LLC	LC2007000111
L06000060122	Active	MBA Airport Transportation LLC	LCCTO20080000080
L06000089699	Active	Hollywood Limos of Naples LLC	LC2007000034
L06000112808	Active	Gold Star Transport, LLC, (DBA) Tommy's Car Service	LCCTO20090001211
L07000056182	Active	Superior Airport Shuttle LLC	LC2007000052
L07000120363	Active	Naples Transportation & Tours, LLC	LCCTO20090000069
L08000065552	Active	Kreider Enterprises LLC (DBA) Bobby's Airport Transportation	LCCTO20120003198
L09000069455	Active	Florida Garden Coach, LLC	add in 2017
L09000098156	Active	Go Platinum Transportation, LLC	LCCTO20090002265
L09000109823	Active	Airport Express Shuttle, LLC	LCCTO20090002215
L10000078249	Active	ABOVE ALL AIRPORT RIDES, LLC	L10000078249
L11000021775	Active	K. T. S. LLC	LCCTO20150000109
L12000005599	Active	JACK'S AIRPORT TAXI, LLC	LCCTO20140003890
L12000024618	Active	Go Native Adventure Tours, LLC	LCCTO20130001857
L12000072416	Active	Collier Coach LLC	LCCTO20120003757
L12000104856	Active	Victor Fast Transportation LLC	LCCTO20120003378
L12000134109	Active	Naples Elite Transportation, LLC	LCCTO20130001100
L12000141547	Active	Call Saul - Your Personal Driver, LLC	LCCTO20130003572
L12000161357	Active	VALET PROS LLC	LCCTO20130003271
L13000051191	Active	Consider It Done Consulting, LLC (DBA) My Driver	LCCTO20130003428
L13000059967	Active	Sunlight Transportation, LLC (DBA) SUNL-LIMO	LCCTO20130001755
L13000129175	Active	Airport Express Naples LLC dba Direct Transportation	LCCTO20140002706
L14000004736	Active	All Around Transportation L.L.C.	LCCTO20150003016
L14000041355	Active	Naples Taxi Alberto's, LLC	LCCTO20130001697
L14000041355	Active	NAPLES TAXI ALBERTO'S LLC	L14000041355
L14000051797	Active	Care Med Transportation, L.L.C.	LCCTO20140002739
L14000068204	Active	ANDERSON'S DRIVING SERVICE, LLC	LCCTO20150000275
L14000105639	Active	Clearwater Transportation Company, LLC	LCCTO20140003469
L14000180284	Active	ON TIME CAR SERVICE "LLC"	LCCTO20140004205
L14000191240	Active	Sunlight Limo LLC	LCCTO20150000522
L15000068494	Active	ASCOT TRANSPORTATION, LLC	LCCTO20150001775
L15000118186	Active	OUT ON THE TOWN TRANSPORTATION, LLC	LCCTO20150003179
L15000122341	Active	RC TAXI SERVICES LLC	LCCTO20150003397
L15000123758	Active	P & J Transportation LLC	LCCTO20120000819
L15000142483	Active	B & K Transportation Services	L15000142483
L16000035957	Active	The Best Transportation In Naples, LLC	LCCTO20120004347
L16000204171	Active	Clearwater Transport, LLC	LCCTO20140003469
L85378	Active	Aaron Airport Transportation Inc	LCCTO20120001305
P02000008780	Active	Ocean Drive Travel and Tours, Inc.	LCCTO20130002543
P02000024339	Active	CSP Associates, Inc (DBA) Ambassador Transportation	LCCTO20130003784
P03000006541	Active	Dolphin Transportation Specialists, Inc.	LC20070001227
P03000020491	Active	Naples Airport Shuttle, Inc.	LC2007000048
P03000089714	Active	Naples Chauffeur Service, Inc.	LC2007000038
P04000072212	Active	DoIno Classic Transportation, Inc. (DBA) Classic Transportation	LC2007000136
P04000118241	Active	Roger's Limo Service, Inc.	LC2007000047
P04000165392	Active	Alpha Transportation Services	LCCTO20150003005
P05000060144	Active	J. Poelker Transportation Services, Inc. DBA Apple Transportation	LC2007152565
P05000071212	Active	Yellow Cab Transportation of Lee County Inc (DBA) Yellow Cab Transportation of Collier County	LCCTO20110000435

P05000124873	Active	Maintain Domain Etc. Inc.	LCCT020150003359
P05000131512	Active	Naples Limousine Service, Inc. dba Naples Limousine	LC2007000093
P05000150202	Active	Canary Transportation, Inc	LC2007000105
P06000000759	Active	Clean Ride Limo, Inc.	LCCT020150000424
P06000026032	Active	Arkway Taxi, Inc	LC2007000108
P06000057093	Active	Atlantis Cars & Limousines, Inc	LC2007000146
P06000107876	Active	Limotions Inc	LCCT020090000053
P07000069504	Active	American Comfort Limousines, Inc.	LCCT020080000103
P07000115042	Active	Gulampa Corp	LCCT020060000988
P08000087884	Active	EZ JOURNEY INC	LCCT020090000040
P09000015212	Active	Ocean Line Transportation Inc.	LCCT020090000284
P09000062272	Active	A 1 on 1 Professional Limousine Service, Inc.	LCCT020090002266
P09000078579	Active	VANDERBILT TRANSPORTATION COMPANY	LCCT020090001958
P10000001101	Active	Eagle Taxi Inc	LCCT020080000622
P10000012661	Active	A CARR TRANSPORTATION INC.	LCCT020100000426
P10000021639	Active	Luxury Taxi Service of SWFL Inc, (DBA) luxury Taxi Service	LCCT020080000021
P10000021710	Active	TAXI PAM, INC.	LCCT020100001340
P10000024724	Active	Crowne Transportation Inc	LCCT020120000699
P10000034763	Active	Taxi Hispano SW, Inc	LCCT020150000345
P10000075171	Active	Five Star Enterprises of Southwest Florida, Inc.	LCCT020150001120
P11000028295	Active	Flamingo Transportation	P11000028295
P11000058954	Active	A Blue Ribbon Transportation Services Co.	LCCT020130001075
P12000008555	Active	Taxi Latino Inc	LCCT020120000516
P12000058344	Active	ANY TIME PARTY BUS, INC.	LCCT020150000388
P12000070683	Active	El Catrachito Taxi Inc	LCCT020120003384
P12000099534	Active	Bluebird Mobility Inc.	LCCT020130001092
P13000008170	Active	wld's	LCCT020130000519
P13000066295	Active	Poly Taxi Inc	LCCT020130002941
P13000068194	Active	TLC Transport Company of Southwest Florida Inc.	LCCT020130003356
P13000085497	Active	BLUEBIRD TAXI OF LEE COUNTY INC (DBA) BLUEBIRD EXECUTIVE	LCCT020150000432
P13000092092	Active	SEDAN TRANSPORTATION	LCCT020140004346
P13000092092	Active	Engel and Welch Enterprises, Inc.	LCCT020140004346
P13000092484	Active	PRISTINE TRANSPORTATION, INC (DBA) PRISTINE TRANSPORTATION	LCCT0201300004023
P14000051994	Active	Independent Taxi Naples Inc	LCCT020150000661
P15000006623	Active	Safeway Taxi Corp	LCCT020150000396
P15000017080	Active	T&T Tronev Inc (DBA) Abritus	LCCT020150001113
P15000041097	Active	Red Rover Transportation of SW FL Inc	LCCT020150002061
P15000043913	Active	NAPLES EXPRESS TRANSPORTATION, INC.	LCCT020150002020
P15000063906	Active	ALL ABOARD LIMO INC	LCCT020150003490
P15000085150	Active	Naples Royal Transportation, Inc.	Added 2016
P16000007596	Active	CITY TRANSPORTATION OF NAPLES, INC.	LCCT020150002359
P17000079556	Active	Naples Limo Services	Added 2016
P93000064088	Active	Majestic Transportation Services Inc	LC2007000050
P94000041309	Active	ROYAL FLORIDIAN TRANSPORTATION, INC.	LC2007000053
P95000018197	Active	A-OK Transportation, Inc.	LC2007000002
P95000096326	Active	Elite Limousine Service of SW Florida, Inc.	LC2007000042
P96000003308	Active	The Nellie Group Inc, (DBA) A-Action Transportation Service	LC2007000003
P96000069918	Active	Checker Airport Transportation, Inc.	LCCT020130000416
P97000093935	Active	Alfonso Transport, Inc.	P97000093935
P99000003026	Active	L.A. Limousine Service, Inc.	LC2007000051

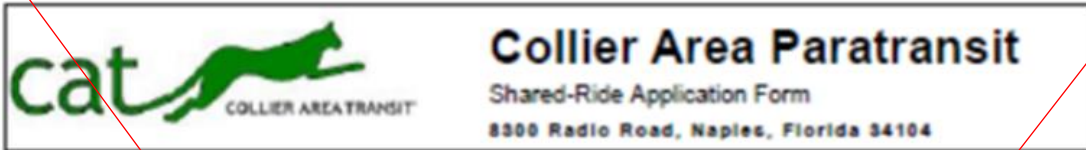
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L08000065552	Active	Kreider Enterprises LLC (DBA) Bobby's Airport Transportation	LCCTO20120003198
L09000069455	Active	Florida Garden Coach, LLC	add in 2017
L09000098156	Active	Go Platinum Transportation, LLC	LCCTO20090002265
L09000109823	Active	Airport Express Shuttle, LLC	LCCTO20090002215
L10000078249	Active	ABOVE ALL AIRPORT RIDES. LLC	L10000078249
L11000021775	Active	K. T. S. LLC	LCCTO20150000109
L12000005599	Active	JACK'S AIRPORT TAXI, LLC	LCCTO20140003890
L12000024618	Active	Go Native Adventure Tours, LLC	LCCTO20130001857
L12000072416	Active	Collier Coach LLC	LCCTO20120003757
L12000104856	Active	Victor Fast Transportation LLC	LCCTO20120003378
L12000134109	Active	Naples Elite Transportation, LLC	LCCTO20130001100
L12000141547	Active	Call Saul - Your Personal Driver, LLC	LCCTO20130003572
L12000161357	Active	VALET PROS LLC	LCCTO20130003271
L13000051191	Active	Consider It Done Consulting, LLC (DBA) My Driver	LCCTO20130003428
L13000059967	Active	Sunlight Transportation, LLC (DBA) SWFL-LIMO	LCCTO20130001755
L13000129175	Active	Airport Express Naples LLC dba Direct Transportation	LCCTO20140002706
L14000004736	Active	All Around Transportation L.L.C.	LCCTO20150003016
L14000041355	Active	Naples Taxi Alberto's, LLC	LCCTO20130001697
L14000041355	Active	NAPLES TAXI ALBERTO'S LLC	L14000041355
L14000051797	Active	Care Med Transportation, L.L.C.	LCCTO20140002739
L14000068204	Active	ANDERSON'S DRIVING SERVICE, LLC	LCCTO20150000275
L14000105639	Active	Clearwater Transportation Company, LLC	LCCTO20140003469
L14000180284	Active	ON TIME CAR SERVICE "LLC"	LCCTO20140004205
L14000191240	Active	Sunlight Limo LLC	LCCTO20150000522
L15000068494	Active	ASCOT TRANSPORTATION, LLC	LCCTO20150001775
L15000118186	Active	OUT ON THE TOWN TRANSPORTATION, LLC	LCCTO20150003179
L15000122341	Active	RC TAXI SERVICES LLC	LCCTO20150003397
L15000123758	Active	P & J Transportation LLC	LCCTO20120000819
L15000142483	Active	B & K Transportation Services	L15000142483
L16000035957	Active	The Best Transportation In Naples, LLC	LCCTO20120004347
L16000204171	Active	Clearwater Transport, LLC	LCCTO20140003469
L85378	Active	Aaron Airport Transportation Inc	LCCTO20120001305
P02000008780	Active	Ocean Drive Travel and Tours, Inc.	LCCTO20130002543
P02000024339	Active	CSP Associates, Inc (DBA) Ambassador Transportation	LCCTO20110003784
P03000006541	Active	Dolphin Transportation Specialists, Inc.	LC2007000122
P03000020491	Active	Naples Airport Shuttle, Inc.	LC2007000048
P03000089714	Active	Naples Chauffeur Service, Inc.	LC2007000038
P04000072212	Active	Doino Classic Transportation, Inc. (DBA) Classic Transportation	LC2007000136
P04000118241	Active	Roger's Limo Service, Inc.	LC2007000047
P04000165392	Active	Alpha Transportation Services	LCCTO20150003005
P05000060144	Active	J. Poelker Transportation Services, Inc, DBA Apple Transportation	LC2007152565
P05000071212	Active	Yellow Cab Transportation of Lee County Inc (DBA) Yellow Cab Transportation of Collier County	LCCTO20110000435

P05000124873	Active	Maintain Domain Etc. Inc.	LCCTO20110003359
P05000131512	Active	Naples Limousine Service, Inc. dba Naples Limousine	LC2007000093
P05000150202	Active	Canary Transportation, Inc	LC2007000103
P06000000759	Active	Clean Ride Limo, Inc.	LCCTO20150000424
P06000026022	Active	Arkway Taxi, Inc	LC2007000108
P06000057093	Active	Atlantis Cars & Limousines, Inc	LC2007000146
P06000107876	Active	Limotions Inc	LCCTO20090000353
P07000069504	Active	American Comfort Limousines, Inc.	LCCTO20080000103
P07000115042	Active	Guiampu Corp	LCCTO20080000988
P08000087884	Active	EZ JOURNEY INC	LCCTO20090000040
P09000015212	Active	Ocean Line Transportation Inc.	LCCTO20090000284
P09000062272	Active	A 1 on 1 Professional Limousine Service, Inc.	LCCTO20090002266
P09000078579	Active	VANDERBILT TRANSPORTATION COMPANY	LCCTO20090001958
P10000011101	Active	Eagle Taxi Inc	LCCTO20080000622
P10000012661	Active	A CARR TRANSPORTATION INC	LCCTO20100000426
P10000021639	Active	Luxury Taxi Service of SWFL Inc, (DBA) Luxury Taxi Service	LCCTO20080000021
P10000021710	Active	TAXI PAM, INC.	LCCTO20100001340
P10000024724	Active	Crowne Transportation Inc	LCCTO20120000599
P10000034763	Active	Taxi Hispano SW, Inc	LCCTO20110000345
P10000075171	Active	Five Star Enterprises of Southwest Florida, Inc.	LCCTO20110001120
P11000028295	Active	Flamingo Transportation	P11000028295
P11000058954	Active	A Blue Ribbon Transportation Services Co.	LCCTO20130001075
P12000008555	Active	Taxi Latino Inc	LCCTO20120000516
P12000058344	Active	ANY TIME PARTY BUS, INC	LCCTO20150000388
P12000070683	Active	El Catrachito Taxi Inc	LCCTO20120003384
P12000099534	Active	Bluebird Mobility Inc.	LCCTO20130001032
P13000008170	Active	avid's	LCCTO20130000519
P13000066295	Active	Poly Taxi Inc	LCCTO20130002941
P13000068194	Active	TLC Transport Company of Southwest Florida Inc.	LCCTO20130003356
P13000085497	Active	BLUEBIRD TAXI OF LEE COUNTY INC (DBA) BLUEBIRD EXECUTIVE SEDAN TRANSPORTATION	LCCTO20110000432
P13000092092	Active	Engel and Welch Enterprises, Inc.	LCCTO20140004346
P13000092484	Active	PRISTINE TRANSPORTATION, INC (DBA) PRISTINE TRANSPORTATION	LCCTO20130004023
P14000051994	Active	Independent Taxi Naples Inc	LCCTO20150000661
P15000006623	Active	Safeway Taxi Corp	LCCTO20150000396
P15000017080	Active	T&T Tzonev Inc (DBA) Abritus	LCCTO20150001113
P15000041097	Active	Red Rover Transportation of SW FL Inc	LCCTO20150002061
P15000043913	Active	NAPLES EXPRESS TRANSPORTATION, INC.	LCCTO20150002020
P15000063906	Active	ALL ABOARD LIMO INC	LCCTO20150003490
P15000085150	Active	Naples Royal Transportation, Inc.	Added 2016
P16000007596	Active	CITY TRANSPORTATION OF NAPLES, INC	LCCTO20150002359
P17000079556	Active	Naples Limo Services	Added 2016
P93000064088	Active	Majestic Transportation Services Inc	LC2007000050
P94000041309	Active	ROYAL FLORIDIAN TRANSPORTATION, INC.	LC2007000053
P95000018197	Active	A-OK Transportation, Inc.	LC2007000002
P95000096326	Active	Elite Limousine Service of SW Florida, Inc.	LC2007000042
P96000003308	Active	The Nellie Group Inc, (DBA) A-Action Transportation Service	LC2007000003
P96000069918	Active	Checker Airport Transportation, Inc.	LCCTO20110000416
P97000093935	Active	Alfonso Transport, Inc	P97000093935
P99000030245	Active	L.A. Limousine Service, Inc.	LC2007000051

Appendix B: CAT Connect Application



Collier Area Paratransit (CAP) is a public transportation shared-ride door-to-door service that is **ONLY** available for individuals who do not have access to any other means of transportation, including the Collier Area Transit (CAT) bus service (fixed route). The CAP program provides transportation service through the Florida Department of Transportation for eligible individuals through several funding programs, including the American with Disability Act (ADA) and Florida Commission for the Transportation Disadvantaged (TD). CAP can be used for medical appointments, work, school and other trips depending on the funding program the individual qualifies under. The information requested on this application is intended to help us determine the funding program you qualify for.

The qualification guidelines for each program are shown below. If you are unsure whether you qualify, have any questions, or need assistance completing this application, please call our Customer Service Department at (239) 252-7272 or the CAT office at (239) 252-7777. For TTY/TDD devices call (800) 955-1339.

For **MEDICAID TRANSPORTATION** please call (877) 254-1055.

Eligibility Criteria	
ADA	TD
<ul style="list-style-type: none"> Your trips origin and destination are within the ADA corridor* You have a recognized disability verified by an accepted medical professional Unable to Utilize CAT Fixed Route 	<ul style="list-style-type: none"> Your trips origin or destination must reside outside the ADA corridor but within Collier County. You have a physical or mental disability, income status, or age; that prevents you to transport yourself or to purchase transportation; Or you are a Pre-school child who is handicapped or high-risk or at-risk.

- Eligibility is a functional determination of the applicant's ability to use the CAT bus service (fixed route), and not simply a medical or psychiatric diagnosis.
- The ADA certification process may involve a telephone interview and/or a personal functional assessment to determine if and how the applicant's transit needs can be met. Collier Area Paratransit will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. The in-person assessment begins with a one-on-one interview, designed for an applicant to provide details regarding his/her travel skills and abilities. During the interview, the assessor determines whether the applicant can safely participate in the functional assessment process. A mobility assessment focuses on each applicant's functional and cognitive abilities. Through assessments, an evaluator can determine environmental, architectural, and personal

* ADA Corridor – ¼ mile from a CAT fixed route.

barriers that may impact an applicant's ability to safely and independently access public transportation.

- All applicants will be notified of the outcome of their application.
- **PROCESSING OF THIS APPLICATION CAN TAKE UP TO 21 CALENDAR DAYS.** The 21 day period begins **AFTER** a complete application is received.
- **Travel Training** is a **FREE** service that is offered and creates opportunities for community access by teaching you how to use the CAT bus service (fixed route). The Travel Trainer will work with you in either an individual or small group setting to teach you the travel skills needed to get to your destination safely and independently. The Travel Trainer will work with you until you are capable and confident to travel your route on your own.

REMEMBER WHEN COMPLETING THIS APPLICATION!

1. Type or PRINT legibly. **ILLEGIBLE, INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED. THIS WILL CAUSE A DELAY IN YOUR ELIGIBILITY DETERMINATION.**
2. To confirm disability **THE MEDICAL VERIFICATION SECTION IS REQUIRED** and must be completed by an accepted medical professional (see list on top of Medical Verification form).
3. **PROOF OF INCOME IS REQUIRED IF A REDUCED CO-PAY IS REQUESTED.** Acceptable types of proof of income are pension benefit statements, unemployment benefits, or current paystubs.
4. Complete all sections of the application requested, return all information requested, and sign where indicated.

Note: All CAT bus service (fixed route) vehicles are wheelchair accessible and equipped with wheelchair lifts. Therefore, use of a wheelchair does not automatically justify use of paratransit service. Bus operators or automatic systems announce major streets and intersections and/or all vehicles are equipped with automated enunciators.

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Customer ID#:

Date Received: _____ Initial Reviewer: _____ Date: _____
 Review Start Date: _____ Final Reviewer: _____ Date: _____

New Application: Approved Temporary Conditional: _____
 Re-certification: Denied Permanent ADA \$1.00 \$3.00
 TD \$1.00 \$3.00 \$6.00 \$7.00 \$0.00 Senior Service
 PCA Needed: YES NO Funding Source: ADA TD
 Assessment: Date: _____ TT Requested: YES NO

ADA Approval: _____

TD Approval: _____

Conditional / Temporary: _____

SECTION 1 – GENERAL INFORMATION (PLEASE PRINT)

- Check here if you are a current Paratransit rider
- Check here if you currently receive Medicaid or any program that would pay for transportation.

Date of Birth: ___/___/___ Sex: Male Female

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of Subdivision, Building Complex Name, and/or Facility Name: _____

Is a gate code required for entry? YES NO Code Number _____

Mailing Address (if different from above): _____

Is this a Nursing Home ACLF/ALF Boarding Home

Does the facility you live in have a vehicle to transport residents? YES NO

Have you ever been transported by this facility? YES NO

Do you require materials or correspondence in an alternative format? If so, please specify;

Large Print Audio Computer Other _____

If the applicant received assistance completing this application, please specify;

Name: _____ Relationship: _____ Phone: _____

Do you authorize this person to assist you with future travel arrangements? YES NO

List additional persons that are authorized to assist you with travel arrangements in the future:

Emergency Contact: Name and telephone number of someone we can call in an emergency.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

TRAVEL INFORMATION

1. How do you currently travel to appointments or to other activities such as grocery shopping?

2. Have you ever used the Collier Area Transit's bus service? YES NO

NOTE: Collier Area Paratransit offers travel training services to teach individuals how to use the CAT bus service. Participation in travel training will not affect your eligibility for ADA Paratransit service.

Check here if you are interested in receiving additional information on travel training.

MOBILITY INFORMATION

All Collier Area Transit's buses are wheelchair accessible. Therefore, use of a wheelchair does not automatically justify use of Paratransit service.

1. Please check the appropriate mobility aid(s) or equipment listed below that you use to assist you when you travel.

- | | |
|---|--|
| <input type="checkbox"/> Powered scooter/wheelchair | <input type="checkbox"/> Oxygen tank |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal |

Other (specify): _____

Applicant special accommodation for transport: _____

NOTE: Collier Area Paratransit will transport all mobility devices measuring up to 48 inches in length, 30 inches in width, and between 800 to 1000 pounds in weight when occupied.

COMMON DESTINATIONS

List the doctors, medical facilities or other locations you visit on a regular basis and how you currently travel to those appointments.

- a. Doctors Name/Medical Facility _____
Phone Number _____
Address _____
- b. Doctors Name/Medical Facility _____
Phone Number _____
Address _____
- c. Other non-medical destination _____
Address _____
- d. Other non-medical destination _____
Address _____

SECTION 2 – TD APPLICANTS OR REDUCED CO-PAY

NOTE: Proof of income is required. Please submit with completed application.

1. In order to determine if you qualify as Transportation Disadvantaged (TD), please answer the following:

_____ # of persons in your household \$_____ Total Annual Household Income

2. How many personal vehicles are owned or used by members in your household?

- 0
- 1
- 2 or more

3. Are these vehicles available for use? If not, please state why:

NOTE: Acceptable types of proof of income are pension/social security benefit statements, unemployment benefits, bank statements or current paystubs.

SECTION 3 – ALL APPLICANTS

APPLICANT CERTIFICATION

I understand the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for Paratransit Shared-Ride Service. I certify the information provided in this application is true and correct. I understand that providing false or misleading information, or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida. I authorize the professional(s) listed to release information to COLLIER AREA PARATRANSIT Program about my disability and its effects on my ability to travel on the COLLIER AREA TRANSIT bus service (fixed route). I understand that I may revoke this authorization at any time with written notice to COLLIER AREA PARATRANSIT Program.

THIS APPLICATION MUST BE SIGNED

Signature of applicant: _____ Date: _____

If Applicant is unable to sign this form, he/she may have someone sign and certify on applicant's behalf.

Proxy Signing for Applicant: _____ Date: _____

Print Name: _____

Relationship to applicant: _____

WHEN COMPLETED, PLEASE

MAIL APPLICATION TO: Collier Area Paratransit Program
CAT OPERATIONS CENTER
8300 RADIO ROAD
NAPLES, FL 34104

OR FAX APPLICATION TO: (239)252-4464

MEDICAL VERIFICATION (Must be completed by accepted medical professional)

FOR ADA OR if you are applying for TD due to a medically verified physical or cognitive condition, impairment, or disability: A Medical Verification Form must be completed and signed by a licensed medical professional. Accepted medical professionals include:

- Medical Doctor
- Doctor of Osteopathic Medicine
- Doctor of Chiropractic
- Occupational Therapist - Licensed and Registered
- Audiologist
- Ophthalmologist
- Psychologist
- Registered Nurse
- Physical Therapist
- Licensed Practical Nurse

Dear Medical Professional:

In order to process this applicant's request for Collier Area Paratransit (CAP) eligibility, we require this form be completed. Only licensed medical professionals having knowledge of the applicant's functional ability to use the Collier Area Transit (CAT) bus service (fixed route) should complete this form. CAP is the shared-ride door-to-door service and CAT is the fixed route bus service.

All CAT bus service (fixed route) vehicles are wheelchair accessible and equipped with wheelchair lifts. Therefore, use of a wheelchair does not automatically justify use of paratransit service. Bus operators or automatic systems announce major streets and intersections and/or all vehicles are equipped with automated enunciators.

Thank you for your assistance.

Contact information:

Collier Area Paratransit Program Customer Service

Phone: (239) 252-7272 or (239) 252-7777

Fax: (239) 252-4464 or (239) 252-5753

Email: AltTransmodes@colliergov.net

Additional information can be found on our website www.colliergov.net/cat.

MEDICAL VERIFICATION – ADA & TD DISABILITY APPLICANTS
(MUST BE COMPLETED BY MEDICAL PROFESSIONAL)

APPLICANT'S NAME: _____ Date of Birth: ____/____/____

1. What are the disability/ies or health conditions that affect the applicant's ability to use the Collier Area Transit bus service (fixed route)?

2. Does this person require a Personal Care Attendant (PCA) while traveling? Yes No

3. How long has this disability been present? _____

Is the disability permanent, temporary or progressive?

If temporary, how long? _____

4. Please describe any other medical conditions this person has at this time and severity, in detail, including any restrictions, limitation, and prognosis.

5. How long have these conditions been present? _____

Is condition permanent, temporary or progressive?

6. Is this person able to:

Yes No Communicate addresses, destinations, and phone numbers?

Yes No Read and/or monitor time?

Yes No Ask for, understand, and follow instructions?

Yes No Deal with unexpected situations or changes in routine?

Yes No Safely and effectively travel through crowded or complex facilities?

In signing, I acknowledge that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in the re-examination of the eligibility status of the applicant as well as prosecution to the maximum extent allowed by the laws of the state of Florida.

Signature: _____ Date: _____

Print or type Name and Title: _____

State of Florida License Number: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Appendix B: CAT Connect Application



CAT Connect is a public transportation shared-ride door-to-door service that is **ONLY** available for individuals who do not have access to any other means of transportation, including the Collier Area Transit (CAT) bus service (fixed route). The CAT Connect program provides transportation service through the Florida Department of Transportation for eligible individuals through several funding programs, including the American with Disability Act (ADA) and Florida Commission for the Transportation Disadvantaged (TD). CAT Connect can be used for medical appointments, work, school and other trips depending on the funding program the individual qualifies under. The information requested on this application is intended to help us determine the funding program you qualify for.

The qualification guidelines for each program are shown below. If you are unsure whether you qualify, have any questions, or need assistance completing this application, please call our Customer Service Department at (239) 252-7272 or the CAT office at (239) 252-7777. For TTY/TDD devices call (800) 955-1339.

For **MEDICAID TRANSPORTATION** please call (877) 254-1055.

Eligibility Criteria	
ADA	TD
<ul style="list-style-type: none"> Your trips origin and destination are within the ADA corridor^a You have a recognized disability verified by an accepted medical professional Unable to Utilize CAT Fixed Route 	<ul style="list-style-type: none"> Your trips origin or destination must reside outside the ADA corridor but within Collier County. You have a physical or mental disability, income status, or age; that prevents you to transport yourself or to purchase transportation; Or you are a Pre-school child who is handicapped or high-risk or at-risk.

- Eligibility is a functional determination of the applicant's ability to use the CAT bus service (fixed route), and not simply a medical or psychiatric diagnosis.
- The ADA certification process may involve a telephone interview and/or a personal functional assessment to determine if and how the applicant's transit needs can be met. CAT Connect will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. The in-person assessment begins with a one-on-one interview, designed for an applicant to provide details regarding his/her travel skills and abilities. During the interview, the assessor determines whether the applicant can safely participate in the functional assessment process. A mobility assessment focuses on each applicant's functional and cognitive abilities. Through assessments, an evaluator can determine environmental, architectural, and personal

^aADA Corridor – ¼ mile from a CAT fixed route.

barriers that may impact an applicant's ability to safely and independently access public transportation.

- All applicants will be notified of the outcome of their application.
- **PROCESSING OF THIS APPLICATION CAN TAKE UP TO 21 CALENDAR DAYS.** The 21-day period begins AFTER a complete application is received.
- **Travel Training** is a FREE service that is offered and creates opportunities for community access by teaching you how to use the CAT bus service (fixed route). The Travel Trainer will work with you in either an individual or small group setting to teach you the travel skills needed to get to your destination safely and independently. The Travel Trainer will work with you until you are capable and confident to travel your route on your own.

REMEMBER WHEN COMPLETING THIS APPLICATION!

1. Type or PRINT legibly, **ILLEGIBLE, INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED. THIS WILL CAUSE A DELAY IN YOUR ELIGIBILITY DETERMINATION.**
2. To confirm disability **THE MEDICAL VERIFICATION SECTION IS REQUIRED** and must be completed by an accepted medical professional (see list on top of Medical Verification form).
3. **PROOF OF INCOME IS REQUIRED IF A REDUCED CO-PAY IS REQUESTED.** Acceptable types of proof of income are pension benefit statements, unemployment benefits, or current paystubs.
4. Complete all sections of the application requested, return all information requested, and sign where indicated.

Note: All CAT bus service (fixed route) vehicles are wheelchair accessible and equipped with wheelchair lifts. Therefore, use of a wheelchair does not automatically justify use of paratransit service. Bus operators or automatic systems announce major streets and intersections and/or all vehicles are equipped with automated enunciators.

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Customer ID#: _____

Date Received: _____ Initial Reviewer: _____ Date: _____

Review Start Date: _____ Final Reviewer: _____ Date: _____

New Application: Approved Temporary Conditional: _____

Re-certification: Denied Permanent ADA \$1.00 \$3.00

TD \$1.00 \$3.00 \$4.00

PCA Needed: YES NO Funding Source: ADA TD

Assessment: Date _____ TT Requested: YES NO

ADA Approval: _____

TD Approval: _____

Conditional / Temporary: _____

SECTION 1 – GENERAL INFORMATION (PLEASE PRINT)

Check here if you are a current Paratransit rider

Check here if you currently receive Medicaid or any program that would pay for transportation.

Date of Birth: ____/____/____

Sex: Male Female

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of Subdivision, Building Complex Name, and/or Facility Name:

Is a gate code required for entry? YES NO Code Number _____

Mailing Address (if different from above): _____

Is this a Nursing Home ACLF/ALF Boarding Home

Does the facility you live in have a vehicle to transport residents? YES NO

Have you ever been transported by this facility? YES NO

Do you require materials or correspondence in an alternative format? If so, please specify;

Large Print Audio Computer Other _____

If the applicant received assistance completing this application, please specify;

Name: _____ Relationship: _____ Phone: _____

Do you authorize this person to assist you with future travel arrangements? YES NO

List additional persons that are authorized to assist you with travel arrangements in the future:

Emergency Contact: Name and telephone number of someone we can call in an emergency.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

TRAVEL INFORMATION

1. How do you currently travel to appointments or to other activities such as grocery shopping?

2. Have you ever used the *Collier Area Transit's* bus service? YES NO

NOTE: CAT Connect offers travel training services to teach individuals how to use the CAT bus service. Participation in travel training will not affect your eligibility for ADA Paratransit service.

Check here if you are interested in receiving additional information on travel training.

MOBILITY INFORMATION

All *Collier Area Transit's* buses are wheelchair accessible. Therefore, use of a wheelchair does not automatically justify use of Paratransit service.

1. Please check the appropriate mobility aid(s) or equipment listed below that you use to assist you when you travel.

- | | |
|---|--|
| <input type="checkbox"/> Powered scooter/wheelchair | <input type="checkbox"/> Oxygen tank |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal |

Other (specify): _____

Applicant special accommodation for transport: _____

NOTE: CAT Connect will transport all mobility devices measuring up to 48 inches in length, 30 inches in width, and between 800 to 1000 pounds in weight when occupied.

COMMON DESTINATIONS

List the doctors, medical facilities or other locations you visit on a regular basis and how you currently travel to those appointments.

- a. Doctors Name/Medical Facility _____
Phone Number _____
Address _____
- b. Doctors Name/Medical Facility _____
Phone Number _____
Address _____
- c. Other non-medical destination _____
Address _____
- d. Other non-medical destination _____
Address _____

SECTION 2 – TD APPLICANTS OR REDUCED CO-PAY

NOTE: Proof of income is required. Please submit with completed application.

1. In order to determine if you qualify as Transportation Disadvantaged (TD), please answer the following:

_____ # of persons in your household \$_____ Total Annual Household Income

2. How many personal vehicles are owned or used by members in your household?

- 0
- 1
- 2 or more

3. Are these vehicles available for use? If not, please state why:

NOTE: Acceptable types of proof of income are pension/social security benefit statements, unemployment benefits, bank statements or current paystubs.

SECTION 3 – ALL APPLICANTS

APPLICANT CERTIFICATION

I understand the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for **Paratransit Shared-Ride Service**. I certify the information provided in this application is true and correct. I understand that providing false or misleading information or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida. I authorize the professional(s) listed to release information to CAT CONNECT Program about my disability and its effects on my ability to travel on the COLLIER AREA TRANSIT bus service (fixed route). I understand that I may revoke this authorization at any time with written notice to CAT CONNECT Program.

THIS APPLICATION MUST BE SIGNED

Signature of applicant: _____ **Date:** _____

If Applicant is unable to sign this form, he/she may have someone sign and certify on applicant's behalf.

Proxy Signing for Applicant: _____ **Date:** _____

Print Name: _____

Relationship to applicant: _____

WHEN COMPLETED, PLEASE

MAIL APPLICATION TO: CAT Connect Program
CAT Operations Center
8300 RADIO ROAD
NAPLES, FL 34104

OR FAX APPLICATION TO: (239)252-4464

OR MAIL APPLICATION TO: CATConnect@colliercountyfl.gov

MEDICAL VERIFICATION (*Must be completed by accepted medical professional*)

FOR ADA OR if you are applying for TD due to a medically verified physical or cognitive condition, impairment, or disability: A Medical Verification Form must be completed and signed by a licensed medical professional. Accepted medical professionals include:

- Medical Doctor
- Doctor of Osteopathic Medicine
- Doctor of Chiropractic
- Occupational Therapist - Licensed and Registered
- Audiologist
- Ophthalmologist
- Psychologist
- Registered Nurse
- Physical Therapist
- Licensed Practical Nurse

Dear Medical Professional:

In order to process this applicant's request for CAT Connect eligibility, we require this form be completed. Only licensed medical professionals having knowledge of the applicant's functional ability to use the **Collier Area Transit (CAT)** bus service (fixed route) should complete this form. CAT Connect is the shared-ride door-to-door service and CAT is the fixed route bus service.

All CAT bus service (fixed route) vehicles are wheelchair accessible and equipped with wheelchair lifts. Therefore, use of a wheelchair does not automatically justify use of paratransit service. Bus operators or automatic systems announce major streets and intersections, and/or all vehicles are equipped with automated enunciators.

Thank you for your assistance.

Contact information:

CAT Connect Program Customer Service Phone:

(239) 252-7272 or (239) 252-7777

Fax: (239) 252-4464 or (239) 252-5753

Email: CATConnect@colliercountyfl.gov

Additional information can be found on our website www.goCATbus.com

MEDICAL VERIFICATION – ADA & TD DISABILITY APPLICANTS
(MUST BE COMPLETED BY MEDICAL PROFESSIONAL)

APPLICANT'S NAME: _____ Date of Birth: ____ / ____ / ____

1. What are the disability/ies or health conditions that affect the applicant's ability to use the Collier Area Transit bus service (fixed route)?

2. Does this person require a Personal Care Attendant (PCA) while traveling? Yes No

3. How long has this disability been present? _____

Is the disability permanent, temporary or progressive?

If temporary, how long? _____

4. Please describe any other medical conditions this person has at this time and severity, in detail, including any restrictions, limitation, and prognosis _____

5. How long have these conditions been present? _____

Is condition permanent, temporary or progressive?

6. Is this person able to:

Yes No Communicate addresses, destinations, and phone numbers?

Yes No Read and/or monitor time?

Yes No Ask for, understand, and follow instructions?

Yes No Deal with unexpected situations or changes in routine?

Yes No Safely and effectively travel through crowded or complex facilities?

In signing, I acknowledge that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in the re-examination of the eligibility status of the applicant as well as prosecution to the maximum extent allowed by the laws of the state of Florida.

Signature: _____ Date: _____

Print or type Name and Title: _____

State of Florida License Number: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Appendix E: CTD Rate Model Worksheet

Worksheet for Multiple Service Rates

1. Answer the questions by completing the (GMR) table starting in Section I for all services
 2. Addenda (GMR) provide detailed guidelines on how to answer questions and sections based on previous answers

CTD: Collier County Escambia County

SECTION I: Services Provided

1. Will the CTD be providing any additional services to transportation of authorized passengers in the upcoming budget year?

Additional	Alternative	Alternative	Other
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Will be provided for Accessibility Services	Will be provided for Wheelchair Services	Will be provided for Staircase Services & / or for Transfer Services	Will be provided for Other Services

SECTION II: Contracted Services

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

Additional	Alternative	Alternative	Other
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Additional for Accessibility Services	Additional for Wheelchair Services	Will be provided for Staircase Services & / or for Transfer Services	Additional for Other Services

2. If you answered YES in #1 above, do you want to revise all the billing rate by simply dividing the proposed contract amount by the proposed Passenger Miles / passenger trip? ...

Additional	Alternative	Alternative	Other
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Additional for Accessibility Services	Additional for Wheelchair Services	Will be provided for Staircase Services & / or for Transfer Services	Additional for Other Services

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

Additional	Alternative	Alternative	Other
Contract Amount	Contract Amount	Contract Amount	Contract Amount
Contracted Miles	Contracted Miles	Contracted Miles	Contracted Miles
Contracted Trips	Contracted Trips	Contracted Trips	Contracted Trips

4. If you answered YES, use a Contract Rate per Trip (GMR) as per table below for 1 or more services (MP/T) that Contract per Trip Rate (but must be GMR) from your rate in #3 above to Rate per Passenger Mile for Services

Additional	Alternative	Alternative	Other
Contract Rate per Trip	Contract Rate per Trip	Contract Rate per Trip	Contract Rate per Trip
Contracted Miles	Contracted Miles	Contracted Miles	Contracted Miles
Contracted Trips	Contracted Trips	Contracted Trips	Contracted Trips

Worksheet for Multiple Service Rates

CDD: **Collin County** | Version 1.1
 County: **Collin County**

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

SECTION III - Resident Services

1. Do you want to change all events a fee? Yes No

2. If you answered Yes in #1, do you want to change the fee per passenger trip (G)? Yes (Yes) No (No)

3. If you answered No in #1 and completed #1, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? Passenger Trips

4. How much will you charge each escort? \$0.00 per Passenger Trip

SECTION IV - Group Service Loading

1. If the message "You must Complete This Section" appears in orange, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank) Loading Rate: 0.00

And what is the projected total number of Group Vehicle Revenue Miles? 0.00

SECTION V - Rate Calculations for Multiple Services

- Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically. Miles and Trips you input must sum to the total for all Services entered on the Programable Rates Worksheet. **GAUSS RED** cells and tips for projected services if the rates were calculated in the Section II sheet.
- Be sure to save the service **GAUSS** if you answered NO in Section I or YES to question #10 in Section II.

Projected Passenger Miles (including totally contracted services addressed in Section II) =	RATES FOR PMs (2018 - 2019)			
	Amount	Vehicle Charge	Operator	Group
1,000,000	\$100,000	\$100,000	\$0.00	\$0.00
Rate per Passenger Mile =	\$0.10	\$0.10	\$0.00	\$0.00

Projected Passenger Trips (including totally contracted services addressed in Section II) =	RATES FOR PTs (2018 - 2019)			
	Amount	Vehicle Charge	Operator	Group
100,000	\$10,000	\$10,000	\$0.00	\$0.00
Rate per Passenger Trip =	\$0.10	\$0.10	\$0.00	\$0.00

3. If you answered #1 above and used a COMBINED Rate per Trip (G) as per Mile addition for 1 or more services, ...

COMBINATION TRIP AND MILE RATE				
Amount	Vehicle Charge	Operator	Group	
...INPUT the General Rate per Trip (do not use \$0.00, that party rate amount) =	\$0.00	\$0.00	\$0.00	\$0.00
Rate per Passenger Mile for Business =	\$0.10	\$0.10	\$0.00	\$0.00

Rates of the Government Entity Were Identified On Schedule Number			
Amount	Vehicle Charge	Operator	Group
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

Worksheet for Multiple Service Rates

CDD: **Collin County** | Version 1.1
 County: **Collin County**

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

Program These Rates from Your Worksheet Worksheet Data

Appendix E: CTD Rate Model Worksheet

Worksheet for Multiple Service Rates

CTC: Collier County EVersion 1.4
 County: Collier County

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

SECTION I: Services Provided

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

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

SECTION II: Contracted Services

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

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Answer # 2 for Ambulatory Service	Answer # 2 for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Answer # 2 for Group Service

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

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

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

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank	Leave Blank	Leave Blank

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

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

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

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

Worksheet for Multiple Service Rates

CTC: Collier County EVersion 1.4
 County: Collier County

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

SECTION III: Escort Service

1. Do you want to charge all escorts a fee?..... Yes No
 Answer # 2, 3 & 4

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR Pass. Trip Pass. Mile
 per passenger mile?.....

3. If you answered Yes to #1 and completed #2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? Passenger Trips

4. How much will you charge each escort?..... \$ per Passenger Trip

SECTION IV: Group Service Loading

1. If the message "You Must Complete This Section" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank)..... **You Must Complete This Section!**

..... And what is the projected total number of Group Vehicle Revenue Miles? **Loading Rate** 2.67 to 1.00

SECTION V: Rate Calculations for Multiple Services:

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

		RATES FOR FY: 2019 - 2020			
		Ambul	Wheel Chair	Stretcher Leave Blank	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	1,304,974	= 1,041,340	+ 218,152	+ Leave Blank	+ 45,482
Rate per Passenger Mile =		\$2.81	\$4.81	\$0.00	\$1.53 \$4.08 per passenger per group

		Ambul	Wheel Chair	Stretcher Leave Blank	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	103,450	= 83,244	+ 18,858	+ Leave Blank	+ 1,348
Rate per Passenger Trip =		\$34.74	\$59.55	\$0.00	\$18.90 \$50.55 per passenger per group

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

		Combination Trip and Mile Rate			
		Ambul	Wheel Chair	Stretcher Leave Blank	Group
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =					\$0.00
Rate per Passenger Mile for Balance =		\$2.81	\$4.81	\$0.00	\$1.53 \$4.08 per passenger per group

		Rates If No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$3.68	\$6.30	\$0.00	\$2.00 \$5.35 per passenger per group
Rate per Passenger Trip =		\$45.51	\$78.01	\$0.00	\$24.76 \$66.23 per passenger per group

Program These Rates into Your Medicaid Encounter Data