

Polk TDSP - LIST OF APPENDICIES as of June 16, 2025

These UPDATED appendices are located in a stand-alone packet.

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Additional Attachments following the Appendices:

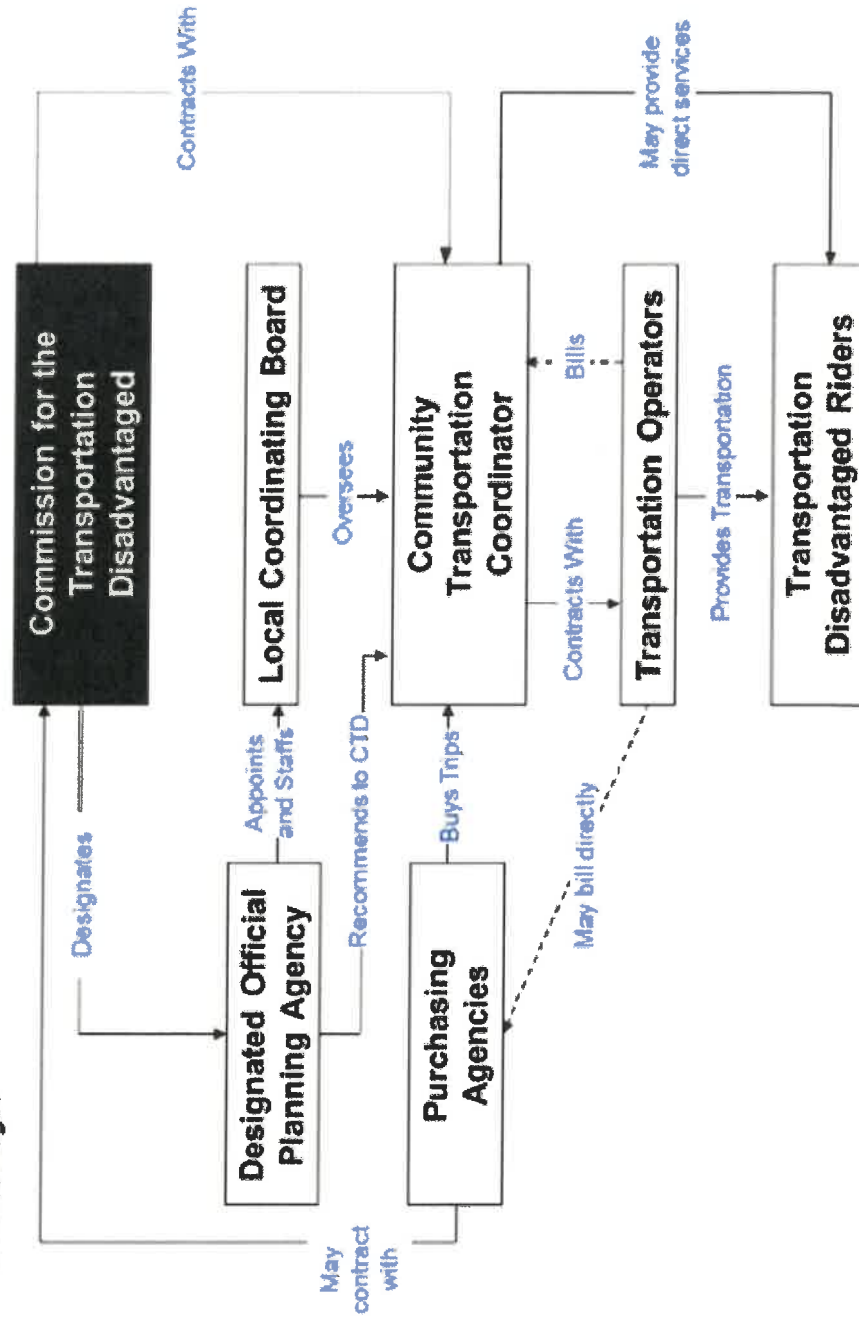
- Flyer about the 2021 Transit Summit
- Youth Summer of Safety Program Flyer

All documents in the TDSP and the TDSP Appendix Packet are available in Alternative Formats upon Request

Appendix 1: Florida Coordinated Transportation System



Coordinated Transportation System Organization



Appendix 2: List of Acronyms

Appendix 2: Acronyms

ABE	Annual Budget Estimate
ADA	Americans with Disabilities Act
AOR	Annual Operating Report
APR	Annual Performance Report
CDL	Commercial Driver's License
CPR	Cardiopulmonary Resuscitation
CTC	Community Transportation Coordinator
CTD	Commission for the Transportation Disadvantaged
CUTR	Center for Urban Transportation Research
COLTS	Community of Learning Transportation Services
DOPA	Designated Official Planning Agency
FAC	Florida Administrative Code
FCTS	Florida Coordinated Transportation System
FDOT	Florida Department of Transportation
FS	Florida Statutes
FY	Fiscal Year
FTE	Full-time Equivalent
ITS	Information and Technology Services
LAMTD	Lakeland Area Mass Transit District
LCB	Local Coordinating Board
LRTP	Long Range Transportation Plan
MDT	Mobile Data Terminal
MOA	Memorandum of Agreement
MPO	Metropolitan Planning Organization
POS	Purchase of Service Contract
PT	Polk Transit
PTA	Polk Transit Authority
RFP	Request for Proposals
RFQ	Request for Qualifications
SSPP	System Safety Program Plan
TD	Transportation Disadvantaged
TDP	Transit Development Plan

TDSP	Transportation Disadvantaged Service Plan
TIP	Transportation Improvement Program
TPO	Polk Transportation Planning Organization
UPWP	Unified Planning Work Program
U.S.C.	United States Code
USDOT	U. S. Department of Transportation
WHAT	Winter Haven Area Transit

Appendix 3: Glossary of Terms

Appendix 3: Glossary of Terms

Annual Budget Estimate - a budget estimate of funds available for providing transportation services to the transportation disadvantaged that is prepared annually and covers a period of one state fiscal year.

Annual Operating Report - an annual report prepared by the community transportation coordinator detailing its designated-area operating statistics for the most recent operating year.

Annual Performance Report - an annual report issued by the Commission for the Transportation Disadvantaged that compiles all the data submitted in the Annual Operating Reports.

Chapter 427, FS - the Florida statute establishing the Commission for the Transportation Disadvantaged and prescribing its duties and responsibilities.

Commission for the Transportation Disadvantaged - an independent organization created in 1989 to accomplish the coordination of transportation services provided to the transportation disadvantaged population. Replaced the Coordinating Council for the Transportation Disadvantaged.

Community Transportation Coordinator (CTC) - a transportation entity recommended by a designated official planning agency to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area. Formerly known as a coordinated community transportation provider.

Complete (or Full) Brokerage - type of CTC network in which the CTC operates no transportation service and contracts with other operators for the delivery of all transportation services.

Coordinated Trips - passenger trips provided by or through a CTC

Demand-Responsive Service - a transportation service characterized by flexible routing and scheduling that provides door-to-door or point-to-point transportation at the user's request.

Designated Official Planning Agency (DOPA) - the agency or official body designated by the Commission for the Transportation Disadvantaged appoint the community coordinating board and recommend the community transportation coordinator for each service area. Metropolitan planning organizations are automatically the official planning agencies in urban areas.

Designated Service Area - the geographical area, consisting of one or more counties, in which the CTC is the designated provider.

Economies of Scale - cost savings resulting from combined resources (e.g., joint purchasing agreements that result in a lower cost per gallon or quantity discount for fuel).

Effectiveness Measure - a performance measure that indicates the level of consumption per unit of output. Passenger trips per vehicle mile are an example of an effectiveness measure.

Efficiency Measure - a performance measure that evaluates the level of resources expended to achieve a given level of output. An example of an efficiency measure is operating cost per vehicle mile.

Fixed-Route Service - transit service in which the vehicles follow a prescribed schedule over a prescribed route.

Full Time Equivalent (FTE) - a measure used to determine number of employees based on a 40-hour work week. One FTE equals 40 work hours per week.

Fully Allocated Costs - the total cost, including the value of donations, contributions, grants or subsidies, of providing coordinated transportation, including those services which are purchased through transportation operators or provided through coordination contracts.

General Trips - passenger trips by individuals to destinations of their choice, not associated with any agency program.

Local Coordinating Board (LCB) - entity in each designated service area composed of representatives appointed by the official planning agency. Its purpose is to provide assistance to the community transportation coordinator concerning the coordination of transportation services.

Memorandum of Agreement (MOA) - a binding standard contract between the Commission for the Transportation Disadvantaged and a CTC. This contract and its provisions serve as a performance and reporting standard to guide the delivery of services by all agencies or entities that provide transportation disadvantaged services.

Metropolitan Planning Organization (MPO) - the organization responsible for transportation planning and programming in urban areas. Also serves as the official planning agency referred to in Chapter 427, FS.

Missed Trip – If the driver is running late for the pickup and the client had to arrange for another ride (either through the CTC or personal) to keep from being late; or, if the client arrives at the appointment too late to be treated. (May apply to original trip or return trip.)

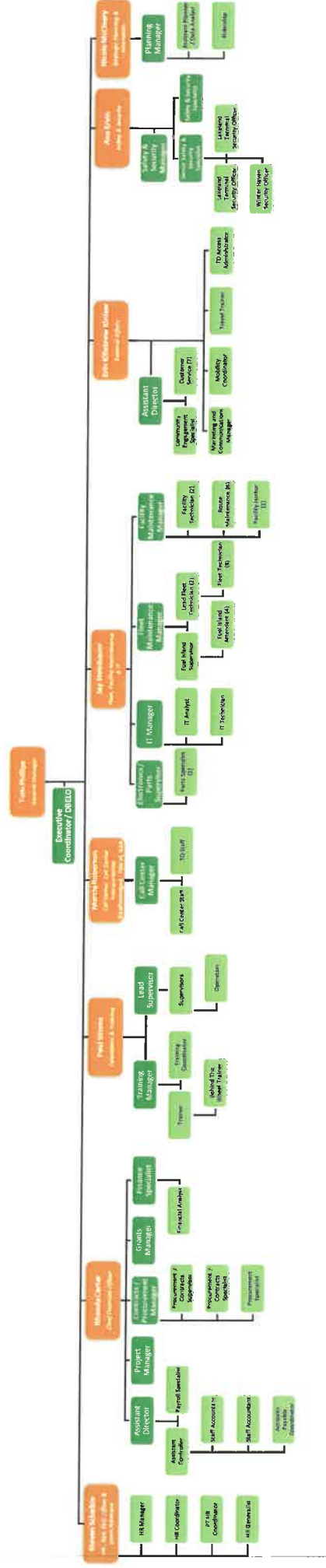
No Show – A client not calling the office to cancel their scheduled pick up within the required time frame or not being ready for their scheduled trip.

Transportation Disadvantaged – Those persons who cannot obtain their own transportation due to their age, disability, or income.

Appendix 4: CTC's Organizational chart



Last updated: 1.10.2025



Appendix 5: CTD/CUTR “Travel Demand Forecast Worksheets, August 10 (and amended)” -- Forecast of Transportation Disadvantaged Population (Demand Model)

INSTRUCTION PAGE

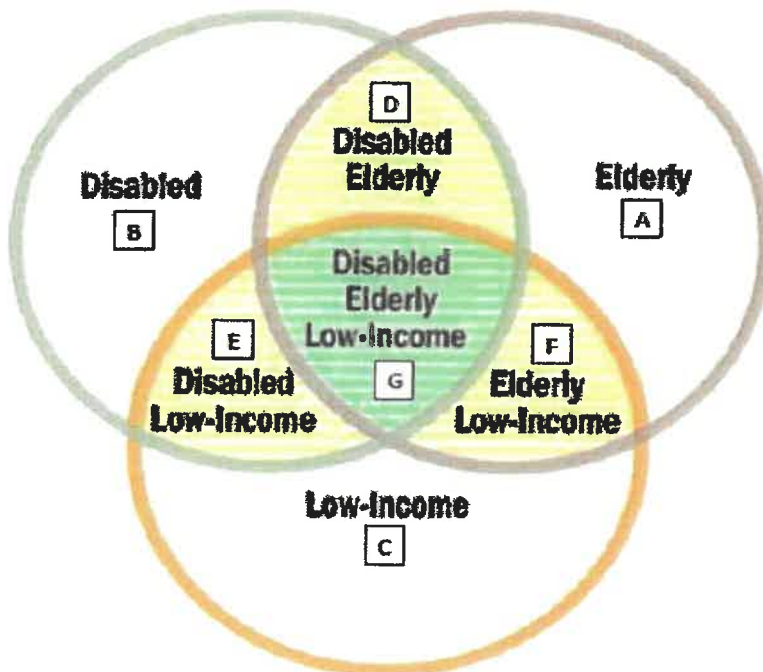
This workbook and five worksheets were developed in conjunction with the **2013 National Center for Transit Research "Forecasting Paratransit Service Demand - Review and Recommendations."** This report provides the background on the demand estimation methodology and provides specific instructions for the required data input.

Step-by-step instructions are provided for accessing the required Inputs including: the U.S. Census Bureau's American Community Survey (ACS) age, income, disability, and county level population data.. Other data used in the model such as those from the National Household Travel Survey and the U.S. Census Bureau's Survey of Income and Program Participation (SIPP) have been pre-coded in the spreadsheet tool for ease of use.

The TD methodology described in this report can serve as a resource which is easily updated with current data, enables users to better analyze various sub-components of the TD market, and can be complemented with local knowledge and information for further customization.

This workbook consists of 5 worksheets denoted by the bottom tabs:

- 1. Instructions** - a brief overview of the workbook and details on the worksheets
- 2. Data Input** - this is the only sheet the user must provide input. After all the required data is provided, the rest of the worksheets will self-calculate
- 3. General TD population** - this worksheets calculates the "General TD" populations and accounts for the double counts in the overlapping circles
- 4. Critical Need TD Population** - this worksheet focuses on the severe disabilities and low income-non-disabled population persons - the "Critical Need TD" population
- 5. TD Population and Trip Forecasts** - the final worksheet projects the "General TD" and "Critical Need TD" populations, as well as the daily and annual "Critical Need TD" trips



DATA INPUT PAGE

Yellow cells indicate required data input

Area Name:

Polk County

Last Year of Census Data Used:

2019

Percent Transit Coverage:

33%

Number of Annual Service Days:

357

County Population By Age	Total Pop by Age	Population Below Poverty Level by Age	Total Population with a Disability by Age	Total Pop with Disability and Below Poverty Level by Age
< 5 Years of Age	39,743	11,680	122	65
5-17	115,568	21,288	9,497	2,400
18-34	151,338	23,558	10,601	2,199
35-64	256,306	28,931	37,883	7,116
Total Non Elderly	562,955	85,457	58,103	11,780
65-74	82,796	8,703	19,245	2,832
75+	64,028	5,184	28,284	2,895
Total Elderly	146,824	13,887	47,529	5,727
Total	709,779	99,344	105,632	17,507

County Population Projections	
2020	715,090
2025	812,250
2030	884,700
2035	948,950
2040	1,006,900
2045	1,061,000

5-year growth 97,160 Annual % Growth 2.72%

CALCULATION OF GENERAL TRANSPORTATION DISADVANTAGED POPULATION

Polk County

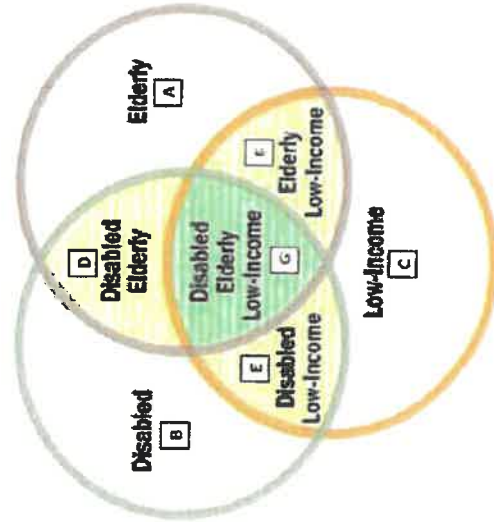
Census Data from 2019

County Pop. By Age	Total Pop by Age	% of Total Pop	Population Below Poverty Level by Age	% of Total Pop Below Poverty Level by Age	Total Population with a Disability by Age	% of Total Pop with a Disability by Age	Total Pop with Disability and Below Poverty Level by Age	% Total Pop with a Disability and Below Poverty Level by Age
< 5 Years of Age	39,743	5.6%	11,680	1.6%	122	0.1%	65	0.37%
5-17	115,568	16.3%	21,288	3.0%	9,497	1.3%	2,400	0.34%
18-34	151,338	21.3%	23,558	3.3%	10,601	1.5%	2,199	0.31%
35-64	256,306	36.1%	28,931	4.1%	37,883	5.3%	7,116	1.00%
Total Non Elderly	562,955	79.3%	85,457	12.0%	58,103	8.2%	11,780	1.66%
65-74	82,796	11.7%	8,703	1.2%	19,245	2.7%	2,832	0.40%
75+	64,028	9.0%	5,184	0.7%	28,284	4.0%	2,895	0.41%
Total Elderly	146,824	20.7%	13,887	2.0%	47,529	6.7%	5,727	0.81%
Total	709,779	100%	99,344	14.0%	105,632	14.9%	17,507	2.47%

Double Counts Calculations

E - Estimate non-elderly/disabled/ low income	From Base Data (I11)	11,780
B - Estimate non-elderly/ disabled/not low income	Subtract I11 from G11	46,323
G - Estimate elderly/disabled/low income	From Base Data (I14)	5,727
D- Estimate elderly/ disabled/not low income	Subtract I14 from G14	41,802
F - Estimate elderly/non-disabled/low income	Subtract I14 from E14	8,160
A - Estimate elderly/non-disabled/not low income	Subtract sum of J17, J18 and J19 from C14	91,135
C - Estimate low income/not elderly/not disabled	Subtract I11 from E11	73,677
Total - Non-Duplicated		278,604

General TD Population	% of Total
Non-Duplicated General TD Population Estimate	39.3%
Total	278,604



CALCULATION OF CRITICAL NEED TRANSPORTATION DISADVANTAGED POPULATION

Polk County

Census Data from: 2019

County Pop. By Age	Total Population with a Disability by Age	% with a Severe Disability by Age	Total Population with a Severe Disability by Age	% of Total Pop with Severe Disability by Age	% of Severe Disability Below Poverty Level	Total Severe Disability Below Poverty Level
< 5 Years of Age	122	4.20%	5	0		
5-17	9,497	4.20%	399	0.35%		
18-34	10,601	6.30%	668	0.44%		
35-64	37,883	13.84%	5,243	2.05%		
Total Non Elderly	58,103		6,315	1.12%	28.60%	1,806
65-74	19,245	27.12%	5,219	6.30%		
75+	28,284	46.55%	13,166	20.56%		
Total Elderly	47,529		18,385	12.52%	11.70%	2,151
Total	105,632		24,700	3.48%		3,957

Critical Need - Severely Disabled TD Population			
	Not Low Income	Low Income	Totals
Non-Elderly	4,509	1,806	6,315
Elderly	16,234	2,151	18,385
TOTAL	20,743	3,957	24,700

TRIP RATES USED	
Low Income Non Disabled Trip Rate	
Total	2.400
Less	
Transit	0.389
School Bus	0.063
Special Transit	0.049
	1.899
Severely Disabled Trip Rate	
Special Transit	0.049

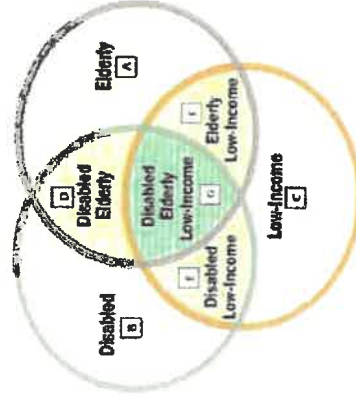
<div>Low Income & Not Disabled = C + F</div>		<div>CALCULATION OF DAILY TRIPS FOR THE CRITICAL NEED TD POPULATION</div>	
Assumes	81,837	Calculation of Daily Trips	
47.4%	xx % without auto access	Daily Trip Rates	Total
	22,260	Per Person	Daily Trips
67.0%	xx % without transit access		
	14,914		

CALCULATION OF DAILY TRIPS FOR THE CRITICAL NEED TD POPULATION

FORECAST OF GENERAL AND CRITICAL NEED TRANSPORTATION DISADVANTAGED POPULATIONS

Polk County

General TD Population Forecast	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Overlapping Circle Component											
E - Estimate non-elderly/disabled/ low Income	11,780	12,100	12,429	12,767	13,114	13,470	13,836	14,212	14,598	14,995	15,402
B - Estimate non-elderly/ disabled/not low Income	46,323	47,582	48,875	50,203	51,567	52,968	54,408	55,886	57,405	58,965	60,567
G - Estimate elderly/disabled/low Income	5,727	5,883	6,042	6,207	6,375	6,549	6,727	6,909	7,097	7,290	7,488
D- Estimate elderly/ disabled/not low Income	41,802	42,938	44,105	45,303	46,534	47,798	49,098	50,432	51,802	53,210	54,656
F - Estimate elderly/non-disabled/low Income	8,160	8,382	8,610	8,843	9,084	9,331	9,584	9,845	10,112	10,387	10,669
A - Estimate elderly/non-disabled/not low Income	91,135	93,612	96,155	98,768	101,452	104,209	107,041	109,950	112,937	116,006	119,159
C - Estimate low Income/not elderly/not disabled	73,677	75,679	77,736	79,848	82,018	84,247	86,536	88,887	91,303	93,784	96,333
TOTAL GENERAL TD POPULATION	278,604	286,175	293,951	301,939	310,144	318,572	327,229	336,121	345,255	354,637	364,274
TOTAL POPULATION	709,779	729,067	748,878	769,229	790,132	811,603	833,658	856,312	879,581	903,483	928,035



Polk County

Critical Need TD Population Forecast	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Total Critical TD Population											
Disabled	24,700	25,372	26,061	26,769	27,497	28,244	29,011	29,800	30,609	31,441	32,296
Low Income Not Disabled No Auto/Transit	14,914	15,319	15,736	16,163	16,602	17,054	17,517	17,993	18,482	18,984	19,500
Total Critical Need TD Population	39,614	40,691	41,797	42,932	44,099	45,297	46,528	47,793	49,091	50,425	51,796
Daily Trips - Critical Need TD Population											
Severely Disabled	1,210	1,243	1,277	1,312	1,347	1,384	1,422	1,460	1,500	1,541	1,582
Low Income - Not Disabled - No Access	28,322	29,091	29,882	30,694	31,528	32,385	33,265	34,169	35,097	36,051	37,030
Total Daily Trips Critical Need TD Population	29,532	30,334	31,159	32,006	32,875	33,769	34,687	35,629	36,597	37,592	38,612
Annual Trips	10,542,907	10,721,083	10,902,269	11,086,517	11,273,879	11,473,427	11,676,507	11,883,181	12,093,513	12,307,568	12,500,797

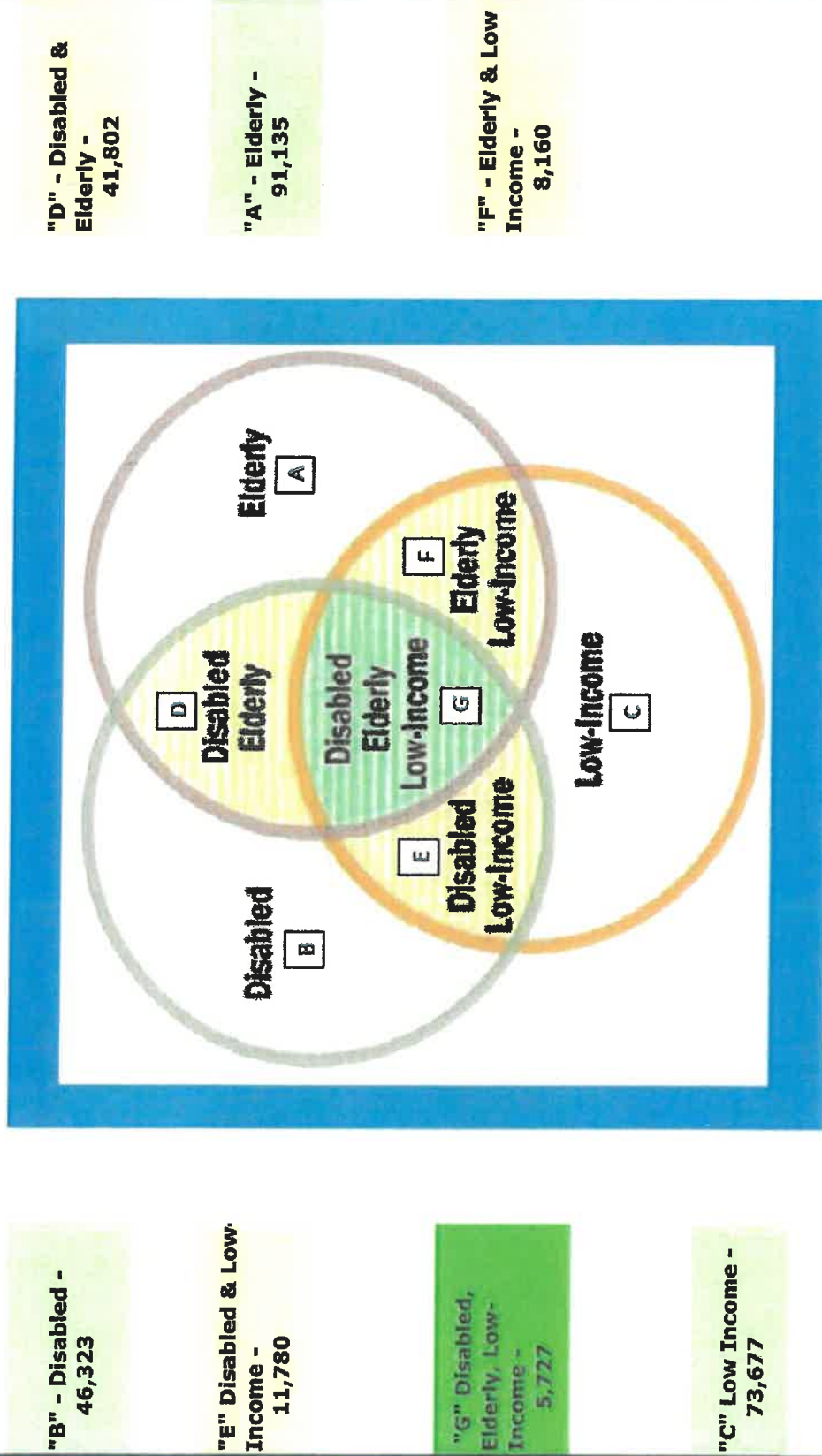
557

Assumes Annual Service Days =

2.72%

Annual Population Growth (as a percent)

2019 - TRANSPORTATION DEMAND FORECASTS, POLK COUNTY, FLORIDA "Venn Diagram" - Total Population = 709,779



The purpose of this figure is to eliminate the "double counting" of the three groups of people who meet the definition of TD

**Notes on the August 10, 2021 edition of the TD Transportation Demand Forecast for Polk (2019-2045), for the
TDSP Major Update for 2022-23 to 2026-27.**

1. TPO staff obtained the Number of Annual (Fixed Route) service days (357) and the Percent of the Polk population covered by transit (33%) from the operations staff at Citrus Connection.

2. TPO staff obtained the population data from the 2019 BEBR tables. TPO staff used an average of "Medium and High" population data, to be consistent with the methodology used by the TPO in producing its 2045 Long Range Transportation Plan. Thus the 2022 TDSP is calibrated to the 2045 LRTP. NOTE: The CTD/CUTR tables only utilize these data to obtain the 5-year growth rate, and from there, it calculates the Annual % Growth rate, (2.72%). This growth rate is used as a multiplier throughout the tables.

3. TPO staff used Table **ACSDT1Y2019.B18130.2021-08-06 T174705** from the US Census to obtain the 2019 year data on Polk County population with or without disabilities; with or without low-income; and, by age. The base year is 2019 and the total county population = 709,779. These are the most current data available in August 2021.

4. The CTD/CUTR Tables formulae utilize this 2019 total county population, 709,779, to calculate all the other population totals in the tables.

5. The Annual Growth rate is 2.72% from year to year for the 2020 to 2045 year period. The 2019 population from US Census = 709,779. The 2020 population from BEBR = 715,090. This is an increase of 5,311 people, which is about a 0.75% growth rate. TPO staff estimates that this shallow growth rate is due to the measures put in place globally in 2019-2020 to stop the spread of the COVID-19 Pandemic.

6. The TPO utilized the data in the years 2022-2027 to update the other tables in the TDSP. We also utilized the 2022 data to make the large "venn diagram" showing the 3 interconnecting circles of Disabled/Low-Income/Disability

BEBR Data for 2025-2045 from 2019 projections, showing Low, Medium, High for Polk County and State of Florida, then, showing the Medium and High projections, averaged

County and State	Estimates April 1, 2020	Projections, April 1				
		2025	2030	2035	2040	2045
POLK	715,090					
Low		718,300	747,800	770,200	785,000	794,600
Medium		783,100	840,200	888,400	929,300	965,800
High		841,400	929,200	1,009,500	1,084,500	1,156,200
FLORIDA	21,596,068					
Low		22,164,100	23,037,100	23,650,600	24,090,900	24,405,600
Medium		23,138,600	24,419,100	25,461,900	26,356,400	27,149,800
High		24,109,200	25,798,900	27,275,900	28,634,200	29,921,300
POLK	715,090					
Medium		783,100	840,200	888,400	929,300	965,800
High		841,400	929,200	1,009,500	1,084,500	1,156,200
Average of Medium and High		812,250	884,700	948,950	1,006,900	1,061,000
FLORIDA	21,596,068					
Medium		23,138,600	24,419,100	25,461,900	26,356,400	27,149,800
High		24,109,200	25,798,900	27,275,900	28,634,200	29,921,300
Average of Medium and High		23,623,900	25,109,000	26,368,900	27,495,300	28,535,550

BEBR Projections obtained in 2021

Appendix 6: (State) Definition of Handicapped and At-Risk children

HANDICAP OR HIGH-RISK CONDITION PREVENTION AND EARLY CHILDHOOD ASSISTANCE

411.202 Definitions.—As used in this chapter, the term:

- (1) “Assistance services” means those assessments, individualized therapies, and other medical, educational, and social services designed to enhance the environment for the high-risk or handicapped preschool child, in order to achieve optimum growth and development. Provision of such services may include monitoring and modifying the delivery of assistance services.
- (2) “Case management” means those activities aimed at assessing the needs of the high-risk child and his or her family; planning and linking the service system to the child and his or her family, based on child and family outcome objectives; coordinating and monitoring service delivery; and evaluating the effect of the service delivery system.
- (3) “Community-based local contractor” means any unit of county or local government, any for-profit or not-for-profit organization, or a school district.
- (4) “Developmental assistance” means individualized therapies and services needed to enhance both the high-risk child’s growth and development and family functioning.
- (5) “Discharge planning” means the modification of the written individual and family service plan at the time of discharge from the hospital, which plan identifies for the family of a high-risk or handicapped infant a prescription of needed medical treatments or medications, specialized evaluation needs, and necessary nonmedical and educational intervention services.
- (6) “Drug-exposed child” means any child from birth to 5 years of age for whom there is documented evidence that the mother used illicit drugs or was a substance abuser, or both, during pregnancy and the child exhibits:
 - (a) Abnormal growth;
 - (b) Abnormal neurological patterns;
 - (c) Abnormal behavior problems; or
 - (d) Abnormal cognitive development.

(7) "Early assistance" means any sustained and systematic effort designed to prevent or reduce the assessed level of health, educational, biological, environmental, or social risk for a high-risk child and his or her family.

(8) "Handicapped child" means a preschool child who is developmentally disabled, mentally handicapped, speech impaired, language impaired, deaf or hard of hearing, blind or partially sighted, physically handicapped, health impaired, or emotionally handicapped; a preschool child who has a specific learning disability; or any other child who has been classified under rules of the State Board of Education as eligible for preschool special education services, with the exception of those who are classified solely as gifted.

(9) "High-risk child" or "at-risk child" means a preschool child with one or more of the following characteristics:

- (a) The child is a victim or a sibling of a victim in a confirmed or indicated report of child abuse or neglect.
- (b) The child is a graduate of a perinatal intensive care unit.
- (c) The child's mother is under 18 years of age, unless the mother received necessary comprehensive maternity care and the mother and child currently receive necessary support services.
- (d) The child has a developmental delay of one standard deviation below the mean in cognition, language, or physical development.
- (e) The child has survived a catastrophic infectious or traumatic illness known to be associated with developmental delay.
- (f) The child has survived an accident resulting in a developmental delay.
- (g) The child has a parent or guardian who is developmentally disabled, severely emotionally disturbed, drug or alcohol dependent, or incarcerated and who requires assistance in meeting the child's developmental needs.
- (h) The child has no parent or guardian.
- (i) The child is drug exposed.
- (j) The child's family's income is at or below 100 percent of the federal poverty level or the child's family's income level impairs the development of the child.

(k) The child is a handicapped child as defined in subsection (8).

(l) The child has been placed in residential care under the custody of the state through dependency proceedings pursuant to chapter 39.

(m) The child is a member of a migrant farmworker family.

(10) "Impact evaluation" means the provision of evaluation information to the department on the impact of the components of the childhood pregnancy prevention public education program and an assessment of the impact of the program on a child's related sexual knowledge, attitudes, and risk-taking behavior.

(11) "Individual and family service plan" means a written individualized plan describing the developmental status of the high-risk child and the therapies and services needed to enhance both the high-risk child's growth and development and family functioning, and shall include the contents of the written individualized family service plan as defined in part H of Pub. L. No. 99-457.

(12) "Infant" or "toddler" means any child from birth to 3 years of age.

(13) "Interdisciplinary team" means a team that may include the physician, psychologist, educator, social worker, nursing staff, physical or occupational therapist, speech pathologist, parents, developmental intervention and parent support and training program director, case manager for the child and family, and others who are involved with the individual and family service plan.

(14) "Parent support and training" means a range of services for families of high-risk or handicapped preschool children, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education relating to growth and development, developmental assistance, and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.

(15) "Posthospital assistance services" means assessment, individual and family service planning, developmental assistance, counseling, parent education, and referrals which are delivered as needed in a home or nonhome setting, upon discharge, by a professional or paraprofessional trained for this purpose.

(16) "Prenatal" means the time period from pregnancy to delivery.

(17) "Preschool child" means a child from birth to 5 years of age, including a child who attains 5 years of age before September 1.

(18) “Prevention” means any program, service, or sustained activity designed to eliminate or reduce high-risk conditions in pregnant women, to eliminate or ameliorate handicapping or high-risk conditions in infants, toddlers, or preschool children, or to reduce sexual activity or the risk of unwanted pregnancy in teenagers.

(19) “Preventive health care” means periodic physical examinations, immunizations, and assessments for hearing, vision, nutritional deficiencies, development of language, physical growth, small and large muscle skills, and emotional behavior, as well as age-appropriate laboratory tests.

(20) “Process evaluation” means the provision of information to the department on the breadth and scope of the childhood pregnancy prevention public education program. The evaluation must identify program areas that need modification and identify community-based local contractor strategies and procedures which are particularly effective.

(21) “Strategic plan” means a report that analyzes existing programs, services, resources, policy, and needs and sets clear and consistent direction for programs and services for high-risk pregnant women and for preschool children, with emphasis on high-risk and handicapped children, by establishing goals and child and family outcomes, and strategies to meet them.

(22) “Teen parent” means a person under 18 years of age or enrolled in school in grade 12 or below, who is pregnant, who is the father of an unborn child, or who is the parent of a child.

History.—s. 1, ch. 89-379; s. 7, ch. 90-358; s. 2, ch. 91-229; s. 1, ch. 95-321; s. 51, ch. 97-103; s. 62, ch. 2000-153.

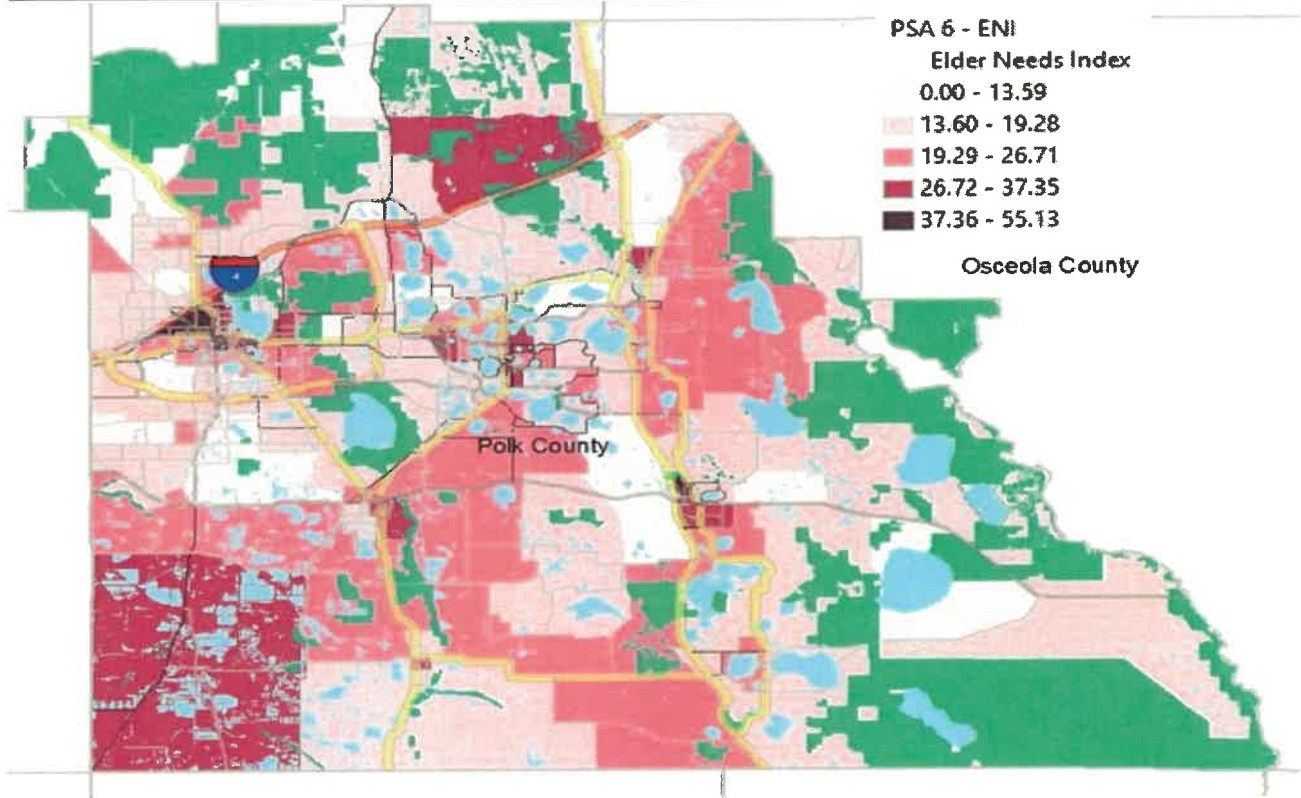
Appendix 7: Profile of Older Floridians (2019) DOEA

2018 Profile of Older Floridians

Polk County

This profile of older Floridians is a source of current information related to seniors in the county. Topics include the current and future population of older adults, the prevalence of older adults who experience financial and housing issues, the array of health and medical resources, and information related to disasters. As Florida's older adult population grows, awareness of these issues is needed to ensure that elders continue to be vital participants in their communities.

Elder Needs Index



The Elder Needs Index (ENI) is a measure that includes: (1) the percentage of the 60 and older population that is age 85 and older; (2) the percentage of the 55 and older population that are members of racial or ethnic minority groups; (3) the percentage of the 65 and older population with one or more disability; and (4) the percentage of the 55 and older population living below 125 percent of the Federal Poverty Level. ENI is an averaged score indicating older adults who may need social services within a geographic area. **It is not a percentage of the area's population.** The green areas of the map represent bodies of land such as national parks, state forests, wildlife management areas, and local and private preserves. The blue areas of the map represent bodies of water such as lakes, streams, rivers, and coastlines. Interactive maps, viewing software, and a detailed user's guide are available at http://elderaffairs.state.fl.us/doea/eni_home.php

The index cutpoints in the ENI is scaled at the PSA-level

Source: Florida Department of Elder Affairs using U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Useful Websites

Bureau of Economic and Business Research (BEBR)
U.S. Census Bureau, American Community Survey (ACS)
U.S. Census Bureau, Quick Facts
Florida Agency for Health Care Administration (AHCA)
Florida Department of Elder Affairs (DOEA)
How to Become an Age Friendly Community

Florida Division of Emergency Management (Shelters)
Florida Housing Data Clearinghouse
County Chronic Disease Profile
Aging Integrated Database (AGID)
Florida DOEA ENI Maps

2018 Profile of Older Floridians

Polk County Demographic Profile

The demographics section presents the population characteristics of those age 60 and older and examines traits about older Floridians, such as the number of veterans, voters, and drivers.

Age Category	Value	Percent
All Ages	673,028	100%
Under 18	151,616	23%
Under 60	492,227	73%
18-59	340,611	51%
60+	180,801	27%
65+	136,741	20%
70+	95,201	14%
75+	59,582	9%
80+	32,691	5%
85+	15,433	2%

Source: BEBR, 2019

Gender	Value	Percent
Male	83,728	46%
Female	97,073	54%

Source: BEBR, 2019

Living Alone	Value	Percent
Male Living Alone	11,235	33%
Female Living Alone	22,570	67%

Source: AGID 2012-16 ACS

Educational Attainment (65+)	Value	Percent
Less than High School	22,610	17%
High School Diploma	47,742	35%
Some College, No Degree	27,115	20%
Associates Degree or Higher	31,524	23%

Source: U.S. Census Bureau, 2013-2017 ACS

Marital Status	Male	Female
Never Married	3,925	3,630
Percentage Never Married	5%	4%
Married	54,885	46,260
Percentage Married	73%	52%
Widowed	7,090	26,225
Percentage Widowed	9%	30%
Divorced	9,435	12,665
Percentage Divorced	13%	14%

Source: AGID 2012-16 ACS

Race and Ethnicity	Value	Percent
White	159,818	88%
Black	17,780	10%
Other Minorities	3,203	2%
Total Hispanic	17,780	10%
White Hispanic	16,245	9%
Non-White Hispanic	1,535	1%
Total Non-Hispanic	163,021	90%
Total Minority	41,966	23%

Source: BEBR, 2019

Driver License Holders	Value	Percent
Drivers	160,736	30%

Source: Florida Department of Highway Safety and Motor Vehicles, 2019

Registered Voters	Value	Percent
Registered Voters	159,760	37%

Source: Florida Department of State, 2018

Veterans	Value	Percent
Age 45-64	15,241	31%
Age 65-84	21,781	45%
Age 85+	4,554	9%

Source: U.S. Department of Veterans Affairs

Grandparents	Value	Percent
Living With Grandchildren	8,635	5%
Grandparent Responsible for Grandchildren	2,420	1%
Grandparent Not Responsible for Grandchildren	6,215	3%
Not Living With Grandchildren	152,770	84%

Grandchildren are defined as being under the age of 18.

Source: AGID 2012-16 ACS

English Proficiency	Value	Percent
With Limited English Proficiency	6,720	4%

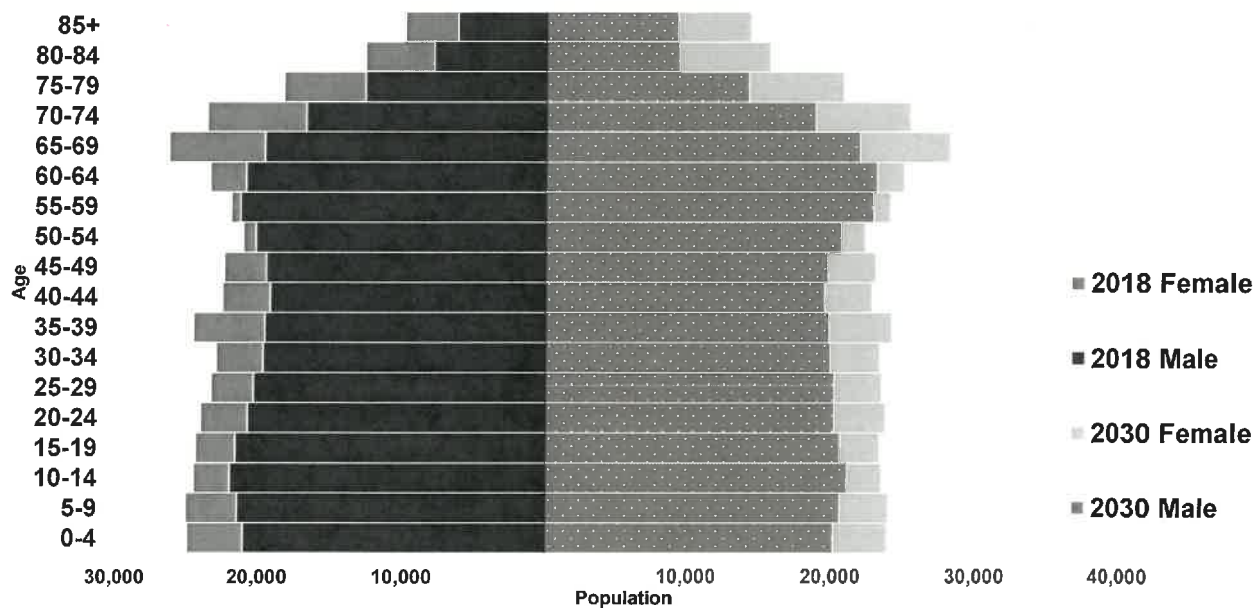
Source: AGID 2012-16 ACS

Note: The American Community Survey (ACS) requires a minimum of 50 cases in a geographic area and therefore a value of 0 may denote fewer than 50 seniors in a region.

2018 Profile of Older Floridians

Polk County Demographic Profile

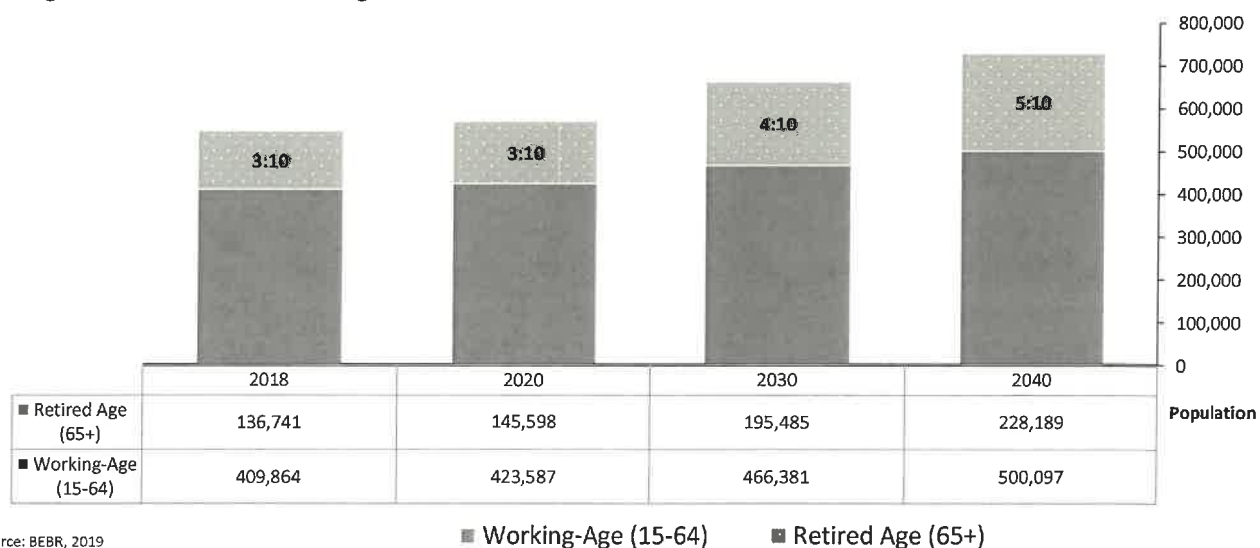
The population pyramid below compares the projected older adult population by gender between 2018 and 2030, demonstrating the changes expected in the next decade. As a whole, Florida is expected to experience population growth, with some areas expecting notable growth in the proportion of those age 65 and older.



Source: BEBR, 2019

Senior Dependency Ratio

The dependency ratio contrasts the number of working-age (15-64) individuals compared to the number of individuals age 65 and older who are likely retired from the workforce. This ratio reflects the ongoing contributions of taxes and wages to support the health care and retirement systems used by retirees, as well as the availability of younger individuals to serve as caregivers to older loved ones.



Source: BEBR, 2019

2018 Profile of Older Floridians

Polk County Financial Profile

This section examines financial conditions, poverty rates, and the cost of living for older Floridians. The ratio of income to poverty level graphic below shows the distribution of older adults relative to the poverty level to show the proportion of the senior population who fall below the Federal Poverty Level (FPL). The portrayal of the financial conditions of older adults is detailed in the final graphic, which includes information about income relative to rates of homeownership and partnership status in the consideration of cost of living.

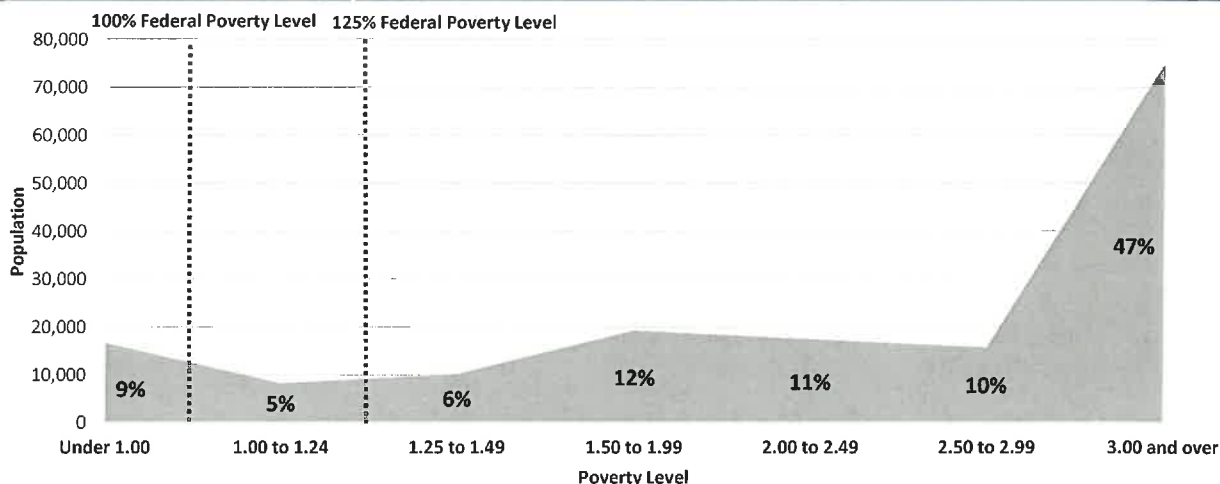
Federal Poverty Level	Value
Single-Person Household	\$12,140
Two-Person Household	\$16,460
125% Single-Person Household	\$15,175
125% Two-Person Household	\$20,575

Source: U.S. Department of Health & Human Services, 2018

Poverty	Value	Percent
At Poverty Level	16,550	9%
Below 125% of Poverty Level	24,735	14%
Minority At Poverty Level	5,400	3%
Minority Below 125% of Poverty Level	8,295	5%

Source: AGID 2012-16 ACS

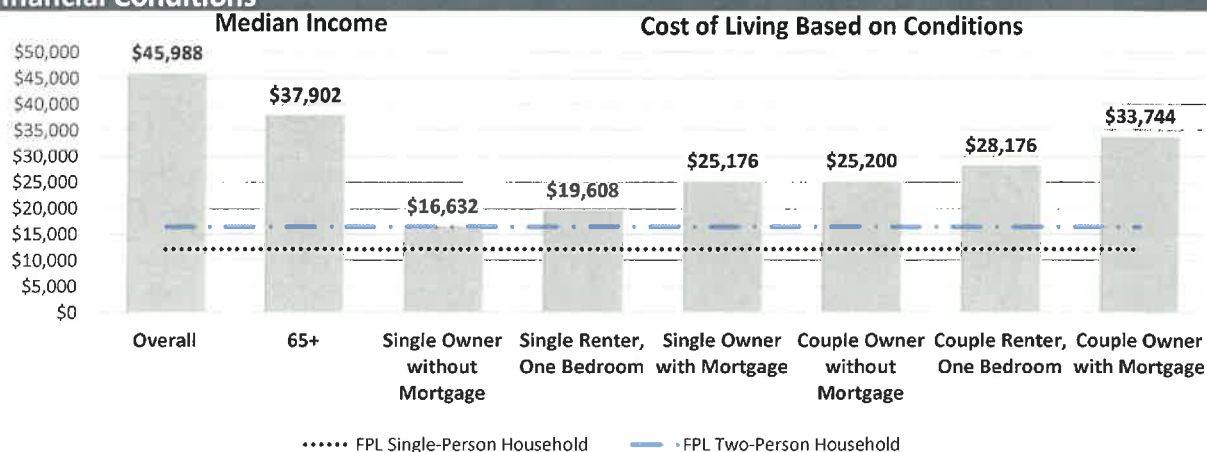
Ratio of Income to Poverty Level



Value is expressed as the percentage of the 60+ population, with the dotted lines representing the Federal Poverty Level.

Source: AGID 2012-16 ACS

Financial Conditions



Cost of living is an index of how much income retired older adults require to meet their basic needs to live in their community without assistance.

Source: U.S. Census Bureau, 2013-2017 ACS and WOW Elder Economic Security Standard Index, 2016

2018 Profile of Older Floridians

Polk County Livability Profile

The livability section presents new elements, such as available affordable housing for older adults. Many essential community elements are also included below, such as sidewalk safety, the safety of roadways, and availability of green spaces. The rates of older Floridians who have access to a vehicle or public transportation, as well as the availability of internet access and various food resources, are also provided. These provide estimates of older adults' ability to access community resources.

Pedestrian Safety	Percent
Sidewalks with Barriers	41%
Physical barriers are those that separate motorized vehicle lanes from sidewalks or shared path (e.g. areas for parking lots, guardrail, trees, etc.).	
Source: Florida Department of Transportation, 2018	

Road Incidents	Value
Total Involved in Fatal Car Crashes per 100,000	34
This figure includes occupants and non-occupants involved in a crash.	
Source: National Highway Traffic Safety Administration, 2017	

SNAP or Food Stamps	Value
Participants	24,838
Potentially Eligible	24,735
Participation Rate	100%
Source: Florida Department of Children and Families, 2018	

Food Resource Centers	Value
SNAP Access Site	33
Fresh Access Bucks Outlet	13
Farmer's Market	3
Food Distribution (No Cost)	57
SNAP Retailers	588
Congregate Meal Sites	11
Food Distribution (No Cost) is the number of food pantries, soup kitchens, and food banks in the area.	
Source: Feeding Florida.org, USDA, and Florida DOEA, 2019	

Public Transportation Options	Value
Bus Operations at least at the County	1
Rail Operations at least at the County	0
Public Transit Service Area (sq. mi.)	452
Public Transit Service Area Population	922,587
Annual Unlinked Trips	2,755,562
Vehicles Operated in Maximum Service (VOMS)	164
Total Miles of Bike Lanes	255
Information on service area is not reported by rural and intercity public transit.	
VOMS are the number of vehicles operated to meet the annual max service, and unlinked trips are the number of passengers boarding public transit.	
Source: Federal Transit Administration, 2017, and FDOT, 2018	

Green Space	Value
Number of Nearby State Parks	9
Nearby refers to the park that has the shortest distance from the center of the county.	
Source: Florida Department of Transportation, 2018	

Rural-Urban Designation	Value
Census Tracts Rural	3%
Census Tracts Urban	97%
Number of Census Tracts	154
Source: U.S. Department of Agriculture, 2019	

Households With High Cost Burden (65+)	Value
Owner-Occupied Households	69,521
Percent of Owners with High Cost Burden	11%
Renter-Occupied Households	11,499
Percent of Renters with High Cost Burden	27%
Households with a high cost burden have occupants age 65+ paying more than 30% of income for housing costs and having an income below 50% of the area median income.	
Source: The Shimberg Center for Housing Studies, 2018	

Affordable Housing Inventory	Value
Properties	30
Properties Ready for Occupancy	28
Total Units	2,993
Units with Rent and/or Income Restrictions	2,566
Units Receiving Monthly Rental Assistance	977
Affordable housing inventory receives funding from HUD, Florida Housing Financing Corp., and the USDA. The inventory above includes older adults as its target population.	
Source: The Shimberg Center for Housing Studies, 2018	

Housing Units by Occupancy (65+)	Percent
Owner-Occupied Housing Units	53%
Renter-Occupied Housing Units	23%
Source: U.S. Census Bureau, 2013-2017 ACS	

Vehicle Access (65+)	Percent
Owner-Occupied Households with Access to Vehicle(s)	95%
Renter-Occupied Households with Access to Vehicle(s)	76%
Source: U.S. Census Bureau, 2013-2017 ACS	

Employment Status (65+)	Value	Percent
Number of Seniors Employed	16,313	12%
Number of Seniors Unemployed	5,208	4%
Source: U.S. Census Bureau, 2013-2017 ACS		

Retirement (65+)	Value	Percent
Social Security Beneficiaries	114,910	70%
SSI Recipients	4,174	19%
SSI stands for Supplemental Security Income. To qualify, a person must be at least age 65 OR be blind or disabled. Also, the person must have limited income and resources.		
Source: U.S. Social Security Administration, 2018		

Internet Access (65+)	Percent
Have Internet Access	67%
Source: U.S. Census Bureau, 2013-2017 ACS	

2018 Profile of Older Floridians

Polk County Health Profile and Medical Resources

The health and medical section presents the variety and availability of different types of facilities, medical professionals, and treatment services in the community. This includes complex estimates based on probable usage by older adults. For example, the "Medically Underserved" are areas designated by the U.S. Department of Health and Human Services as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Medical access and health support services information is an important area for community planners to ensure that support is in place to accommodate an older population.

Ambulatory Surgical Centers	Value
Facilities	11
Operating Rooms	28
Recovery Beds	100

Source: Florida AHCA, 2019

Hospitals	Value
Hospitals	6
Hospitals with Skilled Nursing Units	0
Hospital Beds	1,808
Skilled Nursing Unit Beds	0

Source: Florida AHCA, 2019

Medical Professionals	Value
Medical Doctors	
Licensed	887
Limited License	0
Critical Need Area License	35
Restricted	0
Medical Faculty Certification	0
Public Health Certificate	0
Other Professionals	
Licensed Podiatric Physicians	28
Licensed Osteopathic Physicians	91
Dentists	175
Licensed Registered Nurses	7,726
Pharmacies	246

Source: Florida Department of Health, 2019

Assisted Living Facility	Value
Total ALF Beds	2,676
Optional State Supplementation (OSS) Beds	471
Non-OSS Beds	2,205
Total ALF Facilities	40
Facilities with Extended Congregate Care License	5
Facilities with Limited Mental Health License	8
Facilities with Limited Nursing Service License	9

Source: Florida AHCA, 2019

Medically Underserved	Value	Percent
Total Medically Underserved	17,511	10%
Living in Areas Defined as Having Medically Underserved Populations	0	0%
Living in Medically Underserved Areas	17,511	10%

Source: Calculated using U.S. Health Resources & Services Administration and AGID

Health Insurance 65+	Value	Percent
Insured	125,332	99%
Uninsured	1,617	1%

Source: U.S. Census Bureau, 2013-2017 ACS

Disability Status	Value	Percent
With One Type of Disability	24,400	13%
With Two or More Disabilities	27,875	15%
Total With Any Disability		
Hearing	20,855	12%
Vision	10,285	6%
Cognitive	12,690	7%
Ambulatory	34,605	19%
Self-Care	10,265	6%
Independent Living	20,605	11%
With No Disabilities	109,505	61%
Probable Alzheimer's Cases (65+)	17,216	13%

Source: AGID 2012-16 ACS

Medicaid & Medicare Beneficiaries	Value	Percent
60+ Medicaid Eligible	22,277	14%
60+ Dual Eligible	19,893	68%

Source: Florida AHCA, 2019

Adult Day Care (ADC)	Value
ADC Facilities	3
Capacity	195

Source: Florida AHCA, 2019

Home Health Agencies	Value
Agencies	30
Medicaid Certified Agencies	2
Medicare Certified Agencies	9
Homemaker and Companion Service Companies	69

Source: Florida AHCA, 2019

Polk County Health Profile and Medical Resources

Skilled Nursing Facility (SNF) Use	Value
SNFs With Beds	24
Community Beds	22
Sheltered Beds	2
Veteran Administration Beds	0
Other Beds	0
SNF Beds	3,037
Community Beds	2,991
Sheltered Beds	46
Veteran Administration Beds	0
Other Beds	0
SNFs With Community Beds	22
Community Bed Days	1,089,663
Community Patient Days	946,323
Medicaid Patient Days	582,884
Occupancy Rate	87%
Percent Medicaid	62%

The day the patient is admitted is a patient day. A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.

Source: Florida AHCA, 2019

Emergency Medical Services (EMS) Providers	Value
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EMS providers include air ambulances and ambulances with Basic Life Support (BLS) or Advanced Life Support (ALS).

Source: Florida Department of Health, 2019

Adult Family Care Homes	Value
Homes	17
Beds	78

Source: Florida AHCA, 2019

Memory Disorder Clinics	Value
Total	0

Source: Florida DOEA's Summary of Programs and Services (SOPS), 2019

Dialysis	Value
End-Stage Renal Disease Centers	14

Source: Florida Department of Health, 2019

Polk County Disaster Preparedness

The disaster preparedness section presents the count and percentage of people age 60 or older living in Census tracts that fall within particular FEMA-designated evacuation zones, as well as the portions of DOEA Home and Community-Based Services (HCBS) clients who reside in these zones. The estimate of electricity-dependent individuals is presented by insurance type to show the number of people who use electricity-dependent medical equipment necessary for things such as survival or mobility. This information can also be used to evaluate the sufficiency of shelters, generators, and evacuation route roadways to handle the needs of seniors and medically fragile adults in emergencies.

Electricity-Dependent	Value
Medicare Beneficiary	6,986
Medicaid Beneficiary	292

Medicare beneficiary includes the entire Medicare population (65+ and SSI Recipients).

Medicaid beneficiaries are individuals age 60 to 64.

Source: Florida AHCA and U.S. Centers for Medicare & Medicaid Services, 2018

Shelter Resources	Value
Number of General Shelters	95
General Shelter Max Capacity in People	32,527
Number of Special Needs Shelters	6
Special Needs Shelters Max Capacity in People	1,063

Source: FDEM, 2018

Evacuation Zones	Value	Percent
Total Population Residing in Evac Zone:	0	0%
Zone A	0	0%
Zone B	0	0%
Zone C	0	0%
Zone D	0	0%
Zone E	0	0%
DOEA HCBS Clients	862	100%
Zone A	0	0%
Zone B	0	0%
Zone C	0	0%
Zone D	0	0%
Zone E	0	0%
Lives in an Evac Zone and Has Memory Problems	0	0%
Lives in an Evac Zone and Lives Alone	0	0%

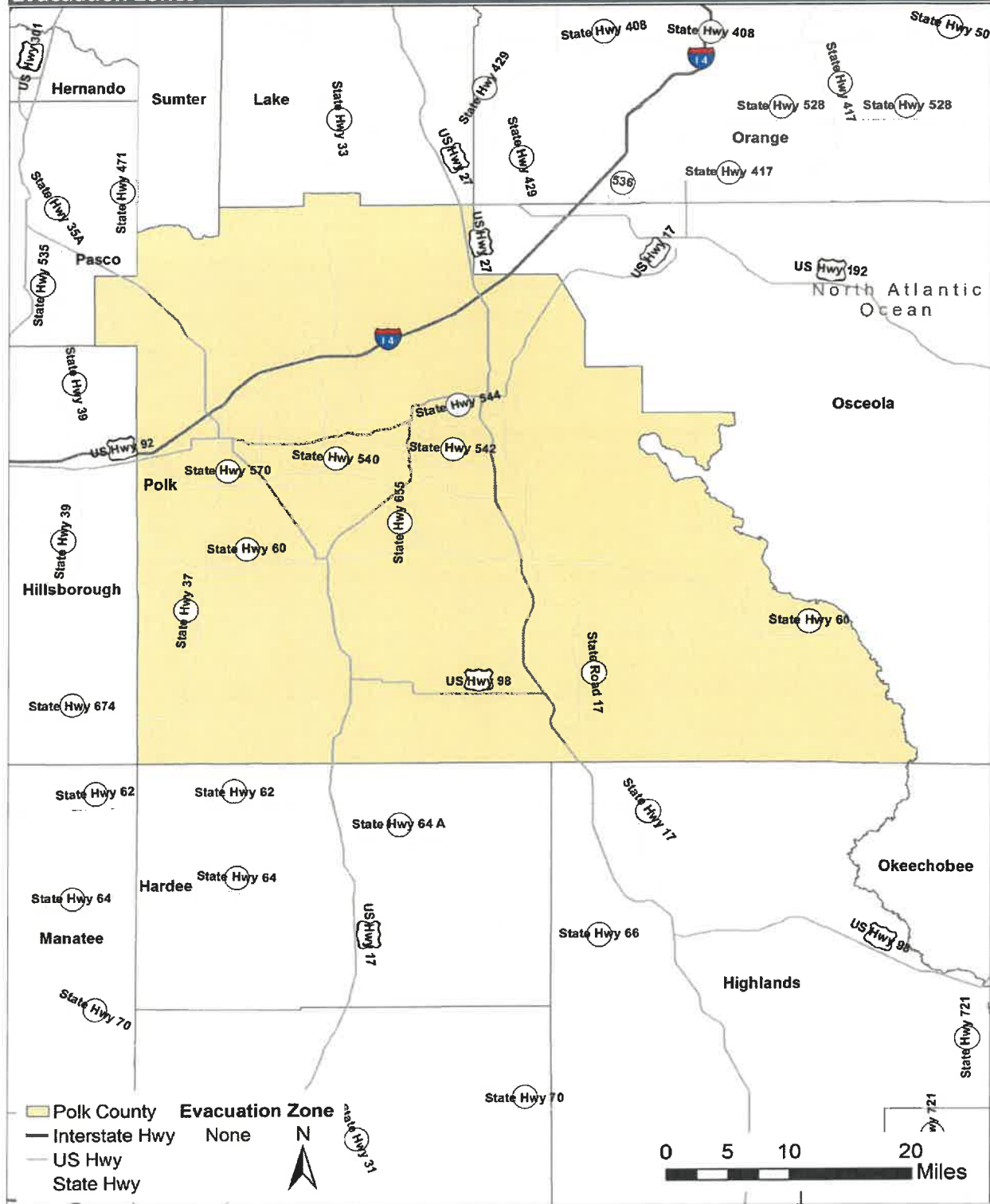
Zones are associated with the following surge heights: Zone A up to 11 feet, Zone B up to 15 feet,

Zone C up to 20 feet, Zone D up to 28 feet, and Zone E up to 35 feet.

Source: Florida DOEA CIRT, ACS, Florida Division of Emergency Management (FDEM), 2019

Polk County Disaster Preparedness

Evacuation Zones

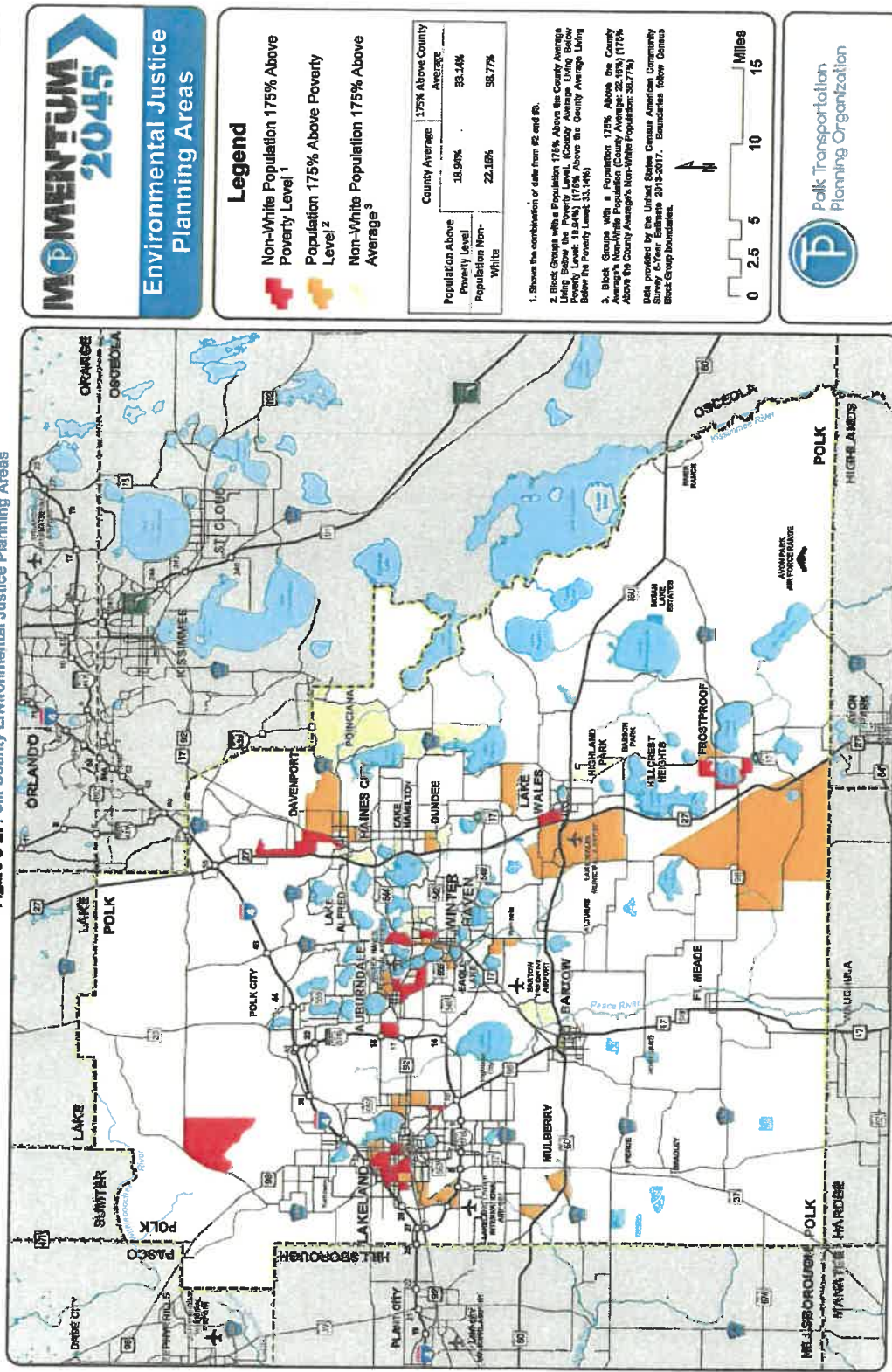


Zones are associated with the following surge heights: Zone A up to 11 feet, Zone B up to 15 feet, Zone C up to 20 feet, Zone D up to 28 feet, and Zone E up to 35 feet.

Source: FDEM, 2018

Appendix 8: Maps of Environmental Justice (EJ) Planning areas

Figure 5-2: Polk County Environmental Justice Planning Areas



Appendix 9: Map- Location of Polk County Hospitals

Polk County Hospitals

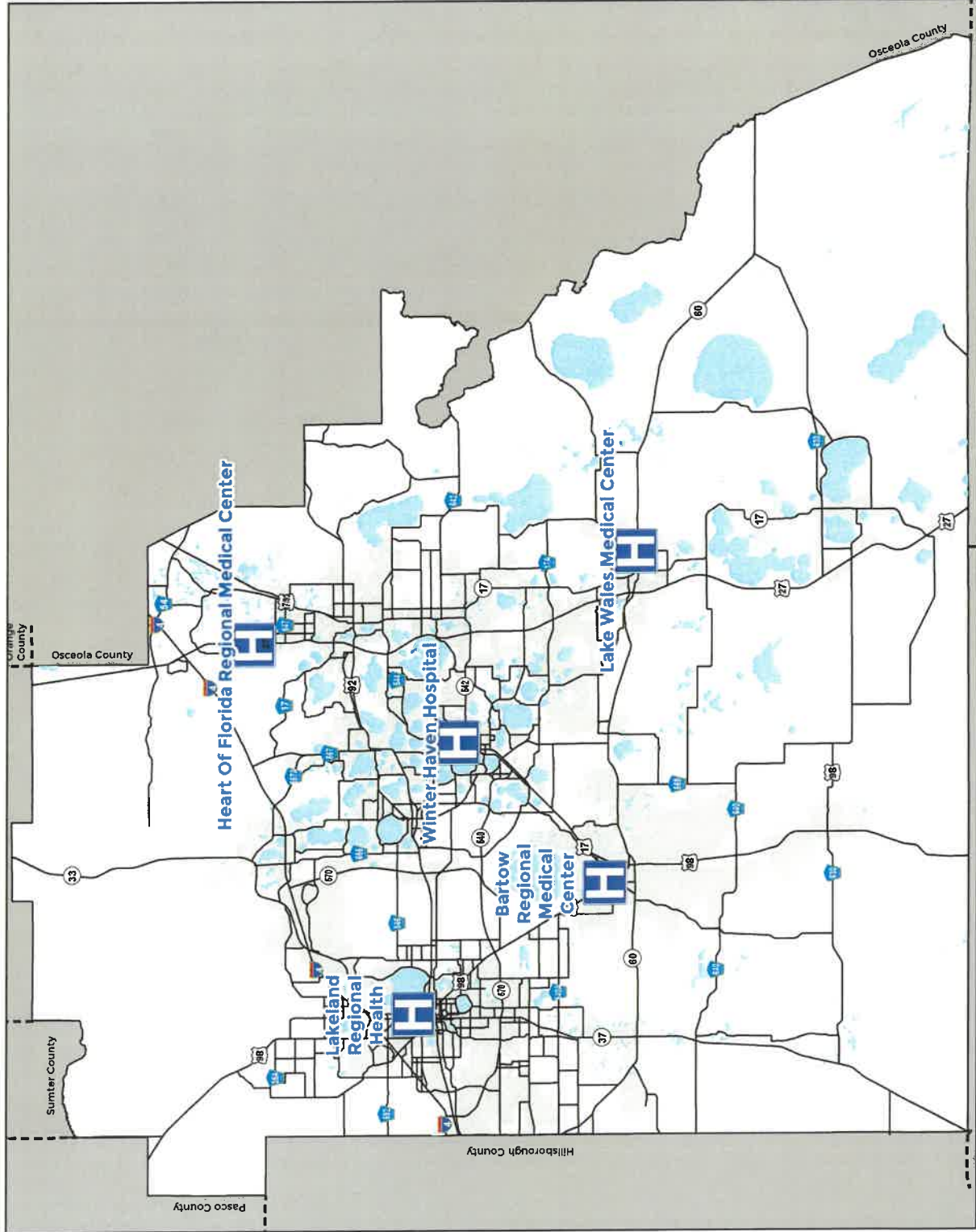


Hospitals



Polk Transportation
Planning Organization

Date: 5/8/2019
Document Path: S:\LP MPO\GIS\GIS Projects\Hospitals\Hospitals.mxd



Appendix 10: Reserved for Future Use

Appendix 11: Paratransit Rider Brochure



American's with Disabilities Act (ADA)

Paratransit is a door to door, shared ride service providing transportation throughout our area. There are no restrictions on the purpose or number of trips you may take, except that you share the ride with others traveling at the same time in the same direction. Every bus carries ADA certified lift-equipment and our operators are available to provide boarding assistance.

Paratransit ADA operates six (6) days a week from 6:15AM until 6:15PM on weekdays and 7:15AM to 4:15PM on Saturday. Paratransit reservations are taken from 8AM to 5PM weekdays and Saturday 8AM to 3PM. There is no ADA service on Sundays or on the following holidays: New Year's Day, MLK Jr. Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving and Christmas.

One way fare on Paratransit is \$2. You MUST have a previously purchased bus pass for travel as Paratransit DOES NOT ACCEPT ANY CASH on board the bus. Paratransit bus passes are available as single use pass or in multi-ride pass for your convenience. Passes may be purchased with cash, money order, debit or charge cards at the offices, by phone, by mail or online.

An approved Personal Care Attendant (PCA) rides for free. The need for a PCA must be indicated on your application for ADA services and is subject to approval. One companion may travel with you if requested at time of scheduling and when there is availability of space. The companion's fee will also be \$2 each way and must be paid for with a pre-purchased pass.



WHO IS ELIGIBLE FOR ADA TRANSPORTATION

Any resident of Polk County may request an ADA Eligibility Application. The application must be completed by you and your health care professional, which certifies that because of a disability or other barrier, you are unable to use the standard main route bus service sometime or at all times.

Disabled visitors / temporary residents will be permitted to ride under ADA for 21 days in a calendar year.

ADA REGISTRATION

The application to be completed is available at the business offices (addresses provided on the back), online at ridecitrus.com under the Bus System tab or by calling 863-534-5500 and one will be mailed to you. The completed application is to be mailed to Bartow (address provided on application). When the application has been approved you will receive an approval letter and eligibility card with expiration dates. For continued service a new application is required prior to expiration of eligibility.



NO PASSENGER LEFT BEHIND

If you are not ready at the scheduled pick up time and location for your return trip, you will be placed on a "will-call" list. Your trip will be rescheduled once we receive a call indicating that you are ready for pickup. The next available driver will be scheduled for your pickup in a time not to exceed two (2) hours.

NOTE: Not being ready from your origin results in a No-Show. Please review the No-Show policy.

LOCATIONS

Locations for pass purchases, route, fare and general information are:

- > **CITRUS CONNECTION**
1212 George Jenkins Blvd., Lakeland
- > **WINTER HAVEN BUS TERMINAL**
555 Avenue E, NW, Winter Haven
- > **REGIONAL MOBILITY CALL CENTER**
1290 Golfview, Bartow, 2nd Floor

HOURS

8:30AM to 4:30PM Weekdays

RIDECITRUS.COM



USER'S GUIDE
863-534-5500



WHO IS ELIGIBLE FOR TD SERVICE?

In compliance with the Transportation Disadvantaged Service Plan (TDSP), Citrus Connection Paratransit is our call ahead, door-to-door service for those who are unable to use our regular service. This specialized fleet of small, wheelchair lift-equipped buses is currently available to senior citizens, disadvantaged citizens and citizens with disabilities throughout Polk County. The cost of these services is a one-way fare of \$2, or co-pay as low as \$2. Once the qualification process is approved, requests for transportation can be made in advance at 863-534-5500. (TD requests for service may be subject to service availability). For more information or to see if you qualify for Paratransit service, download the application form at ridecitrus.com, or give us a call at 863-534-5500.

NO SHOW / LATE CANCELLATION POLICY

Citrus Connection adopted a new ADA Paratransit Passenger No-Show policy in an effort to bring our riders more efficient Paratransit service, and to be up-to-date with the Federal Transit Administration best practices and community input.

No-shows are recorded each time a Paratransit passenger makes a late cancellation, forgets to cancel, declines their trip at the door, or is not available for pick-up for their scheduled trip.

Cancellations are accepted as late as one hour before the scheduled trip. Cancellations made less than one hour before a scheduled trip are considered a no-show. Passengers may call the Regional Mobility Call Center at 863-534-5500 to cancel a trip.

GROCERY BAG LIMIT

There is a limit of 3 large or 6 small bags per trip, per elderly or disabled passenger. If a non ADA approved person is riding with you, your limit is still 3 large or 6 small bags. Assistance with bags would be given upon request of the passenger. A bag would be defined as 1 large paper or plastic sack, weight not to exceed 10 lbs. or 2 small plastic bags, weight not to exceed 5 lbs. each. Any item meeting the preceding requirement may be substituted for a "bag". Any passenger violating this policy will be given 1 verbal warning and 1 letter of warning. A third occurrence will result in a 30 day suspension of service.

863-534-5500

TDD Line: (800) 955-8770

INFO

THINGS TO KNOW

- > Please be ready for your pick up at least 15 minutes ahead of the scheduled pick up time.
- > Your Paratransit Operator will announce his/her arrival by knocking on your door or ringing the bell if accessible.
- > We can ONLY wait five minutes for passengers.
**Remember your ride is being shared.
- > Please keep our buses clean and comfortable by not eating, drinking or smoking while on board the bus.
- > Because we are a shared ride service we cannot take more than one (1) companion or family member with you that is not certified to ride.
- > Pets must be in approved carriers. Service animals are welcome.
- > To cancel or reschedule call 863-534-5500 as soon as you are aware of a scheduling conflict.
- > Minimum no show / cancellation notice is ONE HOUR prior to your scheduled pick up time on the day of your trip or the cancellation will count as a No Show.
- > Multiple No Shows may result in suspension of service.
- > Your Paratransit Bus Operator cannot take reservations, cancellations, and/or schedule changes.



Appendix 12A: ADA Program Application



ADA Application for Paratransit Services

I. Instructions to Applicant or Representative:

Please read the enclosed Paratransit eligibility criteria carefully. If you believe that you meet **all** the criteria, please ***fill out the Applicant section A of the form***. Be sure to print and complete **all** the information requested and sign where indicated. ***A Health Care Professional must complete Section B. All the information provided will be verified and confirmed.*** You may attach supporting documentation. Your Health Care Professional may require that you sign an authorization for him/her to release your private medical information.

If you have any questions, please contact the Regional Mobility Call Center at local (863) 534- 5500 or 855-POLKBUS (765-5287) Monday through Friday between 8:00 a.m. and 5:00 p.m.

II. Instructions to Health Care Professional:

The Applicant is requesting certification to use ADA Paratransit service. ADA Paratransit is a door-to-door, shared ride program for individuals with physical or cognitive disabilities who are unable to use or access the fixed-route public transportation system, such as Citrus Connection which is in compliance with the Americans with Disabilities Act (ADA) of 1990.

Please complete the medical verification sections of this application. The information you provide must be based solely upon the individual physical or cognitive ability to use or access public transportation independently. Considerations based on the individual's age and/or the economic status of the applicant will not be used as certification for this service. Federal law is quite specific in defining who is eligible for this specialized service. The diagnosis of a potentially limiting illness or condition is not sufficient to document the need for ADA Paratransit service.

III. Incomplete or illegible applications will be returned for completion, which may delay the Applicant's eligibility determination. The determination of eligibility will be made within 21 days from receipt of the completed application.

Information provided by the Applicant may be shared with our Functional Assessment Team. Please read the Notice of Privacy Practices contained in this application packet.

ADA Application for Paratransit Services**Return Completed Form to:**

Citrus Connection
1120 George Jenkins Blvd., Lakeland,
FL 33815
Attention: PT Connect
Or Fax Number: (863)327-1366, or
Email: **ALLRMCC_Employees@ridecitrus.com**

For Office use only

Client ID # _____
New applicant? Yes ____ No ____
Recertification? Yes ____ No ____
Expire: _____
Eligibility From: _____ To: _____
PCA (Y/N) _____ Archive Yr: _____
Comments: _____
Staff Signature: _____

SECTION A - APPLICANT**PART 1 – Applicant's Information**

PT Connect provides paratransit services in accessible vehicle to people who has limited ability to use the Fixed route bus system. To be eligible for this service, individuals must have disabilities that prevent the use or access of regular bus system. The age of the rider is not by itself an eligible disability.

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

Address: _____

City: _____ State: _____ Zip Code: _____

Provide Mailing Address if different from above:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Preferred contact method: Phone ☐ Text Message ☐ E-mail ☐

Emergency contact Name /Phone Number / relationship: _____

PART 2 - Please check all that apply:

Use cane / walker	<input type="checkbox"/>	Cancer treatment	<input type="checkbox"/>
Use scooter / wheelchair	<input type="checkbox"/>	Renal patient	<input type="checkbox"/>
Use oversized wheelchair	<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>
Portable Oxygen	<input type="checkbox"/>	Cognitive impaired	<input type="checkbox"/>
Service animal	<input type="checkbox"/>	Sight impaired	<input type="checkbox"/>

SECTION A - APPLICANT

PART 3 – Notice of HIPAA / Medical Release Information

I understand that the purpose of this application is to determine my eligibility for Paratransit service. I understand that information about my disability will be kept confidential and Citrus Connection will only share my health information in a manner that is required to document my abilities or disabilities, and only with health professionals contributing to the evaluation or certification process as necessary to determine my eligibility for door-to-door transportation services. I authorize my medical representatives to release and share any and all medical information in this manner with Citrus Connection. I understand that providing false or misleading information could result in my eligibility status being revoked. Failure to complete this application may result in incomplete client eligibility to ride the PT Connect (*HIPPA, Health Insurance Portability and Accountability, Act of 1996*).

Request information to be released from: _____

Provide name of doctor, hospital, clinic or living facility:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Applicant's Signature: _____ Date: _____

PART 4 – Person completing Application (if different from Applicant)

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Another person as his/ her personal representative (parent, guardian, family member, etc.)

Relationship: _____ Signature _____ Date: _____

SECTION B – HEALTH CARE PROFESSIONAL

PART 1 – Professional Verification

As a Health Care Professional familiar with the Applicant medical history, please complete this form documenting all conditions which prevent the use or access of fixed route bus service. Please assist us in certifying only those individuals who, because of disability, are truly unable to use the regular bus service. (Please check all that apply.)

Applicant's Name: _____

PART 2

Medical Diagnosis: _____

In your own word please describe in detail what prevents the patient from independently traveling using regular or accessible buses: _____

I have read the entirety Section A prepared by the Applicant.

Yes

☐

No

☐

I agree with all the information in Section A.

Yes

☐

No

☐

Is the Applicant disabled?

Yes

☐

No

☐

Does the disability prevent the use or access of regular bus service?

Yes

☐

No

☐

PART 3 - Mobility Limitations

Can the applicant travel $\frac{3}{4}$ mile without assistance?

Yes

☐

No

☐

Can the applicant wait outside without support for 10 minutes?

Yes

☐

No

☐

Can the applicant safely navigate obstacles in travel to the bus stop?

Yes

☐

No

☐

PART 4 – Cognitive Limitations

Applicant can give address and phone number?

Yes

☐

No

☐

Applicant can recognize a destination or landmark?

Yes

☐

No

☐

Applicant can deal with unexpected situations?

Yes

☐

No

☐

Applicant can ask for, understand, and follow directions?

Yes

☐

No

☐

Applicant can safely travel through crowded/complex facilities?

Yes

☐

No

☐

Are there any other effects of this disability that we should be aware of? Yes

☐

No

☐

SECTION B – HEALTH CARE PROFESSIONAL

Capacity in which you are familiar with the Applicant: _____

Does the patient need someone to travel with them?

Never ☐ Sometimes ☐ Always ☐

For Always or Sometimes, please explain why? _____

PART 5 – Health Care Professional Information

All fields in this section must be completed in full by the health care professional. Incomplete or missing information may result in delays or affects the applicant's eligibility for services.

Please indicate your Licensed Profession:

Physician <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>	Registered Nurse <input type="checkbox"/>
Psychologist <input type="checkbox"/>	Mental Health Counselor <input type="checkbox"/>	Clinical Social Worker <input type="checkbox"/>
Ophthalmologist <input type="checkbox"/>	Independent Living Specialist <input type="checkbox"/>	Audiologist <input type="checkbox"/>
Other Medical Professional <input type="checkbox"/>	Which Profession: _____	

Print Name of Health Care Professional: _____

Agency/Clinic Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Ext.:** _____

Signature of Health Care Professional: _____ **Date:** _____

State of Florida License Number: _____

Aplicación para el Servicio ADA de Paratrásito

I. Instrucciones para el Solicitante o Representante:

Por favor lea atentamente los criterios adjuntos para la elegibilidad de Paratrásito. Si considera que cumple con todos los criterios, **complete la sección A del formulario para el Solicitante**. Asegúrese de imprimir y completar **toda** la información solicitada y firmar donde se indica. **Un profesional de la salud debe completar la sección B. Toda la información proporcionada será verificada y confirmada.** Usted puede adjuntar documentación de respaldo. Su profesional de la salud podría solicitarle que firme una autorización para que revele su información médica privada.

Si tiene alguna pregunta, comuníquese con el Centro de Llamadas de Movilidad Regional al (863) 534- 5500 o al 855-POLKBUS (765-5287) de Lunes a Viernes, de 8:00 a.m. a 5:00 p.m.

II. Instrucciones para el Profesional de la salud:

El aplicante está solicitando una certificación para utilizar el servicio ADA de Paratrásito. ADA Paratrásito es un programa de transporte compartido puerta a puerta para personas con discapacidades físicas o cognitivas que no pueden usar o acceder al sistema de transporte público de ruta fija, Citrus Connection cumple con la Ley Estadounidense con Discapacidades (ADA) de 1990.

Por favor complete las secciones de verificación médica de esta solicitud. La información que proporcione debe basarse únicamente en la capacidad física o cognitiva de la persona para usar o acceder al transporte público de forma independiente. Las consideraciones basadas en la edad o la situación económica de la persona solicitante no se utilizarán como certificación para este servicio. La ley federal es bastante específica al definir quién es elegible para este servicio especializado. El diagnóstico de una enfermedad o afección potencialmente limitante no es suficiente para documentar la necesidad del servicio ADA de Paratrásito.

- III. Las solicitudes incompletas o ilegibles serán devueltas para ser completadas, lo que podría retrasar la determinación de elegibilidad del solicitante. La determinación de elegibilidad se realizará en un plazo de 21 días a partir de recibida la aplicación complete.

La información proporcionada por el solicitante podrá ser compartida con nuestro equipo de Evaluación Funcional. Por favor lea el Aviso de Prácticas de Privacidad incluido en este paquete de solicitud.

Aplicación para el Servicio ADA de Paratransito	Para uso oficial solamente
Regrese la aplicación completa a: Citrus Connection 1120 George Jenkins Blvd., Lakeland, FL 33815 Atención: PT Connect O al Número de Fax: (863)327-1366, o al Email: ALLRMCC_Employees@ridecitrus.com	Client ID # _____ New applicant? Yes _____ No _____ Recertification? Yes _____ No _____ Expire: _____ Eligibility From: _____ To: _____ PCA (Y/N) _____ Archive Yr: _____ Comments: _____ Staff Signature: _____

SECCION A - SOLICITANTE

PART 1 – Información del Solicitante

PT Connect ofrece servicios de paratransito en vehículos accesibles a personas que tienen capacidad limitada de usar el sistema de autobuses de ruta fija. Para ser elegibles para este servicio, las personas deben tener discapacidades que les impidan usar o acceder al sistema de autobuses regular. La edad del solicitante no constituye por sí sola una discapacidad elegible.

Primer Nombre: _____ M. I: _____ Apellidos: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Proporcione la dirección de correo si es diferente a la anterior:

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de teléfono de casa: _____ Número de celular: _____

E-mail: _____

Método de contacto preferido: Teléfono ☐ Mensaje de texto ☐ E-mail ☐

Nombre de contacto de emergencia /número de teléfono / relación: _____

PART 2 – Por favor marque todas las que correspondan:

Usa bastón/andador	<input type="checkbox"/>	Tratamiento del cancer	<input type="checkbox"/>
Usa scooter/silla de ruedas	<input type="checkbox"/>	Paciente renal	<input type="checkbox"/>
Usa silla de ruedas de gran tamaño	<input type="checkbox"/>	Discapacidad auditiva	<input type="checkbox"/>
Oxigeno Portable	<input type="checkbox"/>	Discapacidad cognitiva	<input type="checkbox"/>
Animal de servicio	<input type="checkbox"/>	Discapacidad visual	<input type="checkbox"/>

SECCION A - SOLICITANTE

PARTE 3 – Aviso de HIPAA / Información de Autorización Médica

Entiendo que el propósito de esta aplicación es determinar mi elegibilidad para el servicio de Paratransito. Entiendo que la información sobre mi discapacidad se mantendrá confidencial y Citrus Connection solo compartirá mi información médica de la manera necesaria para documentar mis capacidades o discapacidades, y únicamente con profesionales de la salud que participen en el proceso de evaluación o certificación, según sea necesario, para determinar mi elegibilidad para los servicios de transporte puerta a puerta. Autorizo a mis representantes médicos a divulgar y compartir toda la información médica de este asunto con Citrus Connection. Entiendo que proporcionar información falsa o engañosa podría resultar en la revocación de mi elegibilidad. No completar esta aplicación podría resultar en la elegibilidad incompleta del cliente para usar PT Connect (*HIPPA, Ley de Portabilidad y Responsabilidad del Seguro Médico, Ley de 1996*).

Solicitar la divulgación de información a: _____

Indique el nombre del médico, hospital, clínica o Centro de cuidado asistido:

Nombre: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de teléfono: _____ Número de Fax: _____

Firma del Solicitante: _____ Fecha: _____

PARTE 4 – Persona que complete la aplicación (si es diferente al Solicitante)

Primer Nombre: _____ M. I: _____ Apellidos: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de teléfono de casa: _____ Número de celular: _____

Otra persona como su representante personal (padre, tutor, familiar, etc)

Relación: _____ Firma _____ Fecha: _____

SECCION B – PROFESIONAL DE LA SALUD

PARTE 1 – Verificación Profesional

Como profesional de la salud familiarizado con el historial médico del solicitante, por favor complete esta forma documentando todas las condiciones que le impidan usar o acceder el servicio de autobús de ruta fija. Por favor, ayúdenos a certificar únicamente a las personas que, debido a una discapacidad, no pueden usar el servicio regular de autobús. (Marque todas las opciones que correspondan).

Nombre del Solicitante: _____

PARTE 2

Diagnóstico Médico: _____

En sus propias palabras, describa en detalle qué impide al paciente viajar de forma independiente utilizando autobuses regulares o accesibles: _____

He leído la totalidad de la Sección A preparada por el Solicitante	Sí <input type="checkbox"/>	No <input type="checkbox"/>
Estoy de acuerdo con toda la información en la Sección A	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Es el Solicitante discapacitado?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿La discapacidad impide el uso o acceso al servicio regular de autobús?	Sí <input type="checkbox"/>	No <input type="checkbox"/>

PARTE 3 – Limitaciones de Movilidad

¿Puede el solicitante caminar $\frac{3}{4}$ de milla sin ayuda?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede el solicitante esperar afuera sin ayuda durante 10 minutos?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede el solicitante sortear con seguridad obstáculos en el camino hacia la parada del autobús?	Sí <input type="checkbox"/>	No <input type="checkbox"/>

PARTE 4 – Limitaciones Cognitivas

¿Puede el solicitante proporcionar dirección y número de teléfono?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede el solicitante reconocer un destino o punto de referencia?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede el solicitante hacer frente a situaciones inesperadas?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede el solicitante pedir, comprender y seguir instrucciones?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede el solicitante viajar con seguridad a través de instalaciones concurridas o complejas?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
¿Existen otros efectos de esta discapacidad que debemos conocer?	Sí <input type="checkbox"/>	No <input type="checkbox"/>

SECCION B – PROFESIONAL DE LA SALUD

Capacidad en la cual usted está familiarizado con el Solicitante: _____

¿Necesita el paciente que alguien viaje con él?

Nunca ☐

Algunas veces ☐

Siempre ☐

Si respondió siempre o algunas veces, por favor explique por qué? _____

PARTE 5 – Información del Profesional de la Salud

El profesional de la salud debe completar todos los campos de esta sección. La información incompleta o faltante puede causar demoras o afectar la elegibilidad del solicitante para los servicios.

Por favor indique cuál es su profesión autorizada:

Médico	<input type="checkbox"/>	Terapeuta Ocupacional	<input type="checkbox"/>	Enfermero Registrado	<input type="checkbox"/>
Psicólogo	<input type="checkbox"/>	Consejero de Salud Mental	<input type="checkbox"/>	Trabajador Social Clínico	<input type="checkbox"/>
Oftalmólogo	<input type="checkbox"/>	Especialista de Vida Independiente	<input type="checkbox"/>	Audiólogo	<input type="checkbox"/>
Otro Médico Profesional	<input type="checkbox"/>	Cuál Profesión?	_____		

Nombre impreso del Profesional de la Salud:

Agencia/Nombre de la Clínica: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de teléfono: _____ Ext.: _____

Firma del Profesional de la Salud: _____ Fecha: _____

Número de Licencia del Estado de la Florida: _____

Appendix 12B: TD Program Application

**Community Transportation Disadvantage
Program Application**

Return Completed Form to:

Citrus Connection
1120 George Jenkins Blvd.,
Lakeland, FL 33815
Phone Number: (863)327-1334
Fax Number: (863)327-1366
Email: AllRMCC_Employees@ridecitrus.com

For Office use only:

Eligibility criteria: _____
Application Process Date: _____
Address verification Date: _____
Results Letter sent: _____
Financial and Eligibility Documents Received Dates: _____
Denial Date: _____
Denial Reason: _____
Staff Signature: _____

Personal Information

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

Address: _____

City: _____ State: _____ Zip Code: _____

Provide Mailing Address if different from above:

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ D.O.B.: _____ Sex: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Preferred contact method: Phone ☐ Text Message ☐ E-mail ☐

Emergency contact Name /Phone Number / relationship: _____

Number of household members: _____ Client Mobility: Ambulatory ☐ Wheelchair ☐

Do you require a PCA (Personal Care Attendant)? _____

If yes to PCA, explain why? _____

Service Animal? _____

Are you a Veteran of the US Armed Forces entitled to Veteran benefits? Yes ☐ No ☐

Insurance Coverage: ☐ Polk Health Plan: ☐ Other: ☐

What company provides your insurance? _____

Name, address and phone number for your Primary Care: _____

When was your last visit? _____

Do you see any specialist? Yes ☐ No ☐

Name, address and phone number for your specialist:

1. _____
2. _____
3. _____

How often do you see the specialist? _____

Where do you need transportation to?

Grocery store ☐ Pharmacy ☐ Doctor ☐
Education ☐ Employment ☐

If you selected Education, please provide name of the Institution and address: _____

If you selected Employment, please provide name of the business and address: _____

Transportation Availability

Do you or anyone in your household own a car? Yes ☐ No ☐

If yes, can this car be used for your transportation needs? Yes ☐ No ☐

If not, please explain why? _____

What transportation do you currently use? _____

Do you live within ¾ mile of a fixed bus route? Yes ☐ No ☐

Can you use the fixed route bus for your transportation needs? Yes ☐ No ☐

If not, please explain why? _____

I understand and affirm that the information provided in this application for CTD (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida. I understand that incomplete forms will be returned, and eligibility will not be determined until all information is provided.

Applicant's Signature: _____ **Date:** _____

Another person as his/ her personal representative (parent, guardian, family member, etc.)

Representative's name: _____

Relationship: _____ **Signature** _____ **Date:** _____

**Solicitud para el Programa de Desventajas del
Transporte Comunitario**

Devuelva el formulario completo

Citrus Connection

1120 George Jenkins Blvd.,
Lakeland, FL 33815

Número de teléfono: (863)327-1334

Número de Fax: (863)327-1366

Email: **ALLRMCC_Employees@ridecitrus.com**

Solamente para uso Oficial:

Eligibility criteria: _____

Application Process Date: _____

Address verification Date: _____

Results Letter sent: _____

Financial and Eligibility Documents Received Dates: _____

Denial Date: _____

Denial Reason: _____

Staff Signature: _____

Información Personal

Primer Nombre: _____ Inicial 2do: _____ Apellido: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Proporcione la dirección de correo si es diferente a la anterior:

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de Seguro Social: _____ - _____ - _____ Fecha de nacimiento: _____ Sexo: _____

Número de teléfono de casa: _____ Número de celular: _____

E-mail: _____

Medio de contacto preferido: Teléfono ☐ Mensaje de texto ☐ E-mail ☐

Nombre de contacto de emergencia / Teléfono / relación: _____

Número de miembros de la casa: _____ Movilidad del cliente: Ambulatorio ☐ Silla de ruedas ☐

¿Requiere de un Asistente de Cuidado Personal? _____ Animal de servicio? _____

Si respondió que Sí a un Asistente de Cuidado Personal, explique por qué? _____

¿Es usted un veterano de las Fuerzas Armadas de los Estados Unidos con derecho a recibir beneficios para veteranos?

Sí ☐ No ☐

Cobertura de seguro: ☐ Plan de Salud de Polk: ☐ Otro: ☐

¿Qué compañía provee su seguro? _____

Nombre, dirección y número de teléfono de su Doctor Primario: _____

¿Cuándo fue su última visita? _____

¿Visita a algún especialista? Sí ☐ No ☐

Nombre, dirección y número de teléfono de sus especialistas:

1. _____
2. _____
3. _____

¿Qué tan frecuente usted visita el especialista? _____

¿A dónde necesita transporte?

Tienda de comestibles ☐ Farmacia ☐ Doctor ☐
Educación ☐ Empleo ☐

Si usted escogió educación, por favor proporcione el nombre de la Institución y la dirección: _____

Si usted seleccionó Empleo, por favor proporcione el nombre de la Empresa y la dirección: _____

Disponibilidad de Transporte

¿Usted o algún miembro de su casa posee un automóvil? Sí ☐ No ☐

Si sí, puede este vehículo ser usado para sus necesidades de transporte? Sí ☐ No ☐

Si respondió No, explique por qué? _____

¿Qué transporte utiliza actualmente? _____

¿Vive usted a $\frac{3}{4}$ de milla de una ruta de bus fija? Sí ☐ No ☐

¿Puede usted usar el autobús de ruta fija para sus necesidades de transporte? Sí ☐ No ☐

Si respondió No, explique por qué? _____

Entiendo y afirmo que la información proporcionada en esta solicitud para los servicios de CTD(NET) es verdadera y correcta, según mi leal saber y entender, y se mantendrá confidencial y se compartirá únicamente con los profesionales médicos y de transporte que participan en la evaluación y determinación de mis necesidades y elegibilidad para el transporte. Entiendo que proporcionar información falsa o engañosa, o hacer declaraciones fraudulentas o falsas en nombre de terceros constituye un delito grave según las leyes del Estado de la Florida. Entiendo que se devolverán las aplicaciones incompletas y que no se determinará la elegibilidad hasta que se proporcione toda la información.

Firma del Solicitante: _____

Fecha: _____

Otra persona como su representante personal (padre, tutor, familiar, etc.)

Nombre del Representante: _____

Relación: _____ **Firma** _____

Fecha: _____

Appendix 13: Vehicle Inventory

Vehicle Information

Vehicle #	Vehicle Use (Drop Down List)	Year	Make	Model	Body Type (Drop Dwn List)	Max Ambulatory / WC Positions	Ramp / Lift
207	Para Transit	2017	Dodge	Grand Caravan	Van / Passenger	4 / 1	Ramp
208	Para Transit	2017	Dodge	Grand Caravan	Van / Passenger	4 / 1	Ramp
209	Para Transit	2017	Dodge	Grand Caravan	Van / Passenger	4 / 1	Ramp
210	Para Transit	2017	Dodge	Grand Caravan	Van / Passenger	4 / 1	Ramp
211	Para Transit	2017	Dodge	Grand Caravan	Van / Passenger	4 / 1	Ramp
212	Para Transit	2017	Dodge	Grand Caravan	Van / Passenger	4 / 1	Ramp
549	Para Transit	2011	Chevy	C4500 ARBOC	Cutaway	12 / 2	
550	Para Transit	2012	Chevy	C4500 Goshen	Cutaway	10 / 2	Lift
551	Para Transit	2012	Chevy	C4500 Goshen	Cutaway	10 / 2	Lift
552	Para Transit	2013	Chevy	C4500 Champion	Cutaway	12 / 2	Lift
553	Para Transit	2013	Chevy	C4500 Champion	Cutaway	12 / 2	Lift
554	Para Transit	2013	Chevy	C4500 Champion	Cutaway	12 / 2	Lift
556	Para Transit	2016	Ford	F-550	Cutaway	18 / 4	Lift
557	Para Transit	2016	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
558	Para Transit	2016	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
559	Para Transit	2018	Chevy	G4500 Odyssey	Cutaway	12 / 4	Lift
560	Para Transit	2019	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
561	Para Transit	2019	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
563	Para Transit	2017	Ford	E450	Cutaway	8 / 2	Lift
564	Para Transit	2021	Ford	E450 Odyssey	Cutaway	12 / 3	Lift
565	Para Transit	2021	Ford	E450 Odyssey	Cutaway	12 / 3	Lift
601	Para Transit	2015	ElDorado	Advantage	Cutaway	16 / 4	Lift
602	Para Transit	2015	ElDorado	Advantage	Cutaway	16 / 4	Lift
1107	Para Transit	2020	Ford	T350 Collins	Cutaway	7 / 2	Lift
1108	Para Transit	2020	Ford	T350 Collins	Cutaway	7 / 2	Lift
5102	Para Transit	2012	Ford	E450	Cutaway	14 / 3	Lift
5103	Para Transit	2012	Ford	E450	Turtle Top	14 / 3	Lift
5104	Para Transit	2012	Ford	E450	Turtle Top	14 / 3	Lift
5106	Para Transit	2012	Ford	E450 Glavel	Cutaway	14 / 3	Lift
5108	Para Transit	2012	Ford	E450 Glavel	Cutaway	14 / 3	Lift
5117	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	8 / 2	Lift
5118	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5119	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	16 / 2	Lift
5120	Para Transit	2015	Chevy	C4500 Glaval Titan 2	Cutaway	14 / 2	Lift
5121	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5122	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5123	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5124	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5125	Para Transit	2015	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5126	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift

5127	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5128	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5129	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5130	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5131	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5132	Para Transit	2016	Chevy	C4500 Glavel	Cutaway	14 / 2	Lift
5133	Para Transit	2018	Chevy	G4500 Odyssey	Cutaway	12 / 4	Lift
5134	Para Transit	2018	Chevy	G4500 Odyssey	Cutaway	12 / 4	Lift
5135	Para Transit	2019	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
5136	Para Transit	2019	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
5137	Para Transit	2019	Chevy	G4500 Odyssey	Cutaway	14 / 4	Lift
5138	Para Transit	2021	Chevy	G4500 Odyssey	Cutaway	14 / 2	Lift
5139	Para Transit	2021	Chevy	G4500 Odyssey	Cutaway	14 / 2	Lift
5140	Para Transit	2021	Chevy	G4500 Odyssey	Cutaway	14 / 2	Lift
5141	Para Transit	2021	Ford	E450 Odyssey	Cutaway	12 / 4	Lift
5190	Para Transit	2009	Ford	E450	Turtle Top	14 / 3	Lift
5192	Para Transit	2009	Ford	E450	Turtle Top	14 / 3	Lift
5195	Para Transit	2010	Ford	E450	Turtle Top	10 / 3	Lift
2311	Para Transit	2023	Starcraft	Allstar MVP	High Floor	12/2	Lift

Appendix 14: PTASP/SSPP Certification Form

I CERTIFICATION

BUS TRANSIT SYSTEM

ANNUAL SAFETY CERTIFICATION AND ADOPTION

Date: 12/11/2024

Name: Lakeland Area Mass Transit District
d.b.a Citrus Connection

Address: 1212 George Jenkins Blvd.
Lakeland, Florida 33815

In accordance with FTA 49 CFR Part 673 Final Rule, the bus system named above hereby adopts and certifies the following:

1. The adoption of the Citrus Connection Public Transportation Agency Safety Plan for calendar year 2025
2. The adoption of the Citrus Connection Security Program Plan for calendar year 2025
3. Compliance with adopted standards of the Public Transportation Agency Safety Plan (PTASP), for calendar year 2025
4. Performance of safety inspections on all buses operated in accordance with Rule 14-90.009, for calendar year 2025

Signature: 

Name: Martha Santiago
Title: Vice Chair of the Board of Directors, Citrus Connection

Signature: 

Name: Tom Phillips
Title: General Manager, Citrus Connection

Signature: 

Name: Caroline Hird
Title: Safety Committee Chairperson, Citrus Connection

Appendix 15: Polk LCB's Grievance and Complaint Procedures and Forms (September 2021)

Polk TDSP - Draft-- Grievance and Complaint Procedures

The Polk Local Coordinating Board for the Transportation Disadvantaged (TD-LCB) conducts an annual review of the Grievance and Complaint Procedures to ensure compliance and effectiveness. This review has been carried out during board meetings on 9/20/2021, 6/27/2022, 6/12/2023, 6/17/2024, and most recently on 6/16/2025.

Citrus Connection is the Community Transportation Coordinator (CTC) for Polk County, Florida. The CTC will provide a toll free telephone number for comments/complaints to the CTC and disclose the toll free telephone number for comments/complaints to the Commission for Transportation Disadvantaged Ombudsman. These toll free numbers will be listed in the user's guide along with information on how to file a complaint.

The purpose of this grievance procedure is to provide participating users, funding agencies and transportation providers with a local impartial body to hear unresolved complaints and make recommendations on disputes concerning services. The CTC's complaint process includes advising dissatisfied persons about a second impartial body to hear complaints, i.e., the Commission's Ombudsman Program. An appeal to the Grievance Committee may be filed only after the complainant has sought satisfaction from the Polk County Community Transportation Coordinator (CTC). A complaint or appeal to the Commission's Ombudsman Program may be made anytime.

The Polk County Transportation Disadvantaged Coordinating Board (Coordinating Board) has established a Grievance Committee consisting of one (1) of its voting members who would serve as the chairperson, one (1) CTC representative (not involved in the original complaint), and one (1) planning agency representative. The Committee processes, investigates and assists in the resolution of formal grievances. In addition, the Committee verifies that the CTC implements and follows these grievance procedures.

The CTC Program Manager is on the Committee as an advisory member and the Committee receives staff support from the Polk Transportation Planning Organization (TPO).

In accordance with the CTC complaint process, if a complaint is not resolved within thirty (30) calendar days, the CTC will inform the grievant about the availability of the Coordinating Board's grievance procedure and that they may contact the TPO for additional information on how the grievance procedure is initiated. The TPO will inform the grievant requesting the information that they may present their grievance to the Committee by completing a grievance form provided by the TPO. The grievance form constitutes a written appeal to the Committee and shall include the following:

1. Name and address of the complainant.
2. Statement of the ground(s) for the grievance specifying areas of disagreement with the CTC's decision regarding the complaint.
3. Supplemental supporting documents, as available.
4. Appropriate, a statement regarding a possible violation of a specific law, regulation, or contractual arrangement; and
5. Explanation of the relief desired by the complainant.

Upon receipt of the completed form, the TPO has ten (10) working days to contact Committee members and set a hearing date. The grievant will be notified at least seven (7) working days prior to the hearing date by certified mail, return receipt requested.

At the grievance proceedings, a quorum (three voting members) of the Committee shall be present for any official actions. No member will vote on an issue that is deemed a conflict of interest. The committee will gather information and take testimony relating to the grievance. Committee meetings are open to the public and minutes shall be kept for the public record.

The committee reviews the material presented and recommends a resolution to the parties involved. A written copy of the Committee's decision will be forwarded to the Coordinating Board and the parties involved within ten (10) days from the date of the decision. The written decision will include the following information:

1. Statement that a meeting was held at which the involved parties were given an opportunity to present their positions;
2. Description of the issues discussed; and
3. Committee's recommendation and reasons for the Committee's decision.

If the grievance cannot be resolved by the Committee process, the grievant may notify the TPO that they want to file an appeal with the Coordinating Board. Once an appeal has been filed with the TPO, the Coordinating Board shall meet to render its decision within thirty (30) days of the date the appeal was filed. The grievant shall be notified in writing of the date, time and place where the appeal shall be heard. The written notice shall be mailed at least ten (10) working days in advance of the meeting.

Following the meeting where the appeal was heard, a written copy of the Coordinating Board's decision will be forwarded to the grievant and all parties involved within ten (10) days from the date of the decision. If the grievant is still unsatisfied, they may continue the appeal process with the TD Ombudsman Program.

Polk County Transportation Disadvantaged Local Coordinating Board
Grievance Form

Please provide this information

1. Name and address of the complainant.
2. A statement of the ground(s) for the grievance specifying areas of disagreement with the Polk County Community Transportation Coordinator's decision regarding the complaint.
3. As appropriate, a statement regarding a possible violation of a specific law, regulation, or contractual arrangement.
4. An explanation of the relief desired by the complainant.
5. Attach supplemental supporting documents, as available.

Mail completed form to:

Cindy Mitchell
Polk Transportation Planning Organization (TPO)
Drawer TS05
P.O. Box 9005
Bartow, FL 33831-9005

If you have any questions, contact the Polk TPO at (863) 534-6486
Or email to: CindyMitchell@polk-county.net

Appendix 16: Polk CTC's Rate Calculation Model (July 1, 2025-26) {will insert when available}