



Transportation  
Disadvantaged



Transportation  
Disadvantaged

**NASSAU COUNTY**  
**TRANSPORTATION DISADVANTAGED**  
**LOCAL COORDINATING BOARD (LCB) QUARTERLY MEETING**

**MEETING AGENDA**

Nassau County Board of County Commissioner's Conference Room  
96135 Nassau Place, Yulee, FL 32097  
Zoom Conference Call  
Meeting ID: 846 9180 9998  
(Audio Only): Call in # +1 786-635-1003 or +1 470-250-9358

Thursday, September 21, 2023, at 1:00 p.m.

\*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review – Chair Gray
2. Additions, Deletions, and Changes to the Agenda – Chair Gray
3. Approval of May 18, 2023, Meeting Minutes – Chair Gray \*
4. LCB Membership
  - a. Current Membership Vacancies
5. Northeast Florida Regional Council Update – Mr. Comeaux
  - a. FL CTD AOR-Data Study (June 30, 2023)
  - b. TD Meetings: addition of virtual options
  - c. NEFRC is seeking a new TD Coordinator.
6. Community Transportation Coordinator (CTC) System Update – Ms. Cherney
  - a. CTC Quarterly Update
  - b. Hurricane Idalia Impacts
  - c. Grants Update\* (Approval if required)
  - d. LCB Request for Approval:
    - 1) 2023-2024 Rate Model\*
    - 2) TD Program Membership (Rider) Application – Alternate\*
    - 3) TD Program Membership (Rider) Application – Current
    - 4) TD Eligibility Program Criteria
7. Old Business
8. New Business
9. Public Comment – LIMITED TO 3 MINUTES PER SPEAKER
10. Member and Department Reports
11. Adjournment – Chair Gray

Next LCB Meeting: November 16, 2023, at 1 p.m.

Nassau County Commission Chambers, 96135 Nassau Place, Yulee FL 32097



**Nassau County Transportation Disadvantaged  
Local Coordinating Board Quarterly Meeting**

**Thursday, May 18, 2023**

Northeast Florida Regional Council  
Elizabeth Payne, AICP  
Chief Executive Officer

Nassau County Commission  
Hon. Jeff Gray

State of Florida Transportation  
Disadvantaged Commission  
Dr. Phillip Stevens, Chair

**Meeting Minutes**

\*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review

A quarterly meeting of the Nassau County Transportation Disadvantaged (TD) Local Coordinating Board (LCB) was held on Thursday, May 18, 2023, in person and via Conference Call. Chair Jeff Gray called the meeting to order at 1:06 p.m. with the following members present:

Nassau County Board of County Commissioners	Jeff Gray (In-Person)
Florida Department of Transportation	Janell Damato (Conference Call)
Florida Department of Education, Vocational Rehabilitation	Rochelle Price (In-Person)
ElderSource	Janet Dickinson (Conference Call)
Agency for Healthcare Administration	Pamela Hagley (Conference Call)
CareerSource Northeast Florida	Sean Rush (In-Person)
Florida Department of Health Nassau County	Barb Baptista (In-Person)

Members Not Present

Department of Children and Family Services	Jacquelyn Green
Nassau County Public Schools	Brad Underhill
Nassau County Veterans Services	Bob Sullivan
Northeast Florida Community Action Agency	Celena Farmer
Elderly	Van Dyke Walker
Agency for Persons with Disabilities	Sheryl Stanford

Community Transportation Coordinator Staff Present

Jules Cherney (In-Person)

Planning Agency Staff Present

Matamron Bacon (In-Person)

Guests

None.

After a roll call took place, a quorum was confirmed.

2. Additions, Deletions, and Changes to the Agenda

There were no changes to the agenda.

3. Approval of February 16, 2023, Meeting and Public Hearing Minutes\*

Ms. Baptista motioned for the approval of the meeting and public hearing minutes. Mr. Rush seconded the motion. The February 16, 2023, meeting and public hearing minutes were approved unanimously.

4. LCB Membership (Multiple Items Requiring Vote\*)

a) Introduction of New Members

Chair Gray introduced the new LCB member, Ms. Price (Vocational Rehabilitation) to the group.

5. Annual Review of Bylaws\*

There were no proposed changes to the Nassau LCB Bylaws. Ms. Damato made a motion to approve the bylaws. Ms. Price seconded the motion. The bylaws passed unanimously.

6. Service Development Solicitation for Fiscal Year (FY) 24/25

Mr. Bacon shared notice of the Florida Department of Transportation (FDOT) grant opportunity with present members. Nassau Transit has no applications for funding submitted for the grant at this time. Members were invited to bring ideas for future applications to future meetings. Ms. Baptista asked if projects are required to demonstrate sustainability beyond the initial funding from FDOT. Ms. Damato stated that long-term feasibility is assessed in the application review process. Chair Gray asked if Nassau has ever applied for and/or received this grant before. Ms. Cherney briefly spoke about Nassau Transit's collaboration with the Jacksonville Transportation Authority to create Nassau Select.

7. Northeast Florida Regional Council Update (multiple items included require vote\*)

a) Nassau Transit Model FY 23/24\*

The Board reviewed the Commission for the Transportation Disadvantaged (CTD) approved charge rates for Nassau Transit in FY. 23/24. Rates per passenger trip allowable to be charged to the CTD and purchasing agencies for TD services are \$1.15 (ambulatory rider) and \$1.97 (non-ambulatory) per passenger mile. This represents a decrease of \$0.27 and \$0.47 respectively. Ms. Baptista motioned for LCB approval of the rates as required by the CTD, and Ms. Price seconded the motion. LCB approval of the FY. 23/24 rates passed unanimously.

b) Transportation Disadvantaged Service Plan (TDSP) Annual Review\*

Mr. Bacon presented the following NEFRC staff-recommended amendments to the Nassau TDSP:

**1) Section 2: Service Analysis, Needs Assessment– Page 26**

- Addition of funded 5311/5339 grant projects from FY 21/22.
- Addition of 5339 grant funding project request for FY 23/24.

**2) Section 3: Service Plan, Cost/Revenue Allocation, and Service Rates Summary – Page 41**

- Addition of approved revenue allocation for FY 23/24

Ms. Baptista motioned to approve the TDSP with the NEFRC staff-recommended amendments. Ms. Price seconded the motion. After a roll call vote, the TDSP with suggested amendments passed unanimously.

c) Proposed LCB Meeting Schedule - 1:00 p.m. on the 3rd Thursday Quarterly\*  
Ms. Baptista motioned to approve the schedule. Ms. Hagley seconded the motion. The meeting schedule passed unanimously.

d) Proposed LCB Annual Hearing – 3<sup>rd</sup> Thursday in February  
Mr. Bacon confirmed with present members that next year’s public hearing will take place on February 15<sup>th</sup>, 2024, at 1:00 p.m., immediately followed by the regularly scheduled LCB meeting.

e) CTC Evaluation\*  
Mr. Bacon reviewed the results of this year’s Community Transportation Coordinator (CTC) evaluation. The evaluation committee found NassauTransit in compliance but offered several comments and suggested corrections:

1. **Compliance with Commission Standards (41-2, F.A.C)**
  - Language in the TDSP states bills are to be paid to subcontractors within 30 days. F.A.C 41-2.006(4)i requires "All bills shall be paid within 7 working days to subcontractors, after receipt of said payment by the Community Transportation Coordinator...".

**Action Recommendation**

- Nassau Transit amend TDSP language pertaining to subcontractor billing requirements to accurately reflect state requirements set forth by F.A.C 41-2.006(4)i.

2. **Compliance with Local Standards (41-2, F.A.C.)**
  - Nassau Transit’s TDSP does not include language addressing service standards/goals for passenger no-shows (cancel at door) per x-number of trips, and passenger complaints per x-number of trips.

**Action Recommendation**

- Develop and add local standards for passenger no-shows (cancel at door) per x-number of trips, and passenger complaints per x-number of trips in collaboration with the local coordinating board into the TDSP.

Ms. Baptista made a motion to approve Nassau Transit’s CTC evaluation with the suggested action recommendations. Mr. Rush seconded the motion. The evaluation passed unanimously.

**8. Community Transportation Coordinator (CTC) System Update**

Ms. Cherney delivered the CTC update on behalf of NassauTransit. During the period of January-March 2023, NassauTransit recorded 41,376 TD trips, representing a 38.9% increase in ridership from the same period last year. The Island Hooper on-demand service has expanded its service hours to Monday-Friday. The service still exclusively benefits the Amelia Island area.

**9. Old Business**

There was no old business.

10. New Business

- a) Transition from Conference Call to Zoom Video Call  
Mr. Bacon briefly discussed the enhanced audio and remote participant benefits of transitioning to Zoom. All members agreed to transition the conference call option to Zoom.

11. Public Comment

There was no public comment.

12. Member and Department Reports

Ms. Baptista requested members to share Nassau County Health Department's Community Health Survey.

13. Adjournment

There being no further discussion, Chair Gray adjourned the meeting at 1:55 p.m. The next LCB meeting will take place on September 21, 2023, at 1:00 p.m. in the Nassau County Board of County Commissioners Meeting Room.

DRAFT

ATTENDANCE RECORD  
 NASSAU COUNTY  
 LOCAL COORDINATING BOARD

Position	Name/Alt.	9/15/22	11/17/22	2/16/23	5/18/23
1. Chairperson	Jeff Gray	<b>P</b>	<b>a</b>	<b>P</b>	<b>P</b>
2. Dept. of Transportation	Janell Damato / ALT	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
3. Dept. Of Children and Families	Jacquelyn Green	<b>p</b>	<b>P</b>	<b>a</b>	<b>a</b>
4. Public Education	Brad Underhill	<b>a</b>	<b>P</b>	<b>a</b>	<b>a</b>
5. Vocational Rehab. (Dept. Ed.)	Rochelle Price	<b>P</b>	-	-	<b>P</b>
6. Veteran Services	Bob Sullivan	<b>P</b>	<b>P</b>	<b>a</b>	<b>a</b>
7. Econo. Disadvan (Comm. Action)	Celena Farmer	<b>P</b>	<b>a</b>	<b>a</b>	<b>a</b>
8. Elderly	Van Dyke Walker	<b>a</b>	<b>a</b>	<b>a</b>	<b>a</b>
9. Disabled	Vacant	-	-	-	-
10. Citizen Advocate/User	Vacant	-	-	-	-
11. Citizen Advocate /Non User	Vacant	-	-	-	-
12. Children at Risk	Patricia Langford	<b>P</b>	<b>a</b>	<b>a</b>	<b>a</b>
13. Dept. Of Elder Affairs	Janet Dickinson	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
14. Private For Profit Transportation	Vacant	-	-	-	-
15. Dept. of Health Care Adm.	Reeda Harris / ALT	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
16. Agency for Persons w/Disabilities	Sheryl Dick-Stanford / ALT	<b>P</b>	<b>P</b>	<b>P</b>	<b>a</b>
17, Regional Workforce Dev. Brd.	Sean Rush / ALT	<b>a</b>	<b>P</b>	<b>P</b>	<b>P</b>
18. Local Medical Community	Barb Baptista / ALT	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>

VACANCIES

Disabled  
 Citizen Advocate/User  
 Citizen Advocate/Non User  
 Private For Profit Transportation

**PLEASE SIGN IN!**

Florida Commission for the



**COMMISSION FOR THE  
TRANSPORTATION DISADVANTAGED**

Date: May 18, 2023  
Time: 1:00 p.m.

Nassau County Commission Chambers, 96135 Nassau Place, Yulee FL 32097

Name	Address	Phone	E-Mail
Jeff Gray - Commissioner	96135 Nassau Place Yulee FL 32097	904 - 570-1946	JGRAY@NASSAU COUNTY FL.COM
<del>Berk Baptist</del> Sean Rush		(619) 865-0560	SRUSH@CAREENSOURCE.NFL.COM
Rochelle Price	1601 DeWay FL 32470		Rochelle.Price@nfl.doe.org
Matthew Bacon	100 Festival Park		







# CTC Organization

County: Nassau

CTC Status: Submitted

Fiscal Year: 7/1/2022 - 6/30/2023

CTD Status: Under Review

Date Initiated: 9/7/2023

**CTC Organization Name:** Nassau County Council on Aging, Inc.

**Address:** 1901 Island Walk Way

**City:** Fernandina Beach

**State:** FL

**Zip Code:** 32034

**Organization Type:** Private Non Profit

**Network Type:** Partial Brokerage

**Operating Environment:** Rural

**Transportation Operators:** Yes

**Number of Transportation Operators:** 1

**Coordination Contractors:** No

**Number of Coordination Contractors:** 0

**Provide Out of County Trips:** Yes

**Local Coordinating Board (LCB) Chairperson:** Aaron C. Bell

**CTC Contact:** Jules Cherney

**CTC Contact Title:** Transportation Director

**CTC Contact Email:** jcherney@nassaucountycoa.org

**Phone:** (904) 261-0700

## CTC Certification

I, Jules Cherney, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): \_\_\_\_\_

## LCB Certification

I, Aaron C. Bell, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(6), F.A.C. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature): \_\_\_\_\_



# CTC Trips

County: Nassau

CTC Status: Submitted

CTC Organization: Nassau County Council on Aging, Inc.

Fiscal Year: 07/01/2022 - 06/30/2023

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Service Type - One Way</b>						
Fixed Route/Fixed Schedule						
Daily Pass Trips	0	N/A	0	0	N/A	0
Weekly Pass Trips	0	N/A	0	0	N/A	0
Monthly Pass Trips	0	N/A	0	0	N/A	0
Deviated Fixed Route Service	5,766	N/A	5,766	4,392	N/A	4,392
Complementary ADA Service	0	N/A	0	0	N/A	0
Paratransit						
Ambulatory	46,442	0	46,442	32,008	0	32,008
Non-Ambulatory	8,435	0	8,435	5,399	0	5,399
Stretcher	0	0	0	0	0	0
Transportation Network Companies	0	N/A	0	0	N/A	0
Taxi	0	N/A	0	0	N/A	0
School Board (School Bus)	0	N/A	0	0	N/A	0
Volunteers	0	N/A	0	0	N/A	0
<b>Total - Service Type</b>	<b>60,643</b>	<b>0</b>	<b>60,643</b>	<b>41,799</b>	<b>0</b>	<b>41,799</b>
<b>Contracted Transportation Operator</b>						
How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC)	1,513	N/A	1,513	1,127	N/A	1,127
<b>Total - Contracted Transportation Operator Trips</b>	<b>1,513</b>	<b>0</b>	<b>1,513</b>	<b>1,127</b>	<b>0</b>	<b>1,127</b>
<b>Revenue Source - One Way</b>						
Agency for Health Care Administration (AHCA)	0	0	0	0	0	0
Agency for Persons with Disabilities (APD)	0	0	0	0	0	0
Comm for the Transportation Disadvantaged (CTD)	54,588	N/A	54,588	37,407	N/A	37,407
Dept of Economic Opportunity (DEO)	0	0	0	0	0	0
Dept of Children and Families (DCF)	0	0	0	0	0	0
Dept of Education (DOE)	0	0	0	0	0	0
Dept of Elder Affairs (DOEA)	0	0	0	0	0	0
Dept of Health (DOH)	0	0	0	0	0	0
Dept of Juvenile Justice (DJJ)	0	0	0	0	0	0
Dept of Transportation (DOT)	6,055	0	6,055	3,969	0	3,969
Local Government	0	0	0	423	0	423
Local Non-Government	0	0	0	0	0	0
Other Federal & State Programs	0	0	0	0	0	0
<b>Total - Revenue Source</b>	<b>60,643</b>	<b>0</b>	<b>60,643</b>	<b>41,799</b>	<b>0</b>	<b>41,799</b>



# CTC Trips (cont'd)

County: Nassau

CTC Status: Submitted

CTC Organization: Nassau County Council on Aging, Inc.

Fiscal Year: 07/01/2022 - 06/30/2023

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Passenger Type - One Way</b>						
Older Adults	40,409	0	40,409	26,760	0	26,760
Children At Risk	62	0	62	47	0	47
Persons With Disabilities	8,435	0	8,435	5,399	0	5,399
Low Income	5,488	0	5,488	4,555	0	4,555
Other	6,249	0	6,249	5,038	0	5,038
<b>Total - Passenger Type</b>	<b>60,643</b>	<b>0</b>	<b>60,643</b>	<b>41,799</b>	<b>0</b>	<b>41,799</b>
<b>Trip Purpose - One Way</b>						
Medical	29,654	0	29,654	20,040	0	20,040
Employment	3,916	0	3,916	4,576	0	4,576
Education/Training/Daycare	6,526	0	6,526	3,199	0	3,199
Nutritional	11,130	0	11,130	6,266	0	6,266
Life-Sustaining/Other	9,417	0	9,417	7,718	0	7,718
<b>Total - Trip Purpose</b>	<b>60,643</b>	<b>0</b>	<b>60,643</b>	<b>41,799</b>	<b>0</b>	<b>41,799</b>
<b>Unduplicated Passenger Head Count (UDPHC)</b>						
UDPHC	1,118	0	1,118	831	0	831
<b>Total - UDPHC</b>	<b>1,118</b>	<b>0</b>	<b>1,118</b>	<b>831</b>	<b>0</b>	<b>831</b>
<b>Unmet &amp; No Shows</b>						
Unmet Trip Requests	277	N/A	277	344	N/A	344
No Shows	922	N/A	922	655	N/A	655
<b>Customer Feedback</b>						
Complaints	0	N/A	0	0	N/A	0
Commendations	0	N/A	0	0	N/A	0



# CTC Vehicles & Drivers

County: Nassau

CTC Status: Submitted

CTC Organization: Nassau County Council on Aging, Inc.

Fiscal Year: 07/01/2022 - 06/30/2023

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Vehicle Miles</b>						
Deviated Fixed Route Miles	35,150	N/A	35,150	39,131	N/A	39,131
Complementary ADA Service Miles	0	N/A	0	0	N/A	0
Paratransit Miles	414,098	0	414,098	322,717	0	322,717
Transportation Network Companies (TNC) Miles	0	N/A	0	0	N/A	0
Taxi Miles	0	N/A	0	0	N/A	0
School Board (School Bus) Miles	0	N/A	0	0	N/A	0
Volunteers Miles	0	N/A	0	0	N/A	0
<b>Total - Vehicle Miles</b>	<b>449,248</b>	<b>0</b>	<b>449,248</b>	<b>361,848</b>	<b>0</b>	<b>361,848</b>
<b>Roadcalls &amp; Accidents</b>						
Roadcalls	17	0	17	6	0	6
Chargeable Accidents	0	0	0	0	0	0
<b>Vehicle Inventory</b>						
Total Number of Vehicles	23	0	23	23	0	23
Number of Wheelchair Accessible Vehicles	23	0	23	23	0	23
<b>Drivers</b>						
Number of Full Time & Part Time Drivers	20	0	20	16	0	16
Number of Volunteer Drivers	0	0	0	0	0	0



# CTC Revenue Sources

County: Nassau

CTC Status: Submitted

CTC Organization: Nassau County Council on Aging, Inc.

Fiscal Year: 07/01/2022 - 06/30/2023

CTD Status: Under Review

Revenue Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Agency for Health Care Administration (AHCA)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Agency for Persons with Disabilities (APD)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Economic Opportunity (DEO)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Children and Families (DCF)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Education (DOE)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Elder Affairs (DOEA)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Health (DOH)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Juvenile Justice (DJJ)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Commission for the Transportation Disadvantaged (CTD)</b>						
Non-Sponsored Trip Program	\$ 455,965	N/A	\$ 455,965	\$ 338,512	N/A	\$ 338,512
Non-Sponsored Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Rural Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
TD Other	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Department of Transportation (DOT)</b>						
49 USC 5307	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5310	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5311	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5311 (f)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Block Grant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Service Development	\$ 145,909	\$ 0	\$ 145,909	\$ 104,737	\$ 0	\$ 104,737
Commuter Assistance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other DOT	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Local Government</b>						
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
County Cash	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
County In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
City Cash	\$ 0	\$ 0	\$ 0	\$ 3,333	\$ 0	\$ 3,333
City In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Cash	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Local Non-Government</b>						
Farebox	\$ 13,982	\$ 0	\$ 13,982	\$ 15,366	\$ 0	\$ 15,366
Donations/Contributions	\$ 59,843	\$ 0	\$ 59,843	\$ 1,250	\$ 0	\$ 1,250
In-Kind Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Non-Government	\$ 0	\$ 0	\$ 0	\$ 600	\$ 0	\$ 600
<b>Other Federal &amp; State Programs</b>						
Other Federal Programs	\$ 1,046,411	\$ 0	\$ 1,046,411	\$ 854,559	\$ 0	\$ 854,559
Other State Programs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total - Revenue Sources</b>	<b>\$ 1,722,110</b>	<b>\$ 0</b>	<b>\$ 1,722,110</b>	<b>\$ 1,318,357</b>	<b>\$ 0</b>	<b>\$ 1,318,357</b>



# CTC Expense Sources

County: Nassau

CTC Status: Submitted

CTC Organization: Nassau County Council on Aging, Inc.

Fiscal Year: 07/01/2022 - 06/30/2023

CTD Status: Under Review

Expense Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Labor	\$ 765,088	\$ 0	\$ 765,088	\$ 609,898	\$ 0	\$ 609,898
Fringe Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Services	\$ 310,686	\$ 0	\$ 310,686	\$ 56,173	\$ 0	\$ 56,173
Materials & Supplies Consumed	\$ 194,116	\$ 0	\$ 194,116	\$ 326,894	\$ 0	\$ 326,894
Utilities	\$ 3,864	\$ 0	\$ 3,864	\$ 2,986	\$ 0	\$ 2,986
Casualty & Liability	\$ 120,174	\$ 0	\$ 120,174	\$ 78,320	\$ 0	\$ 78,320
Taxes	\$ 651	\$ 0	\$ 651	\$ 1,425	\$ 0	\$ 1,425
Miscellaneous	\$ 1,011	\$ 0	\$ 1,011	\$ 145	\$ 0	\$ 145
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 230,611	\$ 0	\$ 230,611	\$ 137,779	\$ 0	\$ 137,779
<b>Purchased Transportation Services</b>						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 145,909	N/A	\$ 145,909	\$ 104,737	N/A	\$ 104,737
<b>Total - Expense Sources</b>	<b>\$ 1,772,110</b>	<b>\$ 0</b>	<b>\$ 1,772,110</b>	<b>\$ 1,318,357</b>	<b>\$ 0</b>	<b>\$ 1,318,357</b>

County: Nassau  
 CTC: Nassau County Council on Aging, Inc.  
 Contact: Jules Cherney  
 1901 Island Walk Way  
 Fernandina Beach, FL 32034  
 904-261-0700

Demographics  
 Total County Population 0  
 Unduplicated Head Count 1,118



Email: jcherney@nassaucountycoa.org

<b>Trips By Type of Service</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Vehicle Data</b>		
Fixed Route (FR)	0	0	0	Vehicle Miles	380,731	2021
Deviated FR	7,283	4,392	5,766	Roadcalls	0	2022
Complementary ADA	0	0	0	Accidents	0	2023
Paratransit	23,332	37,407	54,877	Vehicles	25	2021
TNC	0	0	0	Drivers	16	2022
Taxi	0	0	0		361,848	2023
School Board (School Bus)	0	0	0		6	
Volunteers	0	0	0		0	
<b>TOTAL TRIPS</b>	<b>30,615</b>	<b>41,799</b>	<b>60,643</b>			

**Passenger Trips By Trip Purpose**

Medical	15,395	20,040	29,654	Expenses	\$1,351,624	\$1,318,357	\$1,772,110
Employment	5,838	4,576	3,916	Revenues	\$1,351,624	\$1,318,357	\$1,722,110
Ed/Train/DayCare	2,443	3,199	6,526	Commendations	0	0	0
Nutritional	1,708	6,266	11,130	Complaints	0	0	0
Life-Sustaining/Other	5,231	7,718	9,417	Passenger No-Shows	450	655	922
<b>TOTAL TRIPS</b>	<b>30,615</b>	<b>41,799</b>	<b>60,643</b>	Unmet Trip Requests	217	344	277

**Passenger Trips By Revenue Source**

CTD	22,104	37,407	54,588	Accidents per 100,000 Miles	0	0	0
AHCA	0	0	0	Miles between Roadcalls	0	60,308	26,426
APD	0	0	0	Avg. Trips per Passenger	39.20	50.30	54.24
DOEA	1,228	0	0	Cost per Trip	\$44.15	\$31.54	\$29.22
DOE	0	0	0	Cost per Paratransit Trip	\$44.15	\$31.54	\$29.22
Other	7,283	4,392	6,055	Cost per Total Mile	\$3.55	\$3.64	\$3.94
<b>TOTAL TRIPS</b>	<b>30,615</b>	<b>41,799</b>	<b>60,643</b>	Cost per Paratransit Mile	\$3.55	\$3.64	\$3.94

**Trips by Provider Type**

CTC	29,996	40,672	59,130
Transportation Operator	619	1,127	1,513
Coordination Contractor	0	0	0
<b>TOTAL TRIPS</b>	<b>30,615</b>	<b>41,799</b>	<b>60,643</b>

**Financial and General Data**

Expenses	\$1,351,624	\$1,318,357	\$1,772,110
Revenues	\$1,351,624	\$1,318,357	\$1,722,110
Commendations	0	0	0
Complaints	0	0	0
Passenger No-Shows	450	655	922
Unmet Trip Requests	217	344	277

**Performance Measures**

Accidents per 100,000 Miles	0	0	0
Miles between Roadcalls	0	60,308	26,426
Avg. Trips per Passenger	39.20	50.30	54.24
Cost per Trip	\$44.15	\$31.54	\$29.22
Cost per Paratransit Trip	\$44.15	\$31.54	\$29.22
Cost per Total Mile	\$3.55	\$3.64	\$3.94
Cost per Paratransit Mile	\$3.55	\$3.64	\$3.94

**NASSAU COUNTY COUNCIL ON AGING, INC. / NassauTRANSIT  
OPERATING REPORT as of JUNE 30, 2023**

	3 MONTHS ENDING JUNE 30			12 MONTHS ENDING JUNE 30				
	2023	2022	CHG AMT	CHG PCT	2023	2022	CHG AMT	CHG PCT
1	10,765	10,235	530	5.2%	41,906	31,508	10,398	33.0%
3	3,470	2,243	1,227	54.7%	12,970	5,979	6,991	116.9%
6	<b>14,235</b>	<b>12,478</b>	<b>1,757</b>	<b>14.1%</b>	<b>54,876</b>	<b>37,487</b>	<b>17,389</b>	<b>46.4%</b>
7	64	64	0	0.0%	249	249	0	0.0%
8	<b>222.4</b>	<b>195.0</b>	<b>27.5</b>	<b>14.1%</b>	<b>220.4</b>	<b>150.6</b>	<b>69.84</b>	<b>46.4%</b>
9	9,330	7,226	2,104	29.1%	31,244	26,135	5,109	19.5%
10	<b>1.53</b>	<b>1.73</b>	<b>(0.20)</b>	<b>(11.6)%</b>	<b>1.76</b>	<b>1.43</b>	<b>0.32</b>	<b>22.4%</b>
11	207	81	126	155.6%	675	597	78	13.1%
12	113	63	50	79.4%	352	423	(71)	(16.8)%
13	892	543	349	64.3%	3,226	2,245	981	43.7%
14	<b>440</b>	242	198	81.8%	<b>1,513</b>	1,127	386	34.3%
15	<b>1,652</b>	<b>929</b>	<b>723</b>	<b>77.8%</b>	<b>5,766</b>	<b>4,392</b>	<b>1,374</b>	<b>31.3%</b>
16	<b>25.8</b>	<b>14.5</b>	<b>11.3</b>	<b>77.8%</b>	<b>23.2</b>	<b>17.6</b>	<b>5.5</b>	<b>31.3%</b>
17	<b>15,887</b>	<b>13,407</b>	<b>2,480</b>	<b>18.5%</b>	<b>60,642</b>	<b>41,879</b>	<b>18,763</b>	<b>44.8%</b>
18	9,330	7,226	2,104.2	29.1%	31,244	26,135	5,109	19.5%
19	<b>1.7</b>	<b>1.9</b>	<b>(0.2)</b>	<b>(8.2)%</b>	<b>1.9</b>	<b>1.6</b>	<b>0.3</b>	<b>21.1%</b>
20	64	64	0.0	0.0%	249	249	248	99.6%
21	<b>248.2</b>	<b>209.5</b>	<b>38.8</b>	<b>18.5%</b>	<b>243.5</b>	<b>168.2</b>	<b>75.4</b>	<b>44.8%</b>
22	145.8	112.9	32.9	29.1%	125.5	105.0	1,436	1368.1%
23	<b>1.7</b>	<b>1.9</b>	<b>(0.2)</b>	<b>(8.2)%</b>	<b>1.9</b>	<b>1.6</b>	<b>0.3</b>	<b>21.1%</b>
24	130,626	92,127	38,499	41.8%	449,248	361,848	87,400	24.2%
25	9.2	7.4	1.8	24.3%	8.2	9.7	(1.5)	(15.2)%
26	<b>2,041.0</b>	<b>1,439.5</b>	<b>601.5</b>	<b>41.8%</b>	<b>1,804.2</b>	<b>1,453.2</b>	<b>351.0</b>	<b>24.2%</b>
27	<b>14.0</b>	<b>12.8</b>	<b>1.3</b>	<b>9.8%</b>	<b>14.4</b>	<b>13.8</b>	<b>0.5</b>	<b>3.9%</b>
28	<b>15,131</b>	<b>13,395</b>	<b>1,736</b>	<b>13.0%</b>	<b>53,532</b>	<b>47,996</b>	<b>5,536</b>	<b>11.5%</b>
28	8.6	6.9	1.8	25.5%	8.4	7.5	0.85	11.3%
29	<b>236.4</b>	<b>209.3</b>	<b>27.1</b>	<b>13.0%</b>	<b>215.0</b>	<b>192.8</b>	<b>22.23</b>	<b>11.5%</b>
30	1.6	1.9	(0.2)	(12.5)%	1.7	1.8	(0.1)	(6.7)%
31	<b>\$ 3.58</b>	<b>\$ 4.44</b>	<b>(\$0.86)</b>	<b>(19.4)%</b>	<b>\$ 3.57</b>	<b>\$ 3.47</b>	<b>\$0.10</b>	<b>2.8%</b>
32	<b>\$ 0.41</b>	<b>\$ 0.65</b>	<b>(\$0.23)</b>	<b>(35.8)%</b>	<b>\$ 0.43</b>	<b>\$ 0.46</b>	<b>(\$0.04)</b>	<b>(7.7)%</b>

FIGURE IS PRO-FORMA

FIGURE IS PRO-FORMA



**From:** [Noel Comeaux](#)  
**To:** [Carol Main](#)  
**Subject:** FW: NASSAU - PROPOSED RATE MODEL REVISION EFFECTIVE 10.01.23  
**Date:** Monday, September 11, 2023 2:30:17 PM  
**Attachments:** [image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[2023-2024 Nassau Rate Model Approved REVISED Amended.xls](#)  
**Importance:** High

Carol, please put it in the folder.

Thank you,  
Noël

**From:** Zeruto, Dan <Dan.Zeruto@dot.state.fl.us>  
**Sent:** Monday, September 11, 2023 10:26 AM  
**To:** Mike Hays <mhays@nassaucountycoa.org>; Jules Cherney <jcherney@nassaucountycoa.org>  
**Cc:** Noel Comeaux <ncomeaux@nefrc.org>  
**Subject:** RE: NASSAU - PROPOSED RATE MODEL REVISION EFFECTIVE 10.01.23  
**Importance:** High

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Mike and Jules,

I have reviewed the corrections and adjustments made to the revised attached 2023-24 Rate Model Calculation Spreadsheet for some of the most common procedural and utilization errors. Items previously noted have been addressed and it is approved for further review at the local level as appropriate. My review and opinion does not confirm the validity or accuracy of any financial or operational data elements that have been entered, nor does it address the reasonableness of the unsubsidized cost of services.

By copy of this email, I am advising your planning agency on our completion of this effort and the readiness to advance the spreadsheet to the LCB for approval and inclusion in the TDSP update.

When the time comes, I will produce your T/E grant contract with the trip rates from this spreadsheet presuming no further changes by the LCB.

		<b>Ambul</b>	<b>Wheel Chair</b>	<b>Stretcher</b>	<b>Group</b>
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	32,000	25,600	6,400	Leave Blank	Leave Blank
Rate per Passenger Trip =		\$15.94	\$27.32	\$0.00	\$0.00
				per passenger	per group

*Thank you,*

*Daniel Zeruto*

**Area 3 Project Manager**  
**Florida Commission for Transportation Disadvantaged**  
 605 Suwannee St.,MS 49  
 Tallahassee, FL 32399-0450  
 Phone 850-410-5704  
 Fax 850-410-5752  
 Email: [dan.zeruto@dot.state.fl.us](mailto:dan.zeruto@dot.state.fl.us)



Join us on Facebook or on the web.

**From:** Mike Hays <mhays@nassaucountycoa.org>  
**Sent:** Wednesday, September 6, 2023 3:44 PM  
**To:** Zeruto, Dan <Dan.Zeruto@dot.state.fl.us>  
**Cc:** Jules Cherney <jcherney@nassaucountycoa.org>  
**Subject:** NASSAU - PROPOSED RATE MODEL REVISION EFFECTIVE 10.01.23

**EXTERNAL SENDER: Use caution with links and attachments.**

Hi Dan. Please see the attached and let us know what you think.

Thanks,

Mike

**Michael Hays, Assurance Analyst**

**Nassau County Council on Aging & NassauTRANSIT**  
**(904) 261-0700**

[www.nassautransit.org](http://www.nassautransit.org)

**GET AROUND!**



**Home of the Island Hopper and Nassau Express Select**

*This email and any attachments are confidential and may be privileged. Unauthorized access or dissemination of this information may be a violation of criminal statutes. If you are not the intended recipient, please notify Nassau County Council on Aging by sending an email to [danharley@nassaucountycoa.org](mailto:danharley@nassaucountycoa.org).*

# Preliminary Information Worksheet

Version 1.4

<b>CTC Name:</b>	NASSAU COUNTY COUNCIL ON AGING, INC.
<b>County (Service Area):</b>	NASSAU
<b>Contact Person:</b>	JULIE CHERNEY
<b>Phone #</b>	904-261-0700

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:	NETWORK TYPE:
<input type="radio"/> Governmental	<input type="radio"/> Fully Brokered
<input checked="" type="radio"/> Private Non-Profit	<input type="radio"/> Partially Brokered
<input type="radio"/> Private For Profit	<input checked="" type="radio"/> Sole Source

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

# Comprehensive Budget Worksheet

Version 1.4

CTC: NASSAU COUNTY COUNCIL ON AGING, INC.  
County: NASSAU

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

	Prior Year's ACTUALS from July 1st of 2021 to June 30th of 2022	Current Year's APPROVED Budget, as amended from July 1st of 2022 to June 30th of 2023	Upcoming Year's PROPOSED Budget from July 1st of 2023 to June 30th of 2024	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price.  Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

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

### Local Non-Govt

Farebox	\$ 15,366	\$ 13,952	\$ 15,000	-9.2%	7.5%	
Medicaid Co-Pay Received						
Donations/ Contributions	\$ 1,250	\$ 45,561	\$ 42,000	3544.9%	-7.8%	
In-Kind, Contributed Services	\$ -					
Other	\$ 600		\$ 1,800	-100.0%		
<b>Bus Pass Program Revenue</b>						

### Local Government

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

### CTD

Non-Spons. Trip Program	\$ 338,512	\$ 445,965	\$ 524,091	31.7%	17.5%	Amounts are the allocations in attendant years. The proposed budget for 2023-2024 is forecast to be fully billed.
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

### USDOT & FDOT

49 USC 5307						OTHER DOT is CARES/CRRSSA at 100% eligible reimbursement and which is forecast to be "spent-out" as of 09/30/23. 49 USC 5311 (OPERATING) at 50% eligible reimbursement is for the period 10/01/2023-06/30/2024.
49 USC 5310						
49 USC 5311 (Operating)			\$ 378,000			
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)	\$ 854,559	\$ 1,009,949	\$ 252,000	18.2%	-75.0%	
<b>Bus Pass Program Revenue</b>						

### AHCA

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

### DCF

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

### DOH

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

### DOE (state)

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

### AWI

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

### DOEA

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

### DCA

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

# Comprehensive Budget Worksheet

Version 1.4

CTC: NASSAU COUNTY COUNCIL ON AGING, INC.  
County: NASSAU

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

	Prior Year's <b>ACTUALS</b> from July 1st of <b>2021</b> to June 30th of <b>2022</b>	Current Year's <b>APPROVED</b> Budget, as amended from July 1st of <b>2022</b> to June 30th of <b>2023</b>	Upcoming Year's <b>PROPOSED</b> Budget from July 1st of <b>2023</b> to June 30th of <b>2024</b>	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price.  Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

## APD

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

## DJJ

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

## Other Fed or State

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

## Other Revenues

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

## Balancing Revenue to Prevent Deficit

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

Balancing Revenue is Short By =		None	None		
<b>Total Revenues =</b>	<b>\$1,210,287</b>	<b>\$1,515,427</b>	<b>\$1,212,891</b>	<b>25.2%</b>	<b>-20.0%</b>

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

### Operating Expenditures

Labor	\$ 601,856	\$ 757,025	\$ 529,891	25.8%	-30.0%	LABOR reduction reflects reduction/consolidation of Operator positions and administrative staff in concert with the loss of CRRSSA funding at 100% reimbursement.
Fringe Benefits						
Services	\$ 55,508	\$ 94,737	\$ 81,000	70.7%	-14.5%	
Materials and Supplies	\$ 322,833	\$ 381,850	\$ 334,500	18.3%	-12.4%	
Utilities	\$ 2,986	\$ 3,671	\$ 4,000	22.9%	9.0%	
Casualty and Liability	\$ 90,432	\$ 126,713	\$ 122,500	40.1%	-3.3%	
Taxes	\$ 1,425	\$ 387	\$ 500	-72.8%	29.2%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 145	\$ 432	\$ 500	197.9%	15.7%	
Operating Debt Service - Principal & Interest						
Leases and Rentals						
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect	\$ 135,102	\$ 150,612	\$ 140,000	11.5%	-7.0%	

### Capital Expenditures

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

<b>Total Expenditures =</b>	<b>\$1,210,287</b>	<b>\$1,515,427</b>	<b>\$1,212,891</b>	<b>25.2%</b>	<b>-20.0%</b>
-----------------------------	--------------------	--------------------	--------------------	--------------	---------------

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

**Budgeted Rate Base Worksheet**

Version 1.4

CTC: NASSAU COUNTY COUNCIL ON AGING, INC.

County: NASSAU

- 1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
- 2. Complete applicable **GOLD** cells in column and 5

	Upcoming Year's <b>BUDGETED</b> Revenues	What amount of the <b>Budgeted Revenue</b> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	<b>Budgeted Rate Subsidy Revenue EXCLUDED from the Rate Base</b>	What amount of the <b>Subsidy Revenue</b> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
	from July 1st of <b>2023</b> to June 30th of <b>2024</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**REVENUES (CTC/Operators ONLY)**

Local Non-Govt

Farebox	\$	15,000
Medicaid Co-Pay Received	\$	-
Donations/ Contributions	\$	42,000
In-Kind, Contributed Services	\$	-
Other	\$	1,800
<b>Bus Pass Program Revenue</b>	\$	-

\$	15,000	\$	-	
\$	42,000	\$	-	
\$	-	\$	-	
\$	1,800	\$	-	
\$	-	\$	-	

YELLOW cells  
are NEVER Generated by Applying Authorized Rates

Local Government

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

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

BLUE cells  
Should be funds generated by rates in this spreadsheet

CTD

Non-Spons. Trip Program	\$	524,091
Non-Spons. Capital Equipment	\$	-
Rural Capital Equipment	\$	-
Other TD	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	524,091	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

local match req.

GREEN cells  
**MAY BE** Revenue Generated by Applying  
Authorized Rate per Mile/Trip Charges

Fill in that portion of budgeted revenue in Column 2 that will be **GENERATED** through the application of authorized per mile, per trip, or combination per trip plus per mile rates. Also, include the amount of funds that are Earmarked as local match for Transportation Services and **NOT** Capital Equipment purchases.

If the Farebox Revenues are used as a source of Local Match Dollars, then identify the appropriate amount of Farebox Revenue that represents the portion of Local Match required on any state or federal grants. This does not mean that Farebox is the only source for Local Match.

Please review all Grant Applications and Agreements containing State and/or Federal funds for the proper Match Requirement levels and allowed sources.

USDOT & FDOT

49 USC 5307	\$	-
49 USC 5310	\$	-
49 USC 5311 (Operating)	\$	378,000
49 USC 5311(Capital)	\$	-
Block Grant	\$	-
Service Development	\$	-
Commuter Assistance	\$	-
Other DOT	\$	252,000
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	378,000	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	252,000	
\$	-	\$	-	

\$	58,232
\$	-
\$	-
\$	-

AHCA

Medicaid	\$	-
Other AHCA	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

DCF

Alcohol, Drug & Mental Health	\$	-
Family Safety & Preservation	\$	-
Comm. Care Dis./Aging & Adult Serv.	\$	-
Other DCF	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

DOH

Children Medical Services	\$	-
County Public Health	\$	-
Other DOH	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

DOE (state)

Carl Perkins	\$	-
Div of Blind Services	\$	-
Vocational Rehabilitation	\$	-
Day Care Programs	\$	-
Other DOE	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

AWI

WAGES/Workforce Board	\$	-
AWI	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

DOEA

Older Americans Act	\$	-
Community Care for Elderly	\$	-
Other DOEA	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

DCA

Community Services	\$	-
Other DCA	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

\$	-	\$	-	
\$	-	\$	-	
\$	-	\$	-	

GOLD cells

Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the **Purchase of Capital Equipment** if a match amount is required by the Funding Source.

**Budgeted Rate Base Worksheet**

Version 1.4

CTC: NASSAU COUNTY COUNCIL ON AGING, INC.

County: NASSAU

- 1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
- 2. Complete applicable **GOLD** cells in column and 5

	Upcoming Year's <b>BUDGETED</b> Revenues
	from July 1st of <b>2023</b> to June 30th of <b>2024</b>
<b>1</b>	<b>2</b>

What amount of the <b>Budgeted Revenue</b> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	<b>Budgeted Rate Subsidy Revenue EXCLUDED from the Rate Base</b>	What amount of the <b>Subsidy Revenue</b> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
<b>3</b>	<b>4</b>	<b>5</b>

<b>APD</b>	
Office of Disability Determination	\$ -
Developmental Services	\$ -
Other APD	\$ -
<b>Bus Pass Program Revenue</b>	\$ -
<b>DJJ</b>	
DJJ	\$ -
<b>Bus Pass Program Revenue</b>	\$ -
<b>Other Fed or State</b>	
xxx	\$ -
xxx	\$ -
xxx	\$ -
<b>Bus Pass Program Revenue</b>	\$ -
<b>Other Revenues</b>	
Interest Earnings	\$ -
xxxx	\$ -
xxxx	\$ -
<b>Bus Pass Program Revenue</b>	\$ -
<b>Balancing Revenue to Prevent Deficit</b>	
Actual or Planned Use of Cash Reserve	\$ -
<b>Total Revenues =</b>	<b>\$ 1,212,891</b>

\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
<b>\$ 582,891</b>	<b>\$ 630,000</b>	<b>\$ -</b>

<b>EXPENDITURES (CTC/Operators ONLY)</b>	
<b>Operating Expenditures</b>	
Labor	\$ 529,891
Fringe Benefits	\$ -
Services	\$ 81,000
Materials and Supplies	\$ 334,500
Utilities	\$ 4,000
Casualty and Liability	\$ 122,500
Taxes	\$ 500
<b>Purchased Transportation:</b>	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ -
Other	\$ -
Miscellaneous	\$ 500
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ -
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ 140,000
<b>Capital Expenditures</b>	
Equip. Purchases with Grant Funds	\$ -
Equip. Purchases with Local Revenue	\$ -
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ -
<b>Total Expenditures =</b>	<b>\$ 1,212,891</b>
<i>minus EXCLUDED Subsidy Revenue =</i>	<i>\$ 630,000</i>
<b>Budgeted Total Expenditures INCLUDED in</b>	<b>Rate Base = \$ 582,891</b>
<b>Rate Base Adjustment<sup>1</sup> =</b>	<b>\$ -</b>
<b>Adjusted Expenditures Included in Rate</b>	<b>Base = \$ 582,891</b>

<b>\$ 630,000</b>	Amount of <b>Budgeted</b> Operating Rate Subsidy Revenue
\$	
<b><sup>1</sup> Rate Base Adjustment Cell</b>	
If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the <b>Actual</b> period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding sources, excess gains may also be adjusted by providing system subsidy revenue or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective explanation area of the Comprehensive Budget tab.	
\$	

<sup>1</sup>The Difference between Expenses and Revenues for Fiscal Year: **2021 - 2022**

Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"

# Worksheet for Program-wide Rates

CTC: NASSAU COUNTY Version 1.4  
 County: NASSAU

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

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

PROGRAM-WIDE RATES	
Total <u>Projected</u> Passenger Miles =	446,000
<b>Rate Per Passenger Mile = \$</b>	<b>1.31</b>
Total <u>Projected</u> Passenger Trips =	32,000
<b>Rate Per Passenger Trip = \$</b>	<b>18.22</b>

Fiscal Year

2023 - 2024

<b>Avg. Passenger Trip Length =</b>	<b>13.9 Miles</b>
-------------------------------------	-------------------

Rates If No Revenue Funds Were Identified As Subsidy Funds	
<b>Rate Per Passenger Mile = \$</b>	<b>2.72</b>
<b>Rate Per Passenger Trip = \$</b>	<b>37.90</b>

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

### Vehicle Miles

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

### Vehicle Revenue Miles (VRM)

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

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

### Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.



# Worksheet for Multiple Service Rates

CTC: **NASSAU COUNTY** Version 1.4  
 County: **NASSAU**

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?.....

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

## SECTION II: Contracted Services

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

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

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

<b>Ambulatory</b>	<b>Wheelchair</b>	<b>Stretcher</b>	<b>Group</b>
<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
Leave Blank	Leave Blank	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

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

<b>Ambulatory</b>	<b>Wheelchair</b>	<b>Stretcher</b>	<b>Group</b>
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

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

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 = \_\_\_\_\_

<b>Ambulatory</b>	<b>Wheelchair</b>	<b>Stretcher</b>	<b>Group</b>
_____ _____	_____ _____	_____ _____	_____ _____
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

## Combination Trip and Mile Rate

### Worksheet for Multiple Service Rates

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

#### SECTION III: Escort Service

1. Do you want to charge all escorts a fee?.....

Yes  
 No

Skip #2 - 4 and Section IV and Go to Section V

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR.....

Pass Trip  
 Pass Mile

**Leave Blank**

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?

Leave Blank

4. How much will you charge each escort?.....

Leave Blank

#### SECTION IV: Group Service Loading

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

Do NOT Complete Section IV

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

Loading Rate 0.00 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:		2023 - 2024	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	446,000	Ambul	\$1.18
		Wheel Chair	\$27.32
		Stretcher	\$0.00
		Leave Blank	0
		Group	\$0.00
Rate per Passenger Mile =		per passenger	
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	32,000	Ambul	\$15.94
		Wheel Chair	\$27.32
		Stretcher	\$0.00
		Leave Blank	
		Group	\$0.00
Rate per Passenger Trip =		per passenger	
Rate per Passenger Mile for Balance =		per passenger	
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =			
Rate per Passenger Mile for Balance =			
...INPUT the Desired Rate per Trip PLUS a per Mile add-on for 1 or more services....			
Rate per Passenger Mile for Balance =			
Rate per Passenger Trip =			

#### Rates If No Revenue Funds Were Identified As Subsidy Funds

	Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =	\$2.47	\$4.23	\$0.00	\$0.00
			per passenger	per group
Rate per Passenger Trip =	\$33.16	\$56.85	\$0.00	\$0.00
			per passenger	per group

### Worksheet for Multiple Service Rates

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

CTC: NASSAU COUNTY Version 1.4  
County: NASSAU

Program These Rates Into Your Medicaid Encounter Data



**PLEASE COMPLETE THE ATTACHED**  
**“TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION”**  
**AND**  
**“RECEIPT FOR NOTICE OF PRIVACY PRACTICES”**

**MAIL BOTH FORMS TO:**  
**NassauTRANSIT**  
**102 N 13<sup>th</sup> ST**  
**FERNANDINA BEACH FL 32034**

**Please allow us 3 business days to process your completed application (BOTH FORMS) after we receive them.**

**After 3 business days please call us at  
**904-261-0700 or 800-298-9122**  
to confirm your service eligibility.**

***The Registered Transportation Program Membership Application will be reviewed bi-annually to determine continued eligibility.***

**THANK YOU**

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**NASSAU COUNTY COUNCIL ON AGING, INC.**  
**PART 1 OF 3**  
**REGISTERED CUSTOMER PROGRAM APPLICATION**

NassauTRANSIT provides transportation service by appointment for Nassau County residents who are elderly, disabled, economically disadvantaged, children at risk and those with limited transportation options.

For more information please call NassauTRANSIT Customer Service at 904-261-0700 or 800-298-9122.

**Section 1 – Member Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Social Security No. (SEE SECTION 5 ON BACK) \_\_\_\_\_ Medicaid No. (if applicable) \_\_\_\_\_

Emergency Contact/Caregiver \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Family Members/Dependents who may be eligible for transportation (attach additional page if needed):**

Name	Date of Birth	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**Section 2 – Access to Transportation**

1. What type of vehicle do you own? Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ N/A \_\_\_\_\_

2. Is there a reason why you cannot drive your car? Yes / No If yes, please explain why.

3. Is your need for transportation services temporary or permanent? (Please indicate.)

4. Does another member of your household own a vehicle? Yes / No

5. Can anyone in your household, family or friends transport you to your appointments? Yes / No If no, why not?

6. How are you currently being transported to your appointments?

7. Do you live in a facility that can provide transportation? Yes / No If yes, please provide the name of the facility.

8. Are you enrolled in a program that will pay for, or provide you with, transportation? Yes / No If yes, please provide the name of the program.

**Section 3 – Frequent Destinations** Please list all Hospitals, Doctors, Medical Facilities, Employment, Educational and other locations that you visit on a regular basis (please use the back of form if you need additional space).

**Section 4 – Mobility Devices/Special Needs** Please check any mobility devices or special needs you may require.

Wheelchair \_\_\_\_\_ Powered Wheelchair or Scooter \_\_\_\_\_ Walker \_\_\_\_\_ Cane \_\_\_\_\_ Portable Oxygen \_\_\_\_\_

Stretcher \_\_\_\_\_ Service Animal \_\_\_\_\_ Personal Care Attendant (PCA) \_\_\_\_\_

Child Seat \_\_\_\_\_ (Note: guardian/attendant is responsible for providing child seats for each child.)

Do you have any other needs / conditions (cultural, religious, physical, psychological, etc.) we should be aware of in order to transport you safely? Yes / No If yes, please explain:

**Section 5 – Income/Accessibility Eligibility\***

Monthly Income: \_\_\_\_\_ Driver's License (Y/N) \_\_\_\_\_ Receive Food Stamps (Y/N) \_\_\_\_\_ Age \_\_\_\_\_

\*Please provide back up documentation as required:

1. Food stamp approval letter
2. SSI/SSA Award letter
3. Copy of ID
4. Proof of Income - full month of pay stubs

**Section 6 – Certification and Affirmation:** I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that it will be kept confidential and shared only with medical and transportation professionals in evaluating my eligibility for the Registered Customer program. I understand that providing false or misleading information, or making fraudulent claims or false statements on behalf of others could void my registration in the program. I have received, read and understand the attached “*Notice of Privacy Practices*” and “*Terms and Conditions of Service*”. I understand that Nassau County Council on Aging, Inc. collects my personal information, INCLUDING MY SOCIAL SECURITY NUMBER, for purposes of identification and eligibility verification only.

Applicant Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Caregiver Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE ATTACHED “RECEIPT FOR NOTICE OF PRIVACY PRACTICES” AND RETURN IT WITH THIS FORM. WITHOUT IT, THIS APPLICATION IS INCOMPLETE.**

*Please mail this form AND the attached “Receipt for Notice of Privacy Practices” to:*

**NassauTRANSIT  
102 N 13<sup>th</sup> ST  
FERNANDINA BEACH FL 32034**

Please allow us 3 business days to process your completed Application (BOTH FORMS) after we receive them. After 3 business days please call 904-261-0700 or 800-298-9122 to see if you qualify and to schedule transportation. *This Registered Customer application may be reviewed annually to determine continued eligibility.*

**THANK YOU**

---

**REVIEW RESULTS(for office use only):**

Initial Receipt \_\_\_\_\_ Docs Completed \_\_\_\_\_ Outcome: \_\_\_\_\_ Basis: \_\_\_\_\_

Comments \_\_\_\_\_

Revised 8/2023



**PLEASE SIGN AND RETURN THIS FORM**

**WITHOUT IT, YOUR TRANSPORTATION PROGRAM APPLICATION IS INCOMPLETE**



**NASSAU COUNTY COUNCIL ON AGING, INC.  
TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION  
PART 2 OF 3**

**RECEIPT / ACKNOWLEDGEMENT FOR  
“NOTICE OF PRIVACY PRACTICES”**

As part of my Membership Application, I have received and understand the  
“*Notice of Privacy Practices*” published by Nassau County Council on Aging, Inc.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Name (if applicable) (please print)

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

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REVIEW THIS DOCUMENT CAREFULLY  
AND  
**KEEP FOR YOUR RECORDS**  
NASSAU COUNTY COUNCIL ON AGING, INC.  
TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION  
PART 3 OF 3

**NOTICE OF PRIVACY PRACTICES**

(HIPAA - Health Insurance Portability and Accountability Act)

Effective April 14, 2003

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, volunteers, staff and other personnel.

**YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the healthcare and service you receive from the department in your personal file.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

A. **HOW WE MAY DISCLOSE INFORMATION ABOUT YOU**

1. **For Treatment:** We may disclose information about you to provide you with medical treatment or services. We may disclose health information about you to other personnel who are involved in taking care of you and your health.
2. **For Payment:** We may use and disclose health information in order to bill and collect payment for health care services.
3. **Health Care Operations:** We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
4. **Other Permitted Uses and Disclosures:** There are a number of other specific ways that we may disclose health information about you without permission for the following purposes, subject to legal requirements and limitations, such as: **To Avoid Serious Threat to Health Safety; Required by Law; Research; Organ Tissue Donation; Military Veterans; National Security and Intelligence; Workers Compensation; Public Health Risk; Health Oversight Activities; Lawsuits and Disputes; Law Enforcement; Coroner; Medical Examiners and Funeral Directors; Volunteers and Information Not Personally Identifiable.**

B. **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records that we use to make decisions about your care. You must submit a written request to the Compliance Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health

information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

2. **Right to Amend:** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction form to the Compliance Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - a. We did not create unless the person or entity that created the information is no longer available to make the amendment.
  - b. Is not part of the health information that we keep.
  - c. You would not be permitted to inspect and/or copy.
  - d. Is accurate and complete.
3. **Right to Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Compliance Officer. It must state a time period which may not be longer than six (6) years and may not include dates before **April 14, 2007**. Your request should indicate in what form you want the list (e.g. on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.
5. **We Are Not Required to Agree to Your Request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**C. CHANGES TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

**D. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses of disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed written authorization (different from the authorization and consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health operations we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

**Contact Information:** Don Harley, Human Resources, Compliance and Facilities Director  
Nassau County Council on Aging, Inc.  
1901 Island Walk Way  
Fernandina Beach, FL 32034  
(904) 261-0701  
donharley@nassaucountycoa.org

## **KEEP THIS FOR YOUR RECORDS**

**904-261-0700** or **800-298-9122**

**[www.nassautransit.org](http://www.nassautransit.org)**

### **GENERAL INFORMATION**

**NassauTRANSIT** is the public transportation system in Nassau County. Transportation is open to the public. Service is provided anywhere in Nassau County. Limited service is provided to northside and downtown Jacksonville. The system operates Monday through Friday and with limited weekend and holiday service. All vehicles are accessible for mobility devices within certain size and weight parameters.

**NassauTRANSIT** provides two types of transportation: “**paratransit**” and “**public transit**”.

#### **PARATRANSIT** (Fare is \$2 per boarding)

Paratransit service is for **registered** customers. An application is required to establish eligibility based on age, income, disability, etc. Transportation is arranged through reservations made in advance (at least three to five business days). Customers are picked-up and dropped-off at agreed times and locations according to the reservation.

Paratransit is a “shared-ride” service. Customers coming from and going to different locations share the ride. This often means pick-up times can be 1-2 hours ahead of drop-off times, even for short trips.

Paratransit trips into Jacksonville are limited to Tuesday, Wednesday and Thursday and are targeted to medical appointments at northside and downtown hospitals, clinics and medical offices. Appointments should be scheduled before noon.

#### **PUBLIC TRANSIT** (Fare is \$2 per boarding)

Public transit service is for **general public** customers. No application is required. No reservations are required. Customers are picked-up and dropped-off by NassauTRANSIT after they have called for a ride. Service is available on Amelia Island only between 9 am and 5 pm Monday through Friday and Saturdays 9 am to 12 pm and 1 pm to 5 pm.

Nassau Express Select, a public transit service to and from Jacksonville, is targeted to commuters working downtown. However, trips into Jacksonville (like all public transit trips) are for any purpose.

# **CUSTOMER GUIDE / TERMS AND CONDITIONS OF SERVICE**

**Revised August 2023**

## **MINIMUM AGE**

Minors under the age of 14 shall be accompanied by a parent or guardian at least 18 years of age. Child seats, booster seats, etc. shall be used per Florida law. NassauTRANSIT does not provide such seats.

## **SECUREMENT**

Customers shall wear seat belts. Occupied mobility devices shall be secured by the Vehicle Operator using the vehicle's equipment if possible. If not possible, customers using these devices shall choose whether to proceed with the travel.

## **FARE**

The fare is paid to the Vehicle Operator upon each boarding of the vehicle except when transferring from another NassauTRANSIT vehicle. The Vehicle Operator does not carry change but NassPasses can be purchased from the operator for \$20 cash for 20 rides.

## **PERSONAL PROPERTY**

Customers' property that can be safely carried by the customer and/or Bus Operator in one trip and safely stowed on the vehicle may be transported with the customer. Buying heavy items is discouraged to avoid injury.

## **SERVICE ANIMALS**

Service animals that perform tasks are allowed unless the animal creates a hazard, disturbance or distraction for the other customers or Vehicle Operator. Companion animals and pets shall not board the vehicle.

## **CODE OF CONDUCT**

Customers whose conduct poses or threatens a physical or health hazard, or creates a disruption or disturbance shall be removed from the vehicle by law enforcement. Such conduct includes but is not limited to: actual or threatened bodily harm or violent or otherwise illegal conduct, display of a knife or other weapon, verbal or gestured disclosure of a concealed weapon, vulgar or profane language or gestures or name-calling, defacing or disabling the vehicle or its equipment, smoking, possession of an open container of an alcohol beverage, illegal possession of a controlled substance, throwing an object, spitting or other voluntary excretion of a bodily substance, unwanted/untoward or harassing/degrading commentary, improper physical contact, and screaming, shouting or unnecessary loud talking. A passenger may be asked to disembark the vehicle or be declined a ride if they are found to be in violation of the code of conduct at NassauTRANSIT's discretion.

## **REGISTERED CUSTOMER RESERVATIONS**

Call 904-261-0700 or 800-298-9122 between 8:00am and 5:00pm Monday through Friday except holidays declared by Nassau County Council on Aging, Inc. Reservations should be made three (3) to five (5) business days in advance.

## **PUBLIC TRANSIT SERVICE ON DEMAND**

Amelia Island's Island Hopper service on demand is available by calling 904-61-0700 or 800-298-9122 between 9 am and 5 pm Monday through Friday except holidays declared by Nassau County Council on Aging. Saturday's Island Hopper can be reached at 904-832-1218 between 9 am and 12 pm and 1 pm and 5 pm. NO reservations required!

## **CANCELLATIONS**

Call 904-261-0700 or 800-298-9122 before 5:00pm on the day before the ride. Cancellations called-in after 5:00pm for pick-ups scheduled before 12:00 noon the next day may be considered "No Shows" at NassauTRANSIT's discretion.

## **NO SHOWS**

A customer who fails to appear at the scheduled pick-up time and location may be considered a "No Show". Multiple "No Shows" in a calendar month may result in a suspension of paratransit service at NassauTRANSIT's discretion.

## **PICK-UP and DROP-OFF TIMES**

Pick-up and drop-off times are estimates that can be affected by weather, traffic, etc. Customers should be ready for pick-up at least 30 minutes before the scheduled time and prepared for a later-than-scheduled drop-off.

## **ESCORTS and PERSONAL CARE ATTENDANTS**

One unregistered escort/personal care attendant may ride with a customer if the need is noted on the approved Registered Customer application and the escort/personal care attendant accompanies the customer at all times. There is no fare for the escort/personal care attendant.

## **SERVICE BOUNDARY/SCOPE OF SERVICE**

Paratransit service is on a "curb-to-curb" basis. If requested, Bus Operators will assist customers transiting between the home or other location and the vehicle while remaining within sight and hearing of the vehicle, and in boarding and alighting the vehicle. Vehicle Operators will not enter a customer's home or other pick-up/drop-off location.

Revised Sept 2023



**PLEASE COMPLETE THE ATTACHED**  
**"TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION"**

**AND**

**"RECEIPT FOR NOTICE OF PRIVACY PRACTICES"**

**MAIL BOTH FORMS TO:**

**NassauTRANSIT  
102 N 13<sup>th</sup> ST  
FERNANDINA BEACH FL 32034**

**Please allow us 3 business days to process your completed application (BOTH FORMS) after we receive them.**

**After 3 business days please call us at  
904-261-0700 or 800-298-9122  
to confirm your service eligibility.**

***The Registered Transportation Program Membership Application  
will be reviewed annually to determine continued eligibility.***

**THANK YOU**

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## NASSAU COUNTY COUNCIL ON AGING, INC.

### PART 1 OF 3

### REGISTERED TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION

NassauTRANSIT provides transportation service by appointment for Nassau County residents who are elderly, disabled, economically disadvantaged, children at risk and those with limited transportation options.

For more information please call NassauTRANSIT Customer Service at 904-261-0700 or 800-298-9122.

#### Section 1 – Member Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different)  
\_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Social Security No. (SEE SECTION 5 ON BACK) \_\_\_\_\_

Medicaid No. (if applicable) \_\_\_\_\_

Emergency Contact/Caregiver \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Family Members/Dependents who may be eligible for transportation (attach additional page if needed):**

Name	Date of Birth	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

#### Section 2 – Access to Transportation

1. What type of vehicle do you own? Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ N/A \_\_\_\_\_

2. Is there a reason why you cannot drive your car? Yes / No If yes, please explain why.

3. Is your need for transportation services temporary or permanent? (Please indicate.)

4. Does another member of your household own a vehicle? Yes / No
5. Can anyone in your household, family or friends transport you to your appointments? Yes / No If no, why not?
6. How are you currently being transported to your appointments?
7. Do you live in a residence that can provide transportation? Yes / No If yes, please provide the name of the facility.
8. Are you enrolled in a program that will pay for, or provide you with, transportation? Yes / No If yes, please provide the name of the program.

**Section 3 – Frequent Destinations** Please list all Hospitals, Doctors, Medical Facilities, Employment, Educational and other locations that you visit on a regular basis (please use the back of form if you need additional space).

**Section 4 – Mobility Devices/Special Needs** Please check any mobility devices or special needs you may require.

Wheelchair \_\_\_\_\_ Powered Wheelchair or Scooter \_\_\_\_\_ Walker \_\_\_\_\_ Cane \_\_\_\_\_ Portable Oxygen \_\_\_\_\_  
 Stretcher \_\_\_\_\_ Service Animal \_\_\_\_\_ Personal Care Attendant (PCA) \_\_\_\_\_  
 Child Seat \_\_\_\_\_ (Note: guardian/attendant is responsible for providing child seats for each child.)

Do you have any other needs / conditions (cultural, religious, physical, psychological, etc.) we should be aware of in order to transport you safely? Yes / No If yes, please explain:

**Section 6 – Certification and Affirmation:** I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that it will be kept confidential and shared only with medical and transportation professionals in evaluating my eligibility for the Registered Customer program. I understand that providing false or misleading information, or making fraudulent claims or false statements on behalf of others could void my registration in the program. I have received, read and understand the attached “*Notice of Privacy Practices*” and “*Terms and Conditions of Service*”. I understand that Nassau County Council on Aging, Inc. collects my personal information, INCLUDING MY SOCIAL SECURITY NUMBER, for purposes of identification and eligibility verification only.

**Applicant Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Caregiver Signature (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE THE ATTACHED "RECEIPT FOR NOTICE OF PRIVACY PRACTICES" AND RETURN IT WITH THIS FORM. WITHOUT IT, THIS APPLICATION IS INCOMPLETE.**

*Please mail this form AND the attached "Receipt for Notice of Privacy Practices" to:*

**NassauTRANSIT  
102 N 13<sup>th</sup> ST  
FERNANDINA BEACH FL 32034**

**Please allow us 3 business days to process your completed Application (BOTH FORMS) after we receive them. After 3 business days please call 904-261-0700 or 800-298-9122 to see if you qualify and to schedule transportation.**

*This Registered Customer application may be reviewed annually to determine continued eligibility.*

**THANK YOU**

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**REVIEW RESULTS: (office use only):**

Initial Receipt \_\_\_\_\_ Docs Completed \_\_\_\_\_ Outcome: \_\_\_\_\_ Basis: \_\_\_\_\_

Comments \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS FORM.**  
WITHOUT IT, YOUR TRANSPORTATION PROGRAM APPLICATION IS INCOMPLETE.



**NASSAU COUNTY COUNCIL ON AGING, INC.**  
**TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION**  
**PART 2 OF 3**

**RECEIPT / ACKNOWLEDGEMENT FOR**  
**"NOTICE OF PRIVACY PRACTICES"**

As part of my Membership Application, I have received and understand the  
**"Notice of Privacy Practices"** published by Nassau County Council on Aging, Inc.

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Applicant Name (please print)

---

Applicant Signature

---

Date

---

Caregiver Name (if applicable) (please print)

---

Caregiver Signature

---

Date

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REVIEW THIS DOCUMENT CAREFULLY  
AND  
**KEEP FOR YOUR RECORDS**

NASSAU COUNTY COUNCIL ON AGING, INC.  
TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION  
PART 3 OF 3

**NOTICE OF PRIVACY PRACTICES**  
(HIPAA - Health Insurance Portability and Accountability Act)

Effective April 14, 2003

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, volunteers, staff and other personnel.

**YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the healthcare and service you receive from the department in your personal file.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

A. **HOW WE MAY DISCLOSE INFORMATION ABOUT YOU**

1. **For Treatment:** We may disclose information about you to provide you with medical treatment or services. We may disclose health information about you to other personnel who are involved in taking care of you and your health.
2. **For Payment:** We may use and disclose health information in order to bill and collect payment for health care services.
3. **Health Care Operations:** We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
4. **Other Permitted Uses and Disclosures:** There are a number of other specific ways that we may disclose health information about you without permission for the following purposes, subject to legal requirements and limitations, such as: **To Avoid Serious Threat to Health Safety; Required by Law; Research; Organ Tissue Donation; Military Veterans; National Security and Intelligence; Workers Compensation; Public Health Risk; Health Oversight Activities; Lawsuits and Disputes; Law Enforcement; Coroner; Medical Examiners and Funeral Directors; Volunteers and Information Not Personally Identifiable.**

B. **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records that we use to make decisions about your care. You must submit a written request to the Compliance Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
2. **Right to Amend:** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction form to the Compliance Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - a. We did not create unless the person or entity that created the information is no longer available to make the amendment.
  - b. Is not part of the health information that we keep.
  - c. You would not be permitted to inspect and/or copy.
  - d. Is accurate and complete.
3. **Right to Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Compliance Officer. It must state a time period which may not be longer than six (6) years and may not include dates before **April 14, 2007**. Your request should indicate in what form you want the list (e.g. on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.
5. **We Are Not Required to Agree to Your Request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

C. **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

D. **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses of disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed written authorization (different from the authorization and consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health operations we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

**Contact Information:**

Don Harley, Human Resources, Compliance and Facilities Director  
Nassau County Council on Aging, Inc.  
1901 Island Walk Way  
Fernandina Beach, FL 32034  
(904) 261-0701  
donharley@nassaucountycoa.org

Rev. 8/2023



# KEEP THIS PORTION FOR YOUR RECORDS

**904-261-0700 or 800-298-9122**

**www.nassautransit.org**

## GENERAL INFORMATION

**NassauTRANSIT** is the public transportation system in Nassau County. Transportation is open to the public. Service is provided anywhere in Nassau County. Limited service is provided to northside and downtown Jacksonville. The system operates Monday through Friday and with limited weekend and holiday service. All vehicles are accessible for mobility devices within certain size and weight parameters.

**NassauTRANSIT** provides two types of transportation: “**paratransit**” and “**public transit**”.

### **PARATRANSIT** (Fare is \$2 per boarding)

Paratransit service is for **registered** customers. An application is required to establish eligibility based on age, income, disability, etc. Transportation is arranged through reservations made in advance (at least three to five business days). Customers are picked-up and dropped-off at agreed times and locations according to the reservation.

Paratransit is a “shared-ride” service. Customers coming from and going to different locations share the ride. This often means pick-up times can be 1-2 hours ahead of drop-off times, even for short trips.

Paratransit trips into Jacksonville are limited to Tuesday, Wednesday and Thursday and are targeted to medical appointments at northside and downtown hospitals, clinics and medical offices. Appointments should be scheduled before noon.

### **PUBLIC TRANSIT** (Fare is \$2 per boarding)

Public transit service is for **general public** customers. No application is required. No reservations are required. Customers are picked-up and dropped-off by NassauTRANSIT after they have called for a ride. Service is available on Amelia Island only between 9 am and 5 pm Monday through Friday and Saturdays 9 am to 12 pm and 1 pm to 5 pm.

Nassau Express Select, a public transit service to and from Jacksonville, is targeted to commuters working downtown. However, trips into Jacksonville (like all public transit trips) are for any purpose.

## CUSTOMER GUIDE / TERMS AND CONDITIONS OF SERVICE

**Revised August 2023**

### **MINIMUM AGE**

Minors under the age of 14 shall be accompanied by a parent or guardian at least 18 years of age. Child seats, booster seats, etc. shall be used per Florida law. NassauTRANSIT does not provide such seats.

### **SECUREMENT**

Customers shall wear seat belts. Occupied mobility devices shall be secured by the Vehicle Operator using the vehicle’s equipment if possible. If not possible, customers using these devices shall choose whether to proceed with the travel.

### **FARE**

The fare is paid to the Vehicle Operator upon each boarding of the vehicle except when transferring from another NassauTRANSIT vehicle. The Vehicle Operator does not carry change but NassPasses can be purchased from the operator for \$20 cash for 20 rides.

**PERSONAL PROPERTY**

Customers' property that can be safely carried by the customer and/or Bus Operator in one trip and safely stowed on the vehicle may be transported with the customer. Buying heavy items is discouraged to avoid injury.

**SERVICE ANIMALS**

Service animals that perform tasks are allowed unless the animal creates a hazard, disturbance or distraction for the other customers or Vehicle Operator. Companion animals and pets shall not board the vehicle.

**CODE OF CONDUCT**

Customers whose conduct poses or threatens a physical or health hazard, or creates a disruption or disturbance shall be removed from the vehicle by law enforcement. Such conduct includes but is not limited to: actual or threatened bodily harm or violent or otherwise illegal conduct, display of a knife or other weapon, verbal or gestured disclosure of a concealed weapon, vulgar or profane language or gestures or name-calling, defacing or disabling the vehicle or its equipment, smoking, possession of an open container of an alcohol beverage, illegal possession of a controlled substance, throwing an object, spitting or other voluntary excretion of a bodily substance, unwanted/untoward or harassing/degrading commentary, improper physical contact, and screaming, shouting or unnecessary loud talking. A passenger may be asked to disembark the vehicle or be declined a ride if they are found to be in violation of the code of conduct at NassauTRANSIT's discretion.

**REGISTERED CUSTOMER RESERVATIONS**

Call 904-261-0700 or 800-298-9122 between 8:00am and 5:00pm Monday through Friday except holidays declared by Nassau County Council on Aging, Inc. Reservations should be made three (3) to five (5) business days in advance.

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A customer who fails to appear at the scheduled pick-up time and location may be considered a "No Show". Multiple "No Shows" in a calendar month may result in a suspension of paratransit service at NassauTRANSIT's discretion.

**PICK-UP and DROP-OFF TIMES**

Pick-up and drop-off times are estimates that can be affected by weather, traffic, etc. Customers should be ready for pick-up at least 30 minutes before the scheduled time and prepared for a later-than-scheduled drop-off.

**ESCORTS and PERSONAL CARE ATTENDANTS**

One unregistered escort/personal care attendant may ride with a customer if the need is noted on the approved Registered Customer application and the escort/personal care attendant accompanies the customer at all times. There is no fare for the escort.

**SERVICE BOUNDARY/SCOPE OF SERVICE**

Paratransit service is on a "curb-to-curb" basis. If requested, Bus Operators will assist customers transiting between the home or other location and the vehicle while remaining within sight and hearing of the vehicle, and in boarding and alighting the vehicle. Vehicle Operators will not enter a customer's home or other pick-up/drop-off location.

**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED  
TRUST FUND ELIGIBILITY CRITERIA**

**Section 427.011(1), F.S., defines “transportation disadvantaged” as:**

those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202, F.S.

**Section 427.0159(3), F.S., states that**

Funds deposited in the trust fund may be used by the commission to subsidize a portion of a transportation disadvantaged person’s transportation costs which is not sponsored by an agency, only if a cash or in-kind match is required. Funds for nonsponsored transportation disadvantaged services shall be distributed based upon the need of the recipient and according to criteria developed by the Commission for the Transportation Disadvantaged.

In accordance with the definition of transportation disadvantaged, the Commission has established eligibility criteria that must be met. To assure that individuals are eligible to have a portion of the transportation costs subsidized by the Transportation Disadvantaged Trust Fund, an eligibility screening process will be developed by each Community Transportation Coordinator and Local Coordinating Board. This process will include the development of criteria by the CTC and LCB, a method by which the criteria can be determined, a procedure for when and how often the screening process will occur and an application for each person whose transportation is subsidized with TDTF.

The Operations Element of the Transportation Disadvantaged Service Plan, subsection of eligibility, should be amended to include Commission and locally established eligibility criteria. This includes submitting a copy of the application that will be used by the CTC when screening customers. This section should identify all eligibility criteria as established by the Commission. This would include local eligibility criteria jointly developed by the LCB and the CTC, and approved by the LCB. Each criteria must be addressed, along with an explanation of how eligibility will be determined for each criteria. Also, it should include what local record keeping procedures will be used to maintain customer eligibility screening and final determination.

**The eligibility screening process is, at a minimum, A TWO-STEP PROCESS. The first step of the screening would be to determine (1) if the person is unable to transport his/her self or (2) if the person is unable to purchase transportation. Once this has been addressed, the next step is to establish why the person was unable to transport his/her self or unable to purchase transportation, based on the eligibility criteria approved by the Commission. The individual does not have to meet all of the criteria of the second step in order to be deemed eligible for nonsponsored transportation services.**

Listed below are the Eligibility Criteria as approved by the Commission. Under the heading of “Methods” are examples of specific criteria and, examples of approaches that could be used to determine a person’s eligibility. These “methods” are only provided as *examples*, and are not specifically what the Commission

has required to be adopted.

**Criteria:** *No other funding available. A customer would not be considered eligible for TDTF when another purchasing agency is responsible for such transportation.*

**Method:** Ask rider if they are currently a client of any other programs. Determine if the trip purpose is eligible to be funded as a service of another agency.

**Criteria:** *No other means of transportation is available. As specified by the CTC and the LCB.*

Example:

No other means of transportation is available, including relatives, friends, volunteers, free services provided by some agencies.

**Method:** Ask rider if a family member or friend could take them. Ask rider how they arrived to appointments before. Look into vehicle registry. Become familiar with agencies that provide free transportation, with volunteer services.

**Criteria:** *Fixed Route Public Transit. If the fixed route public transit is available the customer must demonstrate why it cannot be used.*

Example:

If individual is deemed eligible, utilize bus passes, tickets or tokens as appropriate.

**Method:** Utilize criteria to determine use of bus passes and paratransit services

**Criteria:** *Physical or mental disability. A disability as outlined in the Americans with Disabilities Act of 1990.*

**Method:** Ask the rider if they need any assistance or any special accommodations.

**Criteria:** *Age. As specified by the CTC and the LCB.*

Example:

Rider are eligible to access services if they under 17 or over 60, unless they meet another eligibility criteria.

**Method:** Ask for rider's birth date.

**Criteria:** *Individual and Household income status is a specified percent of the poverty level. As specified by the CTC and the LCB.*

Examples:

- Rider are eligible for transportation services if their individual and household income status is 125% of poverty level.

- Look at income levels required by other programs and make Transportation Disadvantaged Trust Fund eligibility the same or a little higher to be able to transport for other purposes beyond program trips.

**Method:** Ask the rider the total household income.

AGE

INCOME

**Criteria:** *No self declarations allowed. The CTC will use an enrollment process that substantiates the individual's ability to meet the criteria listed and any other CTC determined criteria.*

**Method:** Have application on file for each rider of system, that will indicate why each rider was eligible for a portion of the transportation costs to be subsidized by the Transportation Disadvantaged Trust Fund. Application could simply indicate individual is eligible for TDTF by virtue of being eligible for Medicaid or any other agency funded transportation service. The application would reflect the name of the agency whose eligibility determination was used to determine TDTF eligibility.

Have client information in client database on computer with ability to access each client.

**Criteria:** *Ability to pay. The CTC and the LCB may establish an ability to pay policy for "non-sponsored" customers using a sliding scale based on the customer's income and/or assets status.*

Examples:

- A sliding scale will be used for customers to pay for their transportation. This scale will be based on the customer's income and/or assets. Those whose income/assets total more than \$500 a month will pay \$1.00 per trip.
- Currently the CTC and LCB do not feel it is necessary to establish a sliding scale passenger fare based on the customer's income and/or assets status.
- Passenger fare will be \$\_\_\_\_\_ for each one way trip.

**Method:** If using a sliding scale, ask rider what income and assets equal. Ask the rider what are they able to pay towards the cost of transportation.

#### STEPS:

- 1) No Self-Declarations
- 2) No other means of transportation
- 3) No other funding
- 4) Met age and/or income and/or physical or mental disability
- 5) If eligible, can use fixed route?
- 6) Determine fare if sliding scale.