



Interoffice Memorandum

AGENDA ITEM

January 23, 2020

TO: Mayor Jerry L. Demings
-AND-
Board of County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director
EMS Office of the Medical Director
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
Caring Hands Medical Transportation LLC
Consent Agenda – February 11, 2020

Two handwritten signatures in black ink are present. The top signature is a cursive signature, likely of Yolanda G. Martinez. The bottom signature is also cursive and appears to be "CCZ", likely of Christian C. Zuver.

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Caring Hands Medical Transportation LLC. Caring Hands Medical Transportation LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Caring Hands Medical Transportation LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Caring Hands Medical Transportation LLC to provide wheelchair/stretchers service. The term of this license is from March 1, 2020 through March 1, 2022. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: December 3rd, 2019

PROPOSED DATE OPERATIONS WILL BEGIN: as soon as possible

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Caring Hands Medical Transportation LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):
1619 Marina Lake Dr. Kissimmee, FL 34744

3. CONTACT INFORMATION: Business Phone 407-412-6079
Mobile Phone 407-803-1416 / 718-737-4158
Email caringhandsmedtransport@gmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: LLC / Partnership.

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>Ruth Garcia</u>	<u>1619 Marina Lake Dr. Kissimmee, 34744</u>	<u>(Managing Owner)</u>
<u>Dennis Calagos</u>	<u>same as above</u>	<u>Owner</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
a. If other, please describe: tablets, cellphones.

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 12/3/19 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 12/3/19 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 12/3/19 NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 7

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Reuben Wattley	Yes
Cyido Arana	Yes
Julio Cabrera	Yes
Nelson Valera	Yes
George Manolakis	Yes

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

Caring Hands Medical Transportation 2015- Present.
* Davita Dialysis - Oviedo (Ruth Garcia) 2014-2016
Davita Dialysis - Winter Park Metric (Dennis Calagos) 2013-2015

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
* Roberto Fonseca	4133 Bald Eagle Dr. Kissimmee, FL	973-336-4483
* Vanessa Georgalas	1170 E Donegan Ave, Kissimmee, FL	407-785-2007
Solaris HealthCare (Rosanne Social Worker)	4201 Nolte Rd. St. Cloud, FL 34772	407-957-3341
Dr. Christina Macdinao	183-11 Hillside Ave Jamaica, NY.	646-206-7903
Nalarie Mahabeer	185 Wyngate Circle Fayetteville, GA	423-920-4506

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
* Kodiak Funding	www.kodiakfunding.com	516-252-7258
Jenny Hauck Sovereign Solutions	1640 Powers Ferry Rd. SE Bldg. 28 Marietta, GA	678-996-3409 678-996-3400
Ramon Morales (Chase)	1004 Buenaventura Blvd. Kissimmee,	407-344-0785
* R&J Auto Repair (Joe)	2958 Michigan Ave Kissimmee, FL	407-931-2686
Jose Kissimmee Body Shop.	2717 Old Dixie Hwy. Unit B, Kissimmee, FL	407-413-7234



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

Yuth Garcia

SIGNATURE OF APPLICANT OR REPRESENTATIVE

12/3/19

DATE 12/3/19

NOTARY SEAL



Taina Rivera

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that CARING HANDS MEDICAL TRANSPORTATION LLC
has complied with the Orange County Code 2001-9 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service
in Orange County.

Date of Issue: March 1, 2020 Date of Expiration: March 1, 2022



Bryan W. Burke
Mayor, Board of County Commissioners