March 3, 2022

TO:

Mayor Jerry L. Demings

-AND-

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

Unicare Transport Services

Consent Agenda – March 22, 2022

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Unicare Transport Services. Unicare Transport Services has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Unicare Transport Services 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 Unicare Transport Services to provide wheelchair/stretcher service. The term of this license is from April 1, 2022 through April 1, 2024. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: February 18, 2022 SECTION I: GENERAL INFORMATION 1. NAME OF SERVICE: Unicare Transport Services 2. BUSINESS ADDRESS (INCLUDE COUNTY): P O Box 677802 Orlando, FL 32867 Orange County 3. CONTACT INFORMATION: Name: Bill Douthat Business Phone: 407-417-5078 Mobile Phone: Email: Unicare95@aol.com 4. OWNERSHIP TYPE: ■PRIVATE CORPORATION □GOVERNMENT AGENCY □OTHER a. If other, please describe: 5. LEVEL OF SERVICE: □WHEELCHAIR □STRETCHER ■BOTH 6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE: **A** YES, DATE: Expires 5/21/2021 **SECTION II: VEHICLES AND STAFFING** 1. NUMBER OF VEHICLES IN OPERATION: 5 2. EMPLOYEE ROSTER: **NAME CURRENT CPR CARD (Y/N) Provided to EMS Office**

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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE:

The Contract of the Contract o

KIMBERLY KENT
MY COMMISSION # GG 352880
EXPIRES: July 8, 2023
Bonded Thru Notary Public Underwriters

1

