May 4, 2022

TO:

Mayor Jerry L. Demings

-AND-

**County Commissioners** 

THRU:

Raul Pino, MD., MPH., Direc

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

Shekinah Access America Transportation Care LLC

Consent Agenda - May 24, 2022

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Shekinah Access America Transportation Care LLC. Shekinah Access America Transportation Care LLC 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 Shekinah Access American Transportation Care 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 Shekinah Access America Transportation Care LLC to provide wheelchair/stretcher service. The term of this license is from June 1, 2022 through June 1, 2024. There is no cost to the County. **(EMS Office of the** 

**Medical Director**)

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**Attachments** 



## PARATRANSIT SERVICES:

## **APPLICATION FOR LICENSE**

APPLIC	CATION DATE: March 14, 2	2022	·			
PROPO	OSED DATE OPERATIONS W	ILL BEGIN: ASAP				
<u>SECTI</u>	ON I: GENERAL INFORM	MATION				
1.	NAME OF SERVICE: Shell	kinah Access America Transportation Car	e LLC			
2.	BUSINESS ADDRESS (INCLUDE COUNTY):					
	5325 Renoir Drive, Orlando, FL 32818 Orange County					
3.	CONTACT INFORMATION:	Business Phone 321-368-0216				
		Mobile Phone 321-368-0216				
		Email shekinahaatc@gmail.com				
4.	OWNERSHIP TYPE: DPRIV	/ATE CORPORATION ☐GOVERNMENT /	AGENCY DOTHER			
	a. If other, please de	scribe:	· .			
5.	CORPORATE OFFICERS AN	D DIRECTORS:				
	NAME	<u>ADDRESS</u>	<u>POSITION</u>			
	Ydopcene Esteril	5325 Renoir Dr. Orlando, FL 32818	President			
	Pierrena St. Sauveur	5325 Renoir Dr. Orlando, FL 32818	Vice President			
6.	LEVEL OF SERVICE: □WH	EELCHAIR □STRETCHER □BOTH				
7.	COMMUNICATIONS EQUI	PMENT: ☑TELEPHONE ☐TWO-WAY R	ADIO DOTHER			
	a. If other, please de	scribe:				
<u>SECTI</u>	ON II: REQUISITES TO C	DBTAINING LICENSE				

1. PAYMENT OF ALL APPLICABLE FEES:

Revision Date: 07/25/2017

	EYES, DATE: 3/15/2022   INO MUCK \$200
2.	VEHICLE INSPECTION COMPLETED BY EMS OFFICE:
	VEHICLE INSPECTION COMPLETED BY EMS OFFICE:  DYES, DATE:  DYES, DATE:
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
<b>₫</b> 4.	CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:
	☑ YES, DATE: <u>2   25   2022</u> □ NO
	Example: Current letter from bank verifying business account status (no account numbers please).
5.	PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:
	WYES, DATE: policy good until DNO
<u>SECTI</u>	ON III: VEHICLES AND STAFFING
1.	NUMBER OF VEHICLES IN OPERATION: 572 Dogge Caralan
2.	EMPLOYEE ROSTER:
	NAME CURRENT CPR CARD (Y/N)
Ydo	Pceme Esteril
<del>-</del>	· · · · · · · · · · · · · · · · · · ·
	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.
•	EARS TAXI
Di	SNEY BUS DRIVER

Revision Date: 07/25/2017

THE PALM NURSING AND REHAB	
COMPASSION INDEPENDENT LIVING	
JS FORMAL WEAR	

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

	NAME		4		ADDRESS		e	PHONE
JOEL	JN_	JACO	£5	DRL	OGNA	El	- ORINA	4079249508
ERN	HTI	A C-EK	737	3 HA	BBERS	SHAM	DRLAND	5615776329
SHA	Ma	Auto	2090	5 NO	WARIS	SOUTH	+ DAYTOX	43213523635
1YAW	IE B	EIL	AL	MAM	ONTE S	PRIN	G.FL	
REM	YNI	CODEM	511	VER	STAR	RD OR	LANDO	4076928145

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

NAME	ADDRESS	PHONE
PROF INSURANCE	2003 WKENNEDYBLVDT	ANDA 8132514900
CABLE HOLDING	- FORT LAUDERDALE FLORI	DA 954 563 3000
CARINGORLAND	ORLANDO FLORIDA	4072238117
MICHAELTRUT	- 1642 SW 144 TH TER MIAI	ni 3054407379
HISCOX INC	TAMPA FLORIDA	866 2837544

Revision Date: 07/25/2017

