Lagrice MD. MPH.



March 24, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Raul Pino, MD, MPH, 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

Right By Your Side, INC.

Consent Agenda - April 11, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Right By Your Side, Inc. (RBYS). RBYS 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 RBYS 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 Right By Your Side, Inc. (RBYS) to provide wheelchair/stretcher service. The term of this license shall be from May 1, 2023 and will terminate on April 30, 2025. There is no cost to the County. **(EMS Office of**

the Medical Director)

CCZ/ii

Attachments

Rec'd
21/1/23
ES: 20



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE:

SECT	ION I: GENERAL INFORMA	ATION	
1.	NAME OF SERVICE: Right by Your Side		
2.	BUSINESS ADDRESS (INCLUDE COUNTY): 1800 Pembrook Dr. Orlando 32810		
	CONTACT INFORMATION:	Name: Minaz Sherazee Orange Co	
		Business Phone: 800 - 494 - 1238	
		Mobile Phone: 407 - 773 - 5937	
		Email:	
4.	OWNERSHIP TYPE: MPRIVA	TE CORPORATION GOVERNMENT AGENCY OTHER	
	a. If other, please descr	ibe:	
5.	LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH		
6.	PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:		
	YES, DATE: Expires 11/7	<u>'13</u> □NO	
	SECTION II: VEHICLES A	ND STAFFING	
1.	NUMBER OF VEHICLES IN OPERATION:		
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		
	•	ion provided in this application is truthful and honest to	

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

2/16/2022

DATE:

NOTARY SEAL

NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

Emergen	cy Medical Services
This is to certify thatRi	ght By Your Side, Inc. (RBYS)
has complied with the Orange County Co	de and Rules and Regulations
established by the Board of County Comr	missioners and is authorized to operate a Paratransit Service
in Orange County.	TO NOT TO THE PARTY OF THE PART
Date of Issue: May 1, 2023	Date of Expiration: April 30, 2025
40-18 (7/14)	AMayor, Board of County Commissioners
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