

Interoffice Memorandum

2. Parguer

August 24, 2017

TO:

Mayor Teresa Jacobs

-AND-

Board of County Commissioners

FROM:

George A. Ralls, M.D., Deputy County Administrato

County Administrator's Office Contact: (407) 836-5496

SUBJECT:

Paratransit Services License

ChildrenFirst PPEC

Consent Agenda – September 12, 2017

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for ChildrenFirst PPEC. ChildrenFirst PPEC 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 ChildrenFirst PPEC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for ChildrenFirst PPEC to provide wheelchair/stretcher service. The term of this license is from September 30, 2017 through September 30, 2019. There is no cost to the County. (EMS Office of the

Medical Director)

GAR/cf

Attachments



RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE: 08 08 17
SECTION I: GENERAL INFORMATION
1. NAME OF SERVICE: CHILDREN'S CHRE CHIMPUS, INC. dba: CHILDREN FIRST PREC
2. BUSINESS ADDRESS (INCLUDE COUNTY):
4448 EDGEWATER DEWE
ORLANDO, FL 32804
3. CONTACT INFORMATION: Name BRUGG C. JUSTICE, CONTRACT ADMINISTERATOR
Business Phone (407) 513-3119
Mobile Phone (407) 733-4340
Email DUSTICE @ CHILDREN FIRST HOMECARE . COH
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:
☑YES, DATE: 08/08/17 □NO

1. NUMBER OF VEHICLES IN OPERATION: 1. NUMBER OF VEHICLES IN OPERATION: 1. LEMPLOYEE ROSTER: NAME CURRENT CPR CARD (Y/N) PLEMASE SEE ATTRICHED MLL DIRIUER'S HAVE CURRENT

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:

NOTARY SEAL

NOTARY SIGNATURE

MARIAN LUSCUSKIE
Commission # FF 906482
Expires December 3, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

CPR CARDS

Children's Care Campus, Inc.

August 08, 2017

Emergency Medical Services Office ATTN: EMS/OMD Crystal Ford 2002-A Michigan Street Orlando, FL 32806

Re: Driver Roster

Ms. Ford,

Below is a list of our drivers and confirmation of their CPR Certification.

CPR Certified (Y/N)
Υ
Υ
Υ
Υ
Υ
Υ
Υ
Y
Υ

Please let me know if you have any questions or require any additional documentation.

Thank you for all your assistance.

Respectfully,

Brian C. Justice

Contract Administrator

