



Interoffice Memorandum

AGENDA ITEM

March 22, 2018

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

*J. Goodrich
for*

THRU: George A. Ralls, M.D., Deputy County Administrator
County Administrator's Office

FROM: Christian C. Zuver, M.D., Medical Director
Health Services Department
Contact: (407) 836-7611

A handwritten signature in black ink, appearing to be "CCZ", written over a horizontal line.

SUBJECT: Paratransit Services License
Unicare Transport Services
Consent Agenda – April 10, 2018

The EMS Office of the Medical Director requests the approval of the renewal 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/stretchers 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.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Unicare Transport Services to provide wheelchair/stretchers service. The term of this license is from April 1, 2018 through April 1, 2020. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE:

3/10/18

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE:

unicare Transport Services

2. BUSINESS ADDRESS (INCLUDE COUNTY):

PO Box 677802 ORLANDO FL 32867 ORANGE
2808 Strand Loop Orlando FL 32765 Seminole

3. CONTACT INFORMATION:

Name Bill Douthett

Business Phone

407-977-2273

Mobile Phone

407-417-5078

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:

☒ YES, DATE:

3/19/18

☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: (2) orange Co.

2. EMPLOYEE ROSTER:

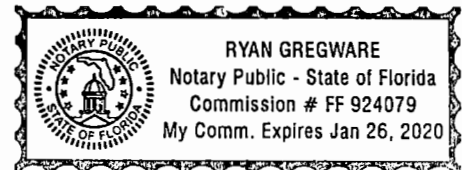
<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Bill Douthett	Y
TORI Douthett	Y
Kim KENT	Y

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]
SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/19/18
DATE:

[Signature]
NOTARY SEAL
NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that UNICARE TRANSPORT SERVICES
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: April 1, 2018 Date of Expiration: April 1, 2020



Mayor, Board of County Commissioners

