

SUWANNEE VALLEY TRANSIT AUTHORITY RIDER'S GUIDE



TELEPHONE NUMBER REFERENCE

SVTA OFFICE: (386) 362-5332
(800) 258-7267
M-F 8am-5pm

Closed weekends and all federal holidays.

TO MAKE A TRIP RESERVATION
M-F 8 am to 5pm
(386) 362-5332 OPTION 2

LISTEN TO and FOLLOW DIRECTIONS

TO FILE A COMPLIMENT or COMPLAINT
(386) 362-5332 or (800) 983-2435

IF YOU ARE HEARING IMPAIRED, BLIND OR
SPEECH DISABLED CALL 7-1-1 FL RELAY FOR
ASSISTANCE.

WHO IS ELIGIBLE

TDTF RIDERS

Transportation (Disadvantaged Trust Fund): This Trust Fund is a state grant for those in need of transportation to medical and other life-sustaining appointments, but who have no means of transportation and who do not qualify for other programs. In order to qualify to ride under TDTF, you must have a complete, and current, approved TDTF Eligibility form, along with proof of household income on file. This form can be mailed to you or you may pick one up at our office. Basic qualifications include, but are not limited to: no operating vehicle or other means of transportation. The \$2 co-pay, each way, **MUST** be paid to the Bus Operator prior to boarding.

OTHER PAYMENT PROVISIONS: SVTA can also transport the public under standard fare (private pay). This means the rider pays a flat rate for certain trips, whether it is in or out of your county. To learn the rates for a specific trip, please call the SVTA main office at (386) 362-5332 OPTION 2.

Grocery store trips may be scheduled for a standard fare, or private pay, based upon availability. There is a three, grocery store issued, bag limit for shopping trips. This rule will be strictly adhered to.

MEDICAID: You must contact your HMO to set up Medicaid medical transportation.

SVTA RIDER CODE OF CONDUCT:

Rider is required to follow these rules of conduct to insure everyone's safety:

1. Riders are responsible for their personal hygiene. If your personal hygiene is offensive to others, you will be refused transportation.
2. Use of tobacco, alcohol or illegal drugs are not permitted while on vehicles.
3. Eating & drinking are not permitted on vehicle unless medically necessary.
4. Riders who appear to be under the influence of alcohol or drugs will not be permitted to board.
5. Abusive, threatening, obscene language or discourtesy of any kind will not be tolerated. Riders may not create a hostile scene.
6. Riders and escorts are responsible for a \$2 co-pay each trip, and must have exact change, each time you board.
7. Rider must not engage the driver in conversation or distract the driver in any way.
8. Rider must use earphones when using personal listening devices.
9. Rider may not ask driver to make special stops during transport.
10. Rider is responsible for all personal items. SVTA is not responsible for missing or lost items or misplaced property.

11. Riders must use seat belts if available. Wheelchairs or any other mobility device must be properly secured and fastened before SVTA vehicle can move.

12. Wheelchairs and walking devices must be in good repair. *Client is responsible for providing and maintaining their own wheelchair.*

13. Riders who need special assistance must have an escort. The escort must age 18+ & must be available to aid rider as needed.

14. When transporting children, the following Florida Child Car Seat Laws must be followed:

If the vehicle that you are being transported in is equipped with seat belts:

Minors under 18 years old must be in a seatbelt.

Florida law requires children age 5 and under to be secured properly in a crash-tested, federally approved child restraint device.

- **Children ages 0-3** must be in child restraint devices of a separate carrier or a vehicle manufacturer's integrated child seat.
- **Children age 4 and 5** must be in a separate carrier, integrated child seat or booster seat.

Car seats may not be left on the vehicle.

SVTA RIDER'S QUICK REFERENCE GUIDE

The Suwannee Valley Transit Authority (SVTA) is a public transit agency serving the citizens of Columbia, Hamilton and Suwannee Counties. SVTA is governed by the SVTA Board of Directors. Two County Commissioners from each of the three counties make up the SVTA Board of Directors.

STATE'S DESIGNATED CTC

SVTA is the state's designated 'Community Transportation Coordinator' (CTC), meaning that SVTA is the transportation agency for non-emergency medical transportation for the state's Transportation Disadvantaged Trust Fund (TDTF). For Medicaid sponsored, non-emergency medical transportation you must contact your HMO to set up your transportation for medical appointments. To schedule transportation under the Transportation Disadvantaged Trust Fund, call the numbers located on the front of this brochure. All non-emergency transportation is done by way of public and shared ride transportation. SVTA is fully ADA compliant, serving ambulatory, wheelchair and stretcher riders.

COMMUNITY DISASTER EMERGENCY PROCEDURES

During a community disaster, SVTA will work with the Emergency Operations Center (EOC) of your county to transport residents to designated evacuation shelters. All routine transportation will be suspended during times of state declared disaster.

ESCORTS and SERVICE ANIMALS

If you use a wheelchair or other mobility device, you must be able to move around with your device under your own power. You are responsible for providing and maintaining your

own wheelchair. If you need assistance in moving about (i.e. you cannot roll your wheelchair without assistance, or walk to the vehicle without help), you must have an escort with you. The escort must be at least 18 years of age and fully capable to help you move about and assist you in case of an emergency. The escort must stay with you while you are on the SVTA vehicle. SVTA does NOT provide escorts. If you have an escort, you **both** must pay the co-pay. Service Animals may accompany a rider. Rider is responsible for animal's hygiene and behavior.

CERTIFICATION

SVTA is safety and security certified by the Florida Department of Transportation. SVTA meets state / federal safety requirements for Public Transportation under Florida Administrative Code (FAC) 14-90.

TO MAKE A RESERVATION

Trip reservations must be made at least 3 business days in advance of the day you need transportation. Trip reservations are taken weekdays from 8am to 5pm. Call (386) 362-5332 OPTION 2 to make a reservation. You must have all required information ready, such as the doctor or treatment facility's name, address, phone, date and time of appointment. The Reservationist cannot look up this information for you. When your reservation is logged, you will be given a confirmation number. This number is proof that you made an appointment. SVTA is not responsible for missed appointments because you did not call in on time or did not provide correct information. Call for your reservation as soon as you become aware of your appointments.

SUBSCRIPTION TRIPS

If you have an appointment that will continue for an extended period of time (i.e. physical therapy or dialysis treatment) SVTA can set up a Subscription trip for you. This will put you on a

schedule for the duration of your treatment so you will not have to call in each time. Pick up and drop off locations must be the same throughout the subscription.

TO CANCEL A RESERVATION

Please notify SVTA if you must cancel your scheduled trip. Call (386) 362-5332 OPTION 1. If you do not cancel within 8 hours prior to your scheduled pick up time, you will be considered a NO SHOW. A NO SHOW occurs when the driver arrives to pick you up and you are not ready to board the vehicle. If you are a NO SHOW or if you cancel when the SVTA vehicle arrives, all your trips for that day will be cancelled as well.

THE DAY OF YOUR TRIP

You must be ready to board your SVTA Transport vehicle when it arrives at your location. The Driver *cannot* wait for more than 5 minutes as s/he must move on to pick up the next rider. SVTA recommends that you be ready at least two (2) hours ahead of your expected pick up time. If you require an escort to help you move about, that escort must be ready to board with you.

AFTER APPOINTMENT PICK UP

If you were not given an 'after appointment pick up time', you will be considered a 'will call'. This means that when you are finished with your appointment, call (386) 362-5332 OPTION 1 and tell us that you are ready for pick up. SVTA will send the nearest available transport for your return home.

PUBLIC TRANSPORTATION & SHARE RIDE

SVTA does its best to get you to your appointment on time with minimal wait times. SVTA is public transportation only and uses

a shared ride program, meaning that others will share your ride. SVTA covers a 2,300 square mile area and serves many riders. In order to get everyone to their appointment on time, you may have a very early pick up time. You may be on the transport vehicle for up to 2 hours or longer. You may have to wait for your transport for up to 2 hours or more, depending on your pickup point within the 3 counties. You must be prepared to wait, so bring appropriate provisions: water, snacks, medications, personal hygiene items & reading materials.

COMPLIMENTS

COMPLAINTS & GRIEVANCES

SVTA strives to provide safe, professional service. If you have a compliment or complaint, please call (386) 362-5332 or (800) 983-2435. If you are a TD or Medicaid Rider, the initial complaint must be filed within 15 business days. Medicaid has strict time frames for filing a complaint, grievance, appeal or request for a Fair Hearing.

PRIVACY

SVTA complies with all federal and state privacy laws, including HIPPA. SVTA will never share your information with anyone who is not authorized by law to have it. You MUST keep SVTA updated with your address, telephone number and emergency contact information. SVTA is not responsible for missed appointments because you have not updated your contact information with us.

SUWANNEE VALLEY TRANSIT AUTHORITY
TRANSPORTATION DISADVANTAGED ASSESSMENT SCREENING FORM: YR 20 - 20

SECTION 1: General Information

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apt/Lot #

City State ZIP Code

Check One: House Apartment Mobile Home Nursing Home Group Home

For what type of travel do you intend to use this service? _____

How often do you plan to travel? Daily Weekly Monthly

Mailing Address: _____
Street Address or P O Box Apt/Lot #

City State ZIP Code

Home Phone#: _____ Alternate Phone #: _____

Email: _____

SS#: _____ Gender: _____

Birth Date: _____ (Attach copy of state ID or driver's license)

Emergency Contact Name: _____
Relationship: _____ Emergency Contact Phone #: _____

SECTION 2: Mobility & Functionality Status

Check all Mobility Aids and/or Impairments that apply:

- Wheel Chair Walker Cane Crutches Leg Brace
 Portable Oxygen Legally Blind Totally Blind Service Animal Deaf
 Hearing Impaired Mentally Impaired Speech Impairment

If you checked "Mentally Impaired", please indicate the type of mental disability: _____

I require an escort to travel. (Check one) Yes No

In case of mental or physical impairment, please answer the following questions:

1. Are you unable to drive yourself due to your disability? Yes No

If "yes", explain why. _____

2. How do you currently travel to your destinations? _____

3. Are you able to grip handles or railings? Yes No

4. Are you able to climb stairs? Yes No

5. Are you able to understand and follow directions/requests? Yes No
(IF NO, A PERSONAL ESCORT IS REQUIRED WHEN TRAVELING.)

Section 3: Income Status

1. Are you currently receiving Medicaid? Yes No

If yes, include Medicaid #: _____

2. Check current assistance: Food Assistance (EBT) AFDC SSI
(Must attach most current supporting documentation if applicable.)

3. How many individuals live in your household? _____

4. What is your annual household income? _____
(Must attach most current supporting documentation, i.e. W2, bank statement, etc.)

5. Do you or does anyone in your household have a car? Yes No

5a. If "yes": **Owner's name** _____ **Tag #** _____

Year _____ **Make** _____ **Model** _____

5b. If "yes", is this vehicle available to you Sometimes Always Never?

6. Do you have friends or relatives who can transport you? Yes No

6a. If "yes", are they able to transport you Sometimes Always Never

Are you aware that you are required to pay a co-payment of \$2 each way for this program and that if you do not pay, you cannot ride? Yes No

Are you enrolled in any other programs that will pay for or provide you with transportation services?
 Yes No If "yes", please provide the name: _____

Section 4: Applicant Release

Applicant acknowledges that the information provided is true and correct to the best of their ability and will only be used to assess eligibility. I hereby authorize my medical representative to release information regarding my level of functionality and need for transportation with SVTA. Any false information submitted will be found cause for immediate disqualification or revocation of eligibility.

Applicant Signature

Date

If you are signing on the applicant's behalf, please indicate relationship to applicant (i.e., legal guardian, parent, personal care attendant, etc.) _____

Signature

Date

Section 5

If you have indicated that you are mentally or physically impaired, please have a Medical Professional (such as a licensed physician, nurse practitioner, physical therapist, social worker, etc.) review this application and complete the following-

1. Do the disabilities of the applicant require that he/she bring a personal care attendant or escort when travelling? (Check one) Yes No (If "yes" the applicant **must** travel with an escort for **each** trip.)
2. Indicate which type of transportation is required by the applicant based upon his/her functionality. (Check one) Ambulatory Vehicle or Wheelchair & Walker accessible Vehicle

Please **initial** the following:

_____ I hereby certify that I have treated the above mentioned applicant and I am familiar with his/her disability and health condition.

_____ I hereby certify that I have read and agree with the information submitted in this application.

Please attach pertinent medical documentation (such as evaluations, test results, or reports) that would explain the diagnosis or limitations of the applicant. Failure to do so will delay eligibility determination.

I understand that by signing, I am acknowledging that the information in this evaluation is true and correct to the best of my knowledge. I certify that providing false or misleading information could result in the re-examination of eligibility status of the applicant and may be reported to the license/certification jurisdiction of the State of Florida.

Print or type name of medical professional

License Number

Office Address:

Street Address

Bldg/Suite#

State

ZIP Code

Office Phone # _____ Ext _____

Signature

Date

****IF ANY SECTION IS LEFT BLANK, OR ANY REQUIRED DOCUMENTATION IS NOT SUBMITTED, THIS FORM WILL BE RETURNED AND ELIGIBILITY CONSIDERATION WILL BE DELAYED****

****I understand** there is a 3, grocery store issued, bag limit when going grocery shopping. If you do not follow this rule we will not transport you to **or from** the grocery store. Initial Here _____

Return this application along with supporting documentation to the following address:

Suwannee Valley Transit Authority
1907 Voyles St, SW
Live Oak, FL 32064
(386) 362-5332

**THIS TRANSPORTATION DISADVANTAGED APPLICATION WILL BE GOOD FOR TWO YEARS
FROM THE DATE OF APPROVAL.**

SVTA eligibility criteria: Applicant must meet at least one of the following:

- Age: 60 + with proof of age by Driver License or State ID
- Disability: Physical or Mental Impairment with completed Section 5 of this application by a medical professional
- Income: Based on 175% Gross Monthly Income Level of the current Federal Poverty Level (FPL)

Office Use Only:			
New Application: _____	Recertification: _____	TD: _____	Other: _____
Received Date: _____	Approved Date: _____	Denied Date: _____	

July 19, 2023