Transportation Disadvantaged (TD)
Application Review Working Group Meeting
October 13, 2020; 1:00 p.m.

PUBLIC ACCESS:	To join the meeting from your computer, tablet or smartphone, and for dial-in instructions, please use this link: https://metroplanorlando.org/meetings/td-application-review-working-group-10-07-20/
PANELIST ACCESS:	To join the meeting from your computer, tablet or smartphone, please use the personalized invitation sent to you via email from "MetroPlan Orlando." Reminders will be sent up to one hour prior to the meeting. When connecting be sure that your name is accurately displayed.

This meeting is being hosted by MetroPlan Orlando using the Zoom webinar platform. Our offices are closed to the public in response to the COVID-19 pandemic, however members of the public may access this virtual meeting and participate via the Zoom link above, or by dialing in. The agenda is available at MetroPlanOrlando.org in the Calendar section. New to Zoom? You can get the app ahead of time and be ready for the meeting. Visit Zoom.us.

AGENDA

1. Welcome
2. Call to Order – Mr. Wayne Olson, Working Group Chair
3. Statement of Purpose and Criteria
4. Highlights of Previous meeting (Info Only) Tab 1
5. Review of TD Application Draft Tab 2
6. Next Meeting Topic
7. Public Comments
8. Adjournment

Public participation is conducted without regard to race, color, national origin, sex, age, disability, religion, or family status. Persons wishing to express concerns, who require special assistance under the Americans with Disabilities Act, or who require language services (free of charge) should contact MetroPlan Orlando by phone at (407) 481-5672 or by email at info@metroplanorlando.org at least three business days prior to the event.

La participación pública se lleva a cabo sin distinción de raza, color, origen nacional, sexo, edad, discapacidad, religión o estado familiar. Las personas que deseen expresar inquietudes, que requieran asistencia especial bajo la Ley de Americanos con Discapacidad (ADA) o que requieran servicios de traducción (sin cargo) deben ponerse en contacto con MetroPlan Orlando por teléfono (407) 481-5672 (marcar 0) o por correo electrónico info@metroplanorlando.org por lo menos tres días antes del evento.

TAB 1

TD Application Review Working Group Meeting

September 29, 2020

Notes

a. Chairman started meeting
b. Discussion: Concerns over which medical professional should be used
    i. Psychologist
    ii. Social worker
    iii. Type of professional based on type of disablitity
        1. Ophthalmologist vs Optometrist
    iv. Ms. Baldwin – Primary care physician / ophthalmologist
        a. Permanent disability
    v. Disabilities: mental, cognitive, emotional
    vi. Collaboration between doctor and client
    vii. Ms. Ford – Florida Doctor
    viii. Dr. Silverman – Some mental health clients don't know what disability they have
    ix. Discussion on Permanent disabilities and Conditions that are controlled by medication
c. Discussion on Poverty Level
    i. Allowing a person who is employed to use the program
    ii. Guideline of 185%
    iii. Proposed a "cut off"
    iv. Poverty level specific for our region
d. Next Meeting:
    i. October 13
    ii. Review Draft of TD Application
    iii. QATF meeting on October 27
e. Adjourned

TAB 2

ACCESS LYNX

TRANSPORTATION DISADVANTAGED (TD) PROGRAM

Thank you for your interest in the Transportation Disadvantaged program which is a shared-ride door to door service provided to eligible residents of Orange, Osceola, and Seminole counties.

Eligibility: The TD program eligibility criteria requires the applicant to qualify for two of the three criteria (disability, current Federal Poverty Level guidelines, or do not have access to the fixed route system). Please be sure to sign where appropriate. If the disability criteria is applicable, the Medical section must be completed and signed by an approved health care professional. You may attach supporting documentation. We will make every effort to verify your individual income and any medical information provided to determine eligibility.

Eligible Client	185% of 2020 Federal Poverty Guideline
1	100% = $12,760 185% = $23,606

Completed TD applications must contain all requested information. You are required to provide identification and applicable financial supporting documents upon submission. Self-declaration of income is not accepted.

Mail Completed Application to:

ACCESS LYNX (Eligibility)

455 N Garland Ave.

Orlando, FL 32801

Information: (407) 423-8747 (select Option 6)

Fax: (407)849-6759

FOR OFFICE USE ONLY:
Client ID: _____ NEW _____ RECERT _____

Transportation Disadvantaged Application:

General Information (SECTION 1)

_____ _____

Date of Birth Last 4 of Social Security Number

_____ _____ _____ _____

Last Name First Name Middle Initial M/F

_____ _____

Home Address Apartment Number

_____ _____ _____ _____

City County State Zip Code

_____ _____

Complex/ Subdivision/ Facility Name Gate Code

_____ _____ _____ _____

Home Phone Work Phone Cell Phone Email address

_____ _____ _____ _____ _____ _____

Mailing Address Apt Number City County State Zip code

Emergency Contact:

Name _____ Relationship _____ Phone number _____

_____ _____ _____ _____ _____

Address Apt Number City County State Zip Code

Please check all that apply to you:

- ☐ Portable Oxygen
- ☐ Assist Walking
- ☐ Need Attendant
- ☐ Wheelchair
- ☐ Sight Impairment
- ☐ Cane
- ☐ Crutches
- ☐ Power WC
- ☐ Power Scooter
- ☐ Wide WC
- ☐ Walker
- ☐ Hearing Loss
- ☐ Blind/Legally Blind
- ☐ Deaf
- ☐ Mental Impairment
- ☐ Service Animal
- ☐ Mental Impairment (Do not Leave Unattended)

Do you have weekly scheduled medical appointments? YES ☐ NO ☐

Dialysis or Cancer Treatment? YES ☐ NO ☐

How many medical appointments do you have in a month? _____

How do you currently travel to your destination?

☐ LYNX (City bus) ☐Taxi/TNC ☐ Drive yourself ☐Other

Do you have relatives or friends who can take you? YES ☐ NO ☐

Verification of Income

Total Individual Monthly Income $_____

Please Attach Proof of your total income, before tax, including wages, tips, any Social Security income, Pension, and other.

Acceptable forms:

1. Minimum of two (2) most recent pay stubs $_____
2. DCF Cash Benefits/ Child support letter/Food Assistance $_____
3. Unemployment Compensation income verification $_____
4. Social Security Proof of Income Letter (SSA/SSI/SSDI) $_____
5. Retirement / Pension statement (Include VA) $_____
6. First page of your tax return $_____
7. Housing benefits (HUD, Section 8) $_____
8. Other (Specify) $_____

If you have no income, include a signed letter on Agency Letterhead verifying that you have no income. Self-Declarations as proof of lack of income is not accepted.

If $0.00 income, and you live in a house or apartment, indicate how rent/utilities are paid (this includes balance remaining after rent subsidy).

Additional documentation may be required to support individual income.

Please check the condition which prevents you from accessing a regular LYNX fixed route bus.

☐ The bus stop is too far.

☐ The bus does not run where or times I need to go.

☐ I need transportation to and from Dialysis or Cancer treatment appointments only.

☐ I have a disability that prevents me from using the LYNX fixed route bus.

☐ I am not able to use the LYNX fixed route bus due to financial hardship

Did you attach a copy of your Florida ID or Driver's license? YES ☐ NO ☐

Did you attach all required documents? YES ☐ NO ☐

Is the Medical Form completed by a Florida Licensed Professional? YES ☐ NO ☐

Applicant's Release:

I understand that the purpose of this evaluation form is to determine my eligibility for Transportation Disadvantaged Service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I hereby authorize my medical representative to release any and all information regarding my medical condition to LYNX as it applies to this evaluation. I understand that providing false or misleading information could result in my eligibility status being revoked. I agree to notify ACCESS LYNX within 10 days if there is any change in circumstances or I no longer need to use the transportation services.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Preparer (if other than applicant) Date

_____ _____

Print Name (Preparer) Relationship

Medical Form (SECTION 2)

Instructions for Medical Professional: Please complete the section below. The information that you provide must be based solely upon the applicant having an actual physical or mental impairment that substantially limits one or more major life activities.

Applicant Name: _____ Date of Birth: _____

What is the applicant's disability or condition?

Functional ___ Hearing ___ Visual ___ Cognitive ___ Emotional ____
Neurological __ Uncontrolled Fatigue ___ Impairment Related ____

Is the applicant's disability or condition **Permanent** or **Temporary**? (circle one)
If Temporary, what is duration? _____

Are any of the following affected by the individual's disability? (Check all that apply)

___ Orientation ___ Monitoring time ___ Gait or balance
___ Problem Solving ___ Judgment ___ Inconsistent performance
___ Short-term Memory ___ Communication ___ Long-term memory
___ Inappropriate social behavior ___ Do Not Leave Unattended
___ Other (please explain)_____

If applicant is currently taking prescribed medication(s), does this medication enhance or diminish the individual's functional ability to travel independently? ___ Yes ___ No
If yes, please explain.

_____

_____

I, the undersigned, certify the medical information provided on the TD Application is true and correct. I understand providing false or misleading information constitutes fraud and is considered a felony under the laws of the State of Florida.

_____ _____
Physician's Signature Florida Medical License Number

_____ _____
Physician's Name (Print Legibly) Contact Number