



metroplan orlando
A REGIONAL TRANSPORTATION PARTNERSHIP

QUALITY ASSURANCE TASK FORCE AGENDA

October 27, 2020 @ 10:00 a.m.



QUALITY ASSURANCE TASK FORCE MEETING NOTICE

DATE: Tuesday, October 27, 2020

TIME: 10:00 a.m.

LOCATION: VIRTUAL MEETING

DATE: Wednesday, October 28, 2020, at 9:30 a.m.

PUBLIC ACCESS: To join the meeting from your computer, tablet or smartphone, please use this link: -
<https://us02web.zoom.us/j/88970363620?pwd=dnI0a0FoZnFNbnJKbzgvZThTeHd0Zz09>
Passcode: 815434

To dial in, please see the calendar item for this meeting:
<https://metroplanorlando.org/meetings/quality-assurance-task-force-virtual-meeting-10-27-20/>

The MetroPlan Orlando offices are closed to the public in response to the COVID-19 pandemic. Members of the public may access this virtual meeting and participate via the Zoom link above, or by dialing in. The agenda packet 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.

MetroPlan Orlando offers tips for virtual meeting participation on our website. Tip sheets include:

- [How to get technically set up for the virtual meeting](#)
- [How meeting roles and public participation happen virtually](#)
- [Steps and options for making a public comment at a virtual meeting](#)

This information can be accessed at: MetroPlanOrlando.org/Virtualmeetings

If you have any questions or additions, please feel free to contact me at (407) 497-1536 or by email at vlwhittington@metroplanorlando.org.

QUALITY ASSURANCE TASK FORCE

AGENDA

October 27, 2020 | 10:00 a.m.

Ms. Marilyn Baldwin, Chairperson, Presiding

I. CALL TO ORDER – Ms. Baldwin

II. CONFIRMATION OF QUORUM – Ms. Lisa Smith

III. AGENDA REVIEW & ANNOUNCEMENTS – Ms. Virginia Whittington

IV. PUBLIC COMMENTS ON ACTION ITEMS

Comments from the public will be heard pertaining to Action Items on the agenda for this meeting. People wishing to speak must complete an electronic [“Speakers Introduction Card”](#). Each speaker is limited to two minutes.

V. ACTION ITEMS

A. Approval of 2021 QATF Proposed Meeting Schedule **Tab 1**
Presenter: Ms. Virginia Whittington

B. Review and Recommend Approval of Membership **Tab 2**
Presenter: Ms. Virginia Whittington

C. Review and Recommend Approval of Annual Expenditure Report (AER) and Annual Operating Report (AOR) **Tab 3**
Presenter: Ms. Virginia Whittington

D. Review and Recommend Approval of new ACCESS LYNX Eligibility Application **Tab 4**
Presenter: Ms. Nanette Stephens

VI. DISCUSSION/PRESENTATIONS

A. ACCESS LYNX Mobility Services Update
Presenter: Mr. Norm Hickling

VII. MEMBER COMMENTS

VIII. PUBLIC COMMENTS

People wishing to speak must complete an electronic [“Speakers Introduction Card”](#). Each speaker is limited to two minutes.

IX. NEXT MEETING – January 26, 2021

(NOTE: The next Quality Assurance Task Force meeting may be held as a hybrid meeting with a physical quorum of board members in-person. A limited number of staff and members of the public will be permitted in order to accommodate social distancing. Other board members, staff, all presenters, and members of the public may join the meeting virtually on Zoom.)

X. 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



**Quality Assurance Task Force
2021 Quarterly Meeting Schedule**
(All meetings are scheduled to begin at 10:00 a.m.)

LOCATION: MetroPlan Orlando
Harry Barley Conference Room
250 S. Orange Avenue, Suite 200
Orlando, FL 32801

Date

January 26, 2021

April 27, 2021

July 27, 2021

October 26, 2021

(NOTE: This schedule and the announced location are is subject to change with adequate notice to the members and the public.)

TAB 2



From: [Neika Berry](#)
To: [Virginia Whittington](#)
Subject: TDLCB Term Expiration
Date: Sunday, October 11, 2020 3:38:21 PM

Mrs. Whittington,

Good afternoon. Thank you for the opportunity to serve as Citizen Advocate (Non-System User) of the TDLCB this past year. Metroplan and the TDLCB's investment of their time and talent into our transportation disadvantaged community is nothing short of amazing.

It is my understanding that my current term of appointment will expire at the end of the year. This appointment has been very enlightening while affording me an opportunity to advocate for and learn more about the services offered to our Transportation Disadvantaged Community. It is my desire to continue to remain active and engaged as a member of the TDLCB for a full term as permitted,

It is my pleasure to be able to serve in this capacity. If you have any questions, please contact me at 407-616-1936.

Neika Berry
Director of Programs
N.E.E.D. Inc. / NCRP, Inc.
Nehemiah Community Restoration Project, Inc.
611 N. Wymore Road, Suite 203
Winter Park, FL 32789
(P) 407-616-1936
(F) 407-599-9015

Your Contact Information**Name**

Cody Dyess

Emailcodyess@knights.ucf.edu**Phone**

(407) 221-7107

Home Address

2278 Milltowne Way
Lake Mary, Florida 32746
United States

Employer**Work Address**

United States

County

Seminole County

Date

12/28/1995

Your Transportation Interests

Tell us about your transportation interests and habits.

How often do you use the LYNX bus system?

Not at all

How often do you use SunRail?

Occasionally

How often do you drive a car?

Regularly

Do you have a passion for advocacy in any of the following areas (choose all that apply):

- pedestrian safety
- bicyclist safety
- rail transit
- students

Select seats you are qualified for and interested in filling (choose all that apply):

- Citizen advocate

Demographics

The following information will be used to satisfy Equal Opportunity Act reporting and research requirements. These

questions are voluntary.

Gender

Male

Race

White

Do you have a physical disability?

No

Your age range:

18-24

Is your household income at or below U.S. Department of Health and Human Services poverty guidelines?

Yes

Are you a student?

Yes

Your Ability to Serve

The TDLCB meetings are generally held four times a year on the second Thursday of the month at 10:00 a.m. Can you regularly attend meetings?

Yes

Can you serve a four-year term?

No

Are you willing to abide by Florida's Government-in-the-Sunshine laws and ethical guidelines?

Yes

Have you previously served on a MetroPlan Orlando board or committee?

No

Do you have any potential conflicts of interest that might occur if you are appointed?

No

Do you work in the transportation industry?

No

Are you an elected official?

No

Statement of Interest

As a student at the University of Central Florida downtown campus, as well as an aspiring urban planner, I cannot imagine pursuing a career in the transportation industry without bettering my community along the way. I work part-time in Seminole County and will continue attending classes in downtown Orlando for the next several years, so needless to say I am a routine SunRail rider. I would be delighted to contribute to the betterment of public transit and

assist in creating a system that is both sustainable and equitable for those I share my commute with.

By submitting this form, I attest that the information in this application is true to the best of my knowledge.

Your Contact Information**Name**

Cheryl Stone

Emailcmsmicro@aol.com**Phone**

(407) 748-0429

Home Address4535 Oak Forest Ct.
Orlando, Florida 32804
United States**Employer**

Retired - Clinical Laboratory Scientist

Work Address

United States

County

Orange County

Date

09/01/1957

Your Transportation Interests

Tell us about your transportation interests and habits.

How often do you use the LYNX bus system?

Not at all

How often do you use SunRail?

Occasionally

How often do you drive a car?

Regularly

Do you have a passion for advocacy in any of the following areas (choose all that apply):

- pedestrian safety
- rail transit
- persons with disabilities
- business involvement in civic activities
- bus transit
- safe driving
- seniors (over age 65)

Select seats you are qualified for and interested in filling (choose all that apply):

- Representing the elderly (over age 60)
- Representing the disabled
- Citizen advocate

Demographics

The following information will be used to satisfy Equal Opportunity Act reporting and research requirements. These questions are voluntary.

Gender

Female

Race

White

Do you have a physical disability?

Yes

Your age range:

65-74

Is your household income at or below U.S. Department of Health and Human Services poverty guidelines?

No

Are you a student?

No

Your Ability to Serve

The TDLCB meetings are generally held four times a year on the second Thursday of the month at 10:00 a.m. Can you regularly attend meetings?

Yes

Can you serve a four-year term?

Yes

Are you willing to abide by Florida's Government-in-the-Sunshine laws and ethical guidelines?

Yes

Have you previously served on a MetroPlan Orlando board or committee?

Yes

If yes, which committee and when did you serve?

Transportation Disadvantaged Local Coordinating Board (as member & alternate) unsure of dates

Do you have any potential conflicts of interest that might occur if you are appointed?

No

Do you work in the transportation industry?

No

Are you an elected official?

No

Statement of Interest

I am an active advocate for transportation planning, especially for those who may have challenges due to mobility factors than can include disabilities and/or ageing. As a board member for the Center for Independent Living I also educate and dispel misconceptions about such persons to show our communities, including elected officials, about the impact of transportation on the quality of life. More than the occasional medical appointment, the number one assumption, it is access to education, employment, independent living, social and recreational activities. All quality of life issues.

By submitting this form, I attest that the information in this application is true to the best of my knowledge.

TAB 3





250 SOUTH ORANGE AVENUE
SUITE 200
ORLANDO, FLORIDA 32801

PH: 407.481.5672
FX: 407.481.5680
WWW.METROPLANORLANDO.ORG

September 9, 2020

Mr. Kyle Mills
Area 4 Project Manager
Florida Commission for the Transportation Disadvantaged
605 Suwannee Street, MS 49
Tallahassee, FL 32399-0450

Dear Mr. Mills,

Enclosed with this letter, please find our submission of the Actual Expenditure Report (AER) for Orange, Osceola and Seminole Counties.

The report reflects actual trips and expenses for the FY 2019-20 service year as reported by LYNX. The first page shows our system wide numbers (Orange, Osceola, and Seminole combined), and the pages which follow show county by county.

Feel free to contact me if you have any questions or concerns.

Sincerely,

Virginia L. Whittington
Director of Regional Partnerships & TDLCB Staff Liaison

Enclosures



**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
ACTUAL EXPENDITURE REPORT FORM**
(One form for each county
Do not report funds from state agency sources)

COUNTY: ORANGE, OSCEOLA AND SEMINOLE COUNTIES
DUE: September 15, 2020

Coordinated Transportation

Coordinated Transportation			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital
19,537,147	201,774	10,249,535	394,041

Transportation Alternatives

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

Other

Other			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
ACTUAL EXPENDITURE REPORT FORM**
(One form for each county
Do not report funds from state agency sources)

COUNTY: Orange County
DUE: September 15, 2020

Coordinated Transportation

Coordinated Transportation			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital
13,275,736	129,537	6,510,441	248,921

Transportation Alternatives

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

Other

Other			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
ACTUAL EXPENDITURE REPORT FORM**
(One form for each county
Do not report funds from state agency sources)

COUNTY: Osceola County
DUE: September 15, 2020

Coordinated Transportation

Coordinated Transportation			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital
2,967,290	36,512	1,741,672	64,733

Transportation Alternatives

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

Other

Other			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
ACTUAL EXPENDITURE REPORT FORM**
(One form for each county
Do not report funds from state agency sources)

COUNTY: Seminole County
DUE: September 15, 2020

Coordinated Transportation

Coordinated Transportation			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital
3,294,121	35,725	1,997,422	80,387

Transportation Alternatives

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

Other

Other			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



CTC Organization

County: Orange

Fiscal Year: 7/1/2019 - 6/30/2020

CTC Status: Submitted

CTD Status: Under Review

Date Initiated: 9/4/2020

CTC Organization Name: Central Florida Regional Transportation Authority

Address: 455 N Garland Avenue

City: Orlando

State: FL

Zip Code: 32801

Organization Type: Public Transit Authority

Network Type: Partial Brokerage

Operating Environment: Urban

Transportation Operators: Yes

Number of Transportation Operators: 4

Coordination Contractors: Yes

Number of Coordination Contractors: 11

Provide Out of County Trips: Yes

Local Coordinating Board (LCB) Chairperson: Mayor Jose Alvarez

CTC Contact: Norman L. Hickling

CTC Contact Title: Director of Mobility Services

CTC Contact Email: NHickling@golynx.com

Phone: (407) 254-6169

CTC Certification

I, Norman L. Hickling, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature):

LCB Certification

I, Mayor Jose Alvarez, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature):



CTC Organization

County: Osceola

Fiscal Year: 7/1/2019 - 6/30/2020

CTC Status: Submitted

CTD Status: Under Review

Date Initiated: 9/5/2020

CTC Organization Name: Central Florida Regional Transportation Authority

Address: 455 N Garland Avenue

City: Orlando

State: FL

Zip Code: 32801

Organization Type: Public Transit Authority

Network Type: Partial Brokerage

Operating Environment: Urban

Transportation Operators: Yes

Number of Transportation Operators: 4

Coordination Contractors: Yes

Number of Coordination Contractors: 4

Provide Out of County Trips: Yes

Local Coordinating Board (LCB) Chairperson: Mayor Jose Alvarez

CTC Contact: Norman L. Hickling

CTC Contact Title: Director of Mobility Services

CTC Contact Email: NHickling@golynx.com

Phone: (407) 254-6169

CTC Certification

I, Norman L. Hickling, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature):

LCB Certification

I, Mayor Jose Alvarez, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature):



CTC Organization

County: Seminole

Fiscal Year: 7/1/2019 - 6/30/2020

CTC Status: Submitted

CTD Status: Under Review

Date Initiated: 9/5/2020

CTC Organization Name: Central Florida Regional Transportation Authority
Address: 445 N Garland Avenue
City: Orlando
State: FL
Zip Code: 32801
Organization Type: Public Transit Authority
Network Type: Partial Brokerage
Operating Environment: Urban
Transportation Operators: Yes
Number of Transportation Operators: 4
Coordination Contractors: Yes
Number of Coordination Contractors: 6
Provide Out of County Trips: Yes
Local Coordinating Board (LCB) Chairperson: Mayor Jose Alvarez
CTC Contact: Norman L. Hickling
CTC Contact Title: Director of Mobility Services
CTC Contact Email: NHickling@golynx.com
Phone: (407) 254-6169

CTC Certification

I, Norman L. Hickling, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): 

LCB Certification

I, Mayor Jose Alvarez, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature): _____

TAB 4



ACCESS LYNX

TRANSPORTATION DISADVANTAGED (TD) PROGRAM

Thank you for your interest in the Transportation Disadvantaged (TD) 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 (Availability of Fixed Route System, Disability, or Individual's income is at or below 185% of Federal Poverty level). Please be sure to sign where appropriate. If the disability criteria is applicable, the Medical section must be completed and signed by a Florida Licensed Physician. You may attach supporting documentation. We will make every effort to verify your individual income and any medical information provided to determine eligibility. Further evaluation may be requested by physician or by the ACCESS LYNX eligibility staff to determine disability.

Eligible Client	2020 Federal Poverty Guideline
1	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: _____

DATE RECEIVED _____

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:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Crutches | <input type="checkbox"/> Need Attendant | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Assist Walking | <input type="checkbox"/> Power WC |
| <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Wide WC |
| <input type="checkbox"/> Blind/Legally Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Mental Impairment | <input type="checkbox"/> Power Scooter |
| <input type="checkbox"/> 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 ☐ ACCESS LYNX

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 \$ _____
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. 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 I need to go/when I need to go for employment.
- ☐ 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 Physician? 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 Florida Licensed Physician: 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.

FL Licensed Physician's Signature

Florida Medical License Number

FL Licensed Physician's Name (Print Legibly)

Contact Number and Address