

Transportation Provider Questionnaire

Please write legibly and complete all information as thoroughly as possible.

Company Legal Name: _____

Type of business: Corporation Partnership LLC Sole Proprietor

Name of Company Representative: _____

Title: _____

E-mail Address: _____

1. Names of all contacts for your business

<u>Name</u>	<u>Title</u>	<u>Phone Number</u>	<u>Phone Type</u> (Voice, Pager, Mobile)

Contact Information

Mailing address for signature receipts if applicable (i.e.-Fed Ex addresses are sometimes different)

Phone number including area code _____

Fax Number _____

Base County _____

2. What are your regular business office hours? _____

3. What are your days and hours of regular transportation service? _____

4. What category of service do you presently provide? (check all that apply)

- Taxi
- Med Car (sedans used for medical trips only)
- Vans
- Medical Facility Based Service
- Non-Emergency Ambulance Based Service
- Community Service Agency
- Paralift Van Service
- Public Fixed Bus Service
- Stretcher
- Other (explain): _____

5. Indicate the *number* of each *type* of vehicle used in regular service (i.e., 7 Sedans, 2 Mini Vans, & 1 Paralift Van):

- __ Taxi's
- __ Mini Vans
- __ Sedans/Med Cars
- __ Paralift Vans
- __ Multi-Passenger Routed Vans
- __ Multi-Passenger "buses"
- __ Other (explain)

6. Will your drivers assist ambulatory passengers if necessary (i.e., frail and/or elderly person)?:

Yes ___ No ___

If yes, indicate specific assistance: **(Check all that apply)**

From the Front Door ; Up and Down Steps (how many steps ___); In an Elevator ; To a Check-In Desk .

7. Will your drivers assist wheelchair passengers if necessary?: Yes No

If yes, indicate specific assistance: **(Check all that apply)**

From the Front Door ; Up and Down Steps (how many steps ___); In an Elevator ; To a Check-In Desk .

8. Can you provide attendants to stay with the passenger during the entire medical appointment, if necessary? Yes No

Do you contract with a service that provides attendants? Yes No

9. **Do you provide child, infant and booster car seats?** Yes No

If yes, please list the number you have on hand below:

___ child car seats

___ infant car seats

___ booster car seats

If no, would you consider purchasing child restraint car seats as needed? Yes

No

(Note: If you do not have child restraint car seats, you may not accept any trips that ask for a child restraint car seat to be provided by the transportation provider)

10. Vehicle Information

Please list the type(s) of vehicle(s) (sedan/med car, wheelchair lift, mini-van, full size van, etc.) and the **number of passengers** each vehicle holds. (Use a separate sheet of paper as needed.)

Vehicle Year & Make	Identifiers, Color & Markings	Number of Passengers	Vehicle Type

11. What is your current, regular service area?

List the counties where you will pick-up passengers and designate any limitations on drop-off locations:

12. What is your occasional area of service? (area you would be willing to provide pick-up service on an occasional basis)

13. What is the maximum number of passengers you can or are willing to transport from the same pick-up location to the same drop-off destination? _____
With _____ or # without _____ an additional charge? Explain:

14. If you use sedans/med cars, will you transport and assist a person who is in a wheelchair, but who is capable of “scoting” from the chair to the vehicle and you fold up the wheelchair and place in the trunk? Yes No
If Yes, is there an additional charge for this service? Yes No

(Note: This is not appropriate for van use because the stowed wheelchair can become a flying/harmful object within the vehicle in the event of a crash if it is not properly secured.)

15. Will you agree to place a phone call to each passenger informing them of pick-up time, and confirming pick-up arrangements? Yes No

16. What is your primary communication system with vehicles?

Please check all that may apply: 2-Way Radio Cellular Phone Pager Mobil Data Terminals (computers) None

If your response was none, would you consider purchasing a form of vehicle communication?

Yes No

17. Does your business qualify for your State’s “Minority-Owned Business Enterprise” (MBE)?

Yes No

(Note: MBE usually means U.S. citizen(s), a sole proprietorship, partnership, corporation or joint venture, owned, operated and controlled by a minority group member or members who have at least 51% ownership. The minority group member(s) must have day-to-day operational and managerial control, and an interest in capital and earnings commensurate with his/her/their ownership. Minority is generally defined as belonging to one of the following racial minority groups: African Americans, Native Americans, Hispanic Americans, Asian Americans or other similar racial groups.)

18. If Yes, is your company a *Certified MBE*? Yes No

If so, please provide us with your certification number and a copy of your certificate.

If not, are you interested in becoming certified? Yes No

19. Does your business qualify for your State’s “Women-Owned Business Enterprise” (WBE)?

Yes No

(Note: This designation is not available in all states. The description is as above, replacing “woman” for “minority”.)

20. If yes, is your company a **Certified WBE** ? Yes No
If so, please provide us with your certification number and a copy of your certificate.
Certificate # _____
If not, are you interested in becoming certified? Yes No

21. **Does your business qualify for your State’s “Disadvantaged Business Enterprise? (DBE)?**
Yes No

22. If yes, is your company a **Certified DBE** ? Yes No
If so, please provide us with your certification number and a copy of your certificate.
Certificate # _____
If not, are you interested in becoming certified? Yes No

23. **What is your Federal Tax ID #:** _____

24. **If sole proprietorship, provide SSN#** _____

25. **If Not For Profit, provide “Tax Exempt” #** _____

26. **What is your state/commonwealth Medicaid provider #?** _____
(*mandatory* information if Medicaid provider # has been assigned to your company)

Are you able and willing to accept ASAP, same day requests?

27. **Are your drivers fluent in any foreign languages? If yes, please list below.**
