



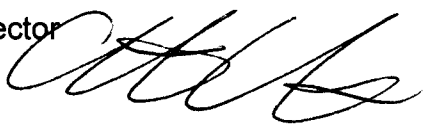
Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
SEP 15 2015 *JLBS*

August 27, 2015

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

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611 

SUBJECT: Paratransit Services License
Life Alliance, Incorporated
Consent Agenda – September 15, 2015

The EMS Office of the Medical Director requests the approval of the Paratransit Services License for Life Alliance, Incorporated. Life Alliance, Incorporated 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 Life Alliance, Incorporated as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval of the Paratransit Services License for Life Alliance, Incorporated to provide wheelchair/stretchers service. The term of this license is from September 30, 2015 through September 30, 2017. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 6/7/2015

PROPOSED DATE OPERATIONS WILL BEGIN: 7/27/2015

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Life Alliance, Incorporated

2. BUSINESS ADDRESS (INCLUDE COUNTY):

5765 Five Flags BLVD #2052 Orlando, FL 32822 Orange County

MAILING ADDRESS: 15952 Autumn Glen Avenue Clermont, FL 34714 Lake County

3. CONTACT INFORMATION: Business Phone 407-694-7373 _____

Mobile Phone 267-301-9750 _____

Email

lifeallianceinc@gmail.com _____

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

| <u>NAME</u> | <u>ADDRESS</u> | <u>POSITION</u> |
|--------------------|---|------------------------|
| Josean Cruz | 15952 Autumn Glen Avenue Clermont, FL 34714 | Owner/CEO |
| Emmanuel Hernandez | 15952 Autumn Glen Avenue Clermont, FL 34714 | Owner/CFO |
| Hector Hernandez | 15952 Autumn Glen Avenue Clermont, FL 34714 | Owner/COO |

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 7/7/15 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

If not completed at the time of application, payment of fees and vehicle

completed prior to commencing operations. Failure to do so may result in revocation of license.

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

Business or work references for 5 years, including one letter of reference

Five personal references, including one letter of reference

Five credit references, including one letter of reference

4. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 7/15/15 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 7/15/15 NO

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: * PLEASE SEE VEHICLE INFORMATION ON ATTACHED

2. EMPLOYEE ROSTER:

NAME

FDL NUMBER

CURRENT CPR CARD (Y/N)

Josean Cruz

Y

Hector Hernandez

Y

Emmanuel Hernandez

Y

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

| | |
|---|--------------|
| Iris Mendez, MSW, Childrens' Hospital of Philadelphia | 856-693-6502 |
| Jason Cruz, Driver- Life Alliance of Philadelphia | 215-298-8252 |
| Joel Diaz, Former Driver, Life Alliance of Philadelphia | 267-317-6711 |
| Greg McVay, CIA McSource | 412-262-5661 |
| Mr. Robb, Husband of former patient | 215-520-3908 |

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

| NAME | ADDRESS | PHONE |
|----------------|--|--------------|
| Krystle Valdez | 1501 Lardner St 2 nd Floor, Philadelphia PA 19149 | 215-432-4876 |
| Joel Diaz | Rohrer St Philadelphia PA 19120 | 267-317-6711 |
| Jamie Criado | Car Valet for Car Dealership | 215-432-6526 |
| Jason Cruz | 329 E Ashdale St Philadelphia PA 19120 | 215-298-8252 |
| Lillian Rivera | 110 Powelton Avenue Oaklyn NJ 08107 | 215-292-6867 |

3. List five credit references. Submission of at least one letter of reference from list below is required.


| NAME | ADDRESS | PHONE |
|--|---|--------------|
| Greg McVay, | CIA McSource, Coatesville PA | 412-262-5661 |
| Alan Kleeman | First National Financial, Feasterville PA | 215-357-8484 |
| Access Insurance Company Policy# APA012781959 | | 800-817-8017 |

| | | |
|---|-------------------------------------|---------------------|
| American Heritage Credit Union | Red Lion Rd, Philadelphia PA | 215-969-0777 |
| Google Adwords, ID# 625-463-3355 | | 866-246-6453 |



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.

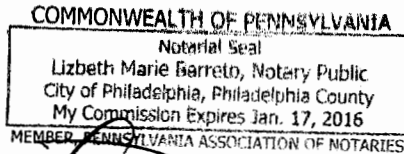


SIGNATURE OF APPLICANT OR REPRESENTATIVE

6-8-2015

DATE

NOTARY SEAL





NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that LIFE ALLIANCE, INCORPORATED
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: September 30, 2015 Date of Expiration: September 30, 2017

40-18 (7/14)



Mayor, Board of County Commissioners

