



PLEASE COMPLETE THE ATTACHED
"TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION"
AND
"RECEIPT FOR NOTICE OF PRIVACY PRACTICES"

MAIL BOTH FORMS TO:
NassauTRANSIT
102 N 13th ST
FERNANDINA BEACH FL 32034

Please allow us 3 business days to process your completed application (BOTH FORMS) after we receive them.

**After 3 business days please call us at
904-261-0700 or 800-298-9122
to confirm your service eligibility.**

The Registered Transportation Program Membership Application will be reviewed bi-annually to determine continued eligibility.

THANK YOU

THIS PAGE LEFT INTENTIONALLY BLANK



NASSAU COUNTY COUNCIL ON AGING, INC.
PART 1 OF 3
REGISTERED CUSTOMER PROGRAM APPLICATION

NassauTRANSIT provides transportation service by appointment for Nassau County residents who are elderly, disabled, economically disadvantaged, children at risk and those with limited transportation options.

For more information please call NassauTRANSIT Customer Service at 904-261-0700 or 800-298-9122.

Section 1 – Member Information

Last Name _____ First Name _____ MI _____

Physical Address _____ City _____ Zip _____

Mailing Address (If Different) _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Date of Birth _____ Gender _____

Social Security No. (SEE SECTION 5 ON BACK) _____ Medicaid No. (if applicable) _____

Emergency Contact/Caregiver _____ Relationship _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Family Members/Dependents who may be eligible for transportation (attach additional page if needed):

Name	Date of Birth	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Section 2 – Access to Transportation

1. What type of vehicle do you own? Year _____ Make _____ Model _____ N/A _____

2. Is there a reason why you cannot drive your car? Yes / No If yes, please explain why.

3. Is your need for transportation services temporary or permanent? (Please indicate.)

4. Does another member of your household own a vehicle? Yes / No

5. Can anyone in your household, family or friends transport you to your appointments? Yes / No If no, why not?

6. How are you currently being transported to your appointments?

7. Do you live in a facility that can provide transportation? Yes / No If yes, please provide the name of the facility.

8. Are you enrolled in a program that will pay for, or provide you with, transportation? Yes / No If yes, please provide the name of the program.

Section 3 – Frequent Destinations Please list all Hospitals, Doctors, Medical Facilities, Employment, Educational and other locations that you visit on a regular basis (please use the back of form if you need additional space).

Section 4 – Mobility Devices/Special Needs Please check any mobility devices or special needs you may require.

Wheelchair _____ Powered Wheelchair or Scooter _____ Walker _____ Cane _____ Portable Oxygen _____

Stretcher _____ Service Animal _____ Personal Care Attendant (PCA) _____

Child Seat _____ (Note: guardian/attendant is responsible for providing child seats for each child.)

Do you have any other needs / conditions (cultural, religious, physical, psychological, etc.) we should be aware of in order to transport you safely? Yes / No If yes, please explain:

Section 6 – Certification and Affirmation: I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that it will be kept confidential and shared only with medical and transportation professionals in evaluating my eligibility for the Registered Customer program. I understand that providing false or misleading information, or making fraudulent claims or false statements on behalf of others could void my registration in the program. I have received, read and understand the attached “*Notice of Privacy Practices*” and “*Terms and Conditions of Service*”. I understand that Nassau County Council on Aging, Inc. collects my personal information, INCLUDING MY SOCIAL SECURITY NUMBER, for purposes of identification and eligibility verification only.

Applicant Signature (required) _____ Date _____

Caregiver Signature (if applicable) _____ Date _____

PLEASE COMPLETE THE ATTACHED “RECEIPT FOR NOTICE OF PRIVACY PRACTICES” AND RETURN IT WITH THIS FORM. WITHOUT IT, THIS APPLICATION IS INCOMPLETE.

Please mail this form AND the attached “Receipt for Notice of Privacy Practices” to:

**NassauTRANSIT
102 N 13th ST
FERNANDINA BEACH FL 32034**

Please allow us **3 business days** to process your completed Application (BOTH FORMS) after we receive them. After **3 business days** please call 904-261-0700 or 800-298-9122 to see if you qualify and to schedule transportation. ***This Registered Customer application may be reviewed annually to determine continued eligibility.***

THANK YOU

REVIEW RESULTS (for office use only):

Initial Receipt _____ Docs Completed _____ Outcome: _____ Basis: _____

Comments _____

Revised 8/2023

PLEASE SIGN AND RETURN THIS FORM

WITHOUT IT, YOUR TRANSPORTATION PROGRAM APPLICATION IS INCOMPLETE



**NASSAU COUNTY COUNCIL ON AGING, INC.
TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION
PART 2 OF 3**

**RECEIPT / ACKNOWLEDGEMENT FOR
“NOTICE OF PRIVACY PRACTICES”**

As part of my Membership Application, I have received and understand the
“*Notice of Privacy Practices*” published by Nassau County Council on Aging, Inc.

Applicant Name (please print)

Applicant Signature

Date

Caregiver Name (if applicable) (please print)

Caregiver Signature

Date

THIS PAGE LEFT INTENTIONALLY BLANK



**REVIEW THIS DOCUMENT CAREFULLY
AND
KEEP FOR YOUR RECORDS
NASSAU COUNTY COUNCIL ON AGING, INC.
TRANSPORTATION PROGRAM MEMBERSHIP APPLICATION
PART 3 OF 3**

NOTICE OF PRIVACY PRACTICES

(HIPAA - Health Insurance Portability and Accountability Act)

Effective April 14, 2003

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, volunteers, staff and other personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the healthcare and service you receive from the department in your personal file.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

A. HOW WE MAY DISCLOSE INFORMATION ABOUT YOU

1. **For Treatment:** We may disclose information about you to provide you with medical treatment or services. We may disclose health information about you to other personnel who are involved in taking care of you and your health.
2. **For Payment:** We may use and disclose health information in order to bill and collect payment for health care services.
3. **Health Care Operations:** We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
4. **Other Permitted Uses and Disclosures:** There are a number of other specific ways that we may disclose health information about you without permission for the following purposes, subject to legal requirements and limitations, such as: **To Avoid Serious Threat to Health Safety; Required by Law; Research; Organ Tissue Donation; Military Veterans; National Security and Intelligence; Workers Compensation; Public Health Risk; Health Oversight Activities; Lawsuits and Disputes; Law Enforcement; Coroner; Medical Examiners and Funeral Directors; Volunteers and Information Not Personally Identifiable.**

B. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records that we use to make decisions about your care. You must submit a written request to the Compliance Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health

information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

2. **Right to Amend:** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction form to the Compliance Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - a. We did not create unless the person or entity that created the information is no longer available to make the amendment.
 - b. Is not part of the health information that we keep.
 - c. You would not be permitted to inspect and/or copy.
 - d. Is accurate and complete.
3. **Right to Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Compliance Officer. It must state a time period which may not be longer than six (6) years and may not include dates before **April 14, 2007**. Your request should indicate in what form you want the list (e.g. on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.
5. **We Are Not Required to Agree to Your Request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

C. CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

D. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses of disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed written authorization (different from the authorization and consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health operations we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

Contact Information: Don Harley, Human Resources, Compliance and Facilities Director
Nassau County Council on Aging, Inc.
1901 Island Walk Way
Fernandina Beach, FL 32034
(904) 261-0701
donharley@nassaucountycoa.org

KEEP THIS FOR YOUR RECORDS

904-261-0700 or **800-298-9122**

www.nassautransit.org

GENERAL INFORMATION

NassauTRANSIT is the public transportation system in Nassau County. Transportation is open to the public. Service is provided anywhere in Nassau County. Limited service is provided to northside and downtown Jacksonville. The system operates Monday through Friday and with limited weekend and holiday service. All vehicles are accessible for mobility devices within certain size and weight parameters.

NassauTRANSIT provides two types of transportation: “**paratransit**” and “**public transit**”.

PARATRANSIT (Fare is \$2 per boarding)

Paratransit service is for **registered** customers. An application is required to establish eligibility based on age, income, disability, etc. Transportation is arranged through reservations made in advance (at least three to five business days). Customers are picked-up and dropped-off at agreed times and locations according to the reservation.

Paratransit is a “shared-ride” service. Customers coming from and going to different locations share the ride. This often means pick-up times can be 1-2 hours ahead of drop-off times, even for short trips.

Paratransit trips into Jacksonville are limited to Tuesday, Wednesday and Thursday and are targeted to medical appointments at northside and downtown hospitals, clinics and medical offices. Appointments should be scheduled before noon.

PUBLIC TRANSIT (Fare is \$2 per boarding)

Public transit service is for **general public** customers. No application is required. No reservations are required. Customers are picked-up and dropped-off by NassauTRANSIT after they have called for a ride. Service is available on Amelia Island only between 9 am and 5 pm Monday through Friday and Saturdays 9 am to 12 pm and 1 pm to 5 pm.

Nassau Express Select, a public transit service to and from Jacksonville, is targeted to commuters working downtown. However, trips into Jacksonville (like all public transit trips) are for any purpose.

CUSTOMER GUIDE / TERMS AND CONDITIONS OF SERVICE

Revised August 2023

MINIMUM AGE

Minors under the age of 14 shall be accompanied by a parent or guardian at least 18 years of age. Child seats, booster seats, etc. shall be used per Florida law. NassauTRANSIT does not provide such seats.

SECUREMENT

Customers shall wear seat belts. Occupied mobility devices shall be secured by the Vehicle Operator using the vehicle's equipment if possible. If not possible, customers using these devices shall choose whether to proceed with the travel.

FARE

The fare is paid to the Vehicle Operator upon each boarding of the vehicle except when transferring from another NassauTRANSIT vehicle. The Vehicle Operator does not carry change but NassPasses can be purchased from the operator for \$20 cash for 20 rides.

PERSONAL PROPERTY

Customers' property that can be safely carried by the customer and/or Bus Operator in one trip and safely stowed on the vehicle may be transported with the customer. Buying heavy items is discouraged to avoid injury.

SERVICE ANIMALS

Service animals that perform tasks are allowed unless the animal creates a hazard, disturbance or distraction for the other customers or Vehicle Operator. Companion animals and pets shall not board the vehicle.

CODE OF CONDUCT

Customers whose conduct poses or threatens a physical or health hazard, or creates a disruption or disturbance shall be removed from the vehicle by law enforcement. Such conduct includes but is not limited to: actual or threatened bodily harm or violent or otherwise illegal conduct, display of a knife or other weapon, verbal or gestured disclosure of a concealed weapon, vulgar or profane language or gestures or name-calling, defacing or disabling the vehicle or its equipment, smoking, possession of an open container of an alcohol beverage, illegal possession of a controlled substance, throwing an object, spitting or other voluntary excretion of a bodily substance, unwanted/untoward or harassing/degrading commentary, improper physical contact, and screaming, shouting or unnecessary loud talking. A passenger may be asked to disembark the vehicle or be declined a ride if they are found to be in violation of the code of conduct at NassauTRANSIT's discretion.

REGISTERED CUSTOMER RESERVATIONS

Call 904-261-0700 or 800-298-9122 between 8:00am and 5:00pm Monday through Friday except holidays declared by Nassau County Council on Aging, Inc. Reservations should be made three (3) to five (5) business days in advance.

PUBLIC TRANSIT SERVICE ON DEMAND

Amelia Island's Island Hopper service on demand is available by calling 904-61-0700 or 800-298-9122 between 9 am and 5 pm Monday through Friday except holidays declared by Nassau County Council on Aging. Saturday's Island Hopper can be reached at 904-832-1218 between 9 am and 12 pm and 1 pm and 5 pm. NO reservations required!

CANCELLATIONS

Call 904-261-0700 or 800-298-9122 before 5:00pm on the day before the ride. Cancellations called-in after 5:00pm for pick-ups scheduled before 12:00 noon the next day may be considered "No Shows" at NassauTRANSIT's discretion.

NO SHOWS

A customer who fails to appear at the scheduled pick-up time and location may be considered a "No Show". Multiple "No Shows" in a calendar month may result in a suspension of paratransit service at NassauTRANSIT's discretion.

PICK-UP and DROP-OFF TIMES

Pick-up and drop-off times are estimates that can be affected by weather, traffic, etc. Customers should be ready for pick-up at least 30 minutes before the scheduled time and prepared for a later-than-scheduled drop-off.

ESCORTS and PERSONAL CARE ATTENDANTS

One unregistered escort/personal care attendant may ride with a customer if the need is noted on the approved Registered Customer application and the escort/personal care attendant accompanies the customer at all times. There is no fare for the escort/personal care attendant.

SERVICE BOUNDARY/SCOPE OF SERVICE

Paratransit service is on a "curb-to-curb" basis. If requested, Bus Operators will assist customers transiting between the home or other location and the vehicle while remaining within sight and hearing of the vehicle, and in boarding and alighting the vehicle. Vehicle Operators will not enter a customer's home or other pick-up/drop-off location.

Revised Sept 2023