



The Transportation Voucher Program is funded by a grant from the Atlanta Regional Commission and financed in part by funds provided by the U.S Government through the Georgia Department of Human Services.

New Provider & Driver Onboarding Checklist

Douglas County Transportation Voucher Program

All items on this list must be submitted and verified before an applicant can begin providing services.

Company: _____

I. Required for Each Transportation Provider/Company	DATE SUBMITTED:
<input type="checkbox"/> 1. New Provider Application	_____
<input type="checkbox"/> 2. Vendor Application for Douglas County Purchasing ⁱ	_____
<input type="checkbox"/> 3. Business License in State of Georgia	_____
<input type="checkbox"/> 4. Current Driver's License for each driver	_____
<input type="checkbox"/> 5. Current Motor Vehicle Registration for each vehicle	_____
<input type="checkbox"/> 6. Fingerprint Background Check via https://georgia.fieldprint.com/ ⁱⁱ	_____
<input type="checkbox"/> 7. Motor Vehicle Record - 7 Year Driving History ⁱⁱⁱ See https://dds.georgia.gov/georgia-licenseid/general-license-topics/how-do-i-mvr-driving-history	_____
<input type="checkbox"/> 8. Annual Vehicle Inspection (form Appendix 19) ^{iv}	_____
<input type="checkbox"/> 9. Commercial and Vehicle Liability Insurance ^v	_____
<input type="checkbox"/> 10. Rate Sheet for services	_____
II. Required for Each Driver:	DATE SUBMITTED:
<input type="checkbox"/> 11. Defensive Driver Program 6-Hr Course Certificate (every 3 years) Visit https://dds.georgia.gov/regulated-programs/driver-improvement-program for info on GA Driver Improvement/Defensive Driving Courses.	_____
<input type="checkbox"/> 12. CPR/First Aid Training Certificate (every 2 years)	_____
<input type="checkbox"/> 13. Passenger Assistance, Safety and Sensitivity Certificate (PASS)* Provided by Community Transportation Association of America: https://ctaa.org/pass/ .	_____
<input type="checkbox"/> 14. Mobility Aid/Wheelchair Securement Training This training is provided by Connect Douglas. See page 6.	_____

Provider Signature: _____

Date: _____

Mobility Coordinator Signature: _____

Date: _____

APPENDIX

i) **Vendor Application for Purchasing**

Submit directly to the Douglas County Purchasing Department. Downloaded from: <https://www.celebratedouglascounty.com/302>.

ii) **Gemalto Fingerprinting**

Consult the Georgia GAPS Fieldprint Scheduling guide for step-by-step instructions.

- 1) Create an account at www.georgia.fieldprint.com.
- 2) Use the Fieldprint code "**FPConnectDouglasDHSHealthCareAGContNonDirCare**" when prompted during New Applicant Registration to waive the fee.
- 3) After registering on Fieldprint, email the Mobility Coordinator(jhundly@douglascountyga.gov) with the following information (which must match what you submitted on Fieldprint)

First name:

Last name:

Middle name:

Maiden name:

Email address:

Address:

City:

Zip Code:

Phone Number:

Race:

Gender:

DOB:

Place of Birth (City and State or if outside US, the Country):

iii) **Motor Vehicle Report (MVR) – 7 Year Driving History**

You can access and download a copy of your MVR report from the Department of Driver Services at <https://dds.georgia.gov/georgia-licenseid/general-license-topics/how-do-i-mvr-driving-history>.

(GA DHS Transportation Manual p.124) When interviewing, or being screened as a potential driver, drivers may not have six or more points against their driver's license, or a suspended or revoked driver's license, within the last five years, for violations as indicated by the DDS. Employers and employees are strongly advised to refer to the DDS website for a comprehensive listing of violations, and associated points, and use this information as a guide when interviewing/screening potential drivers. An administrative exception may be requested prior to the five-year requirement for a driver whose license has been reinstated and the suspension was for a non-moving traffic violation. The request and supporting documentation must be sent to the appropriate Regional Transportation Office (RTO) for review.

iv) **Appendix 19 Annual Vehicle Inspection (See page 3-4**

v) **Commercial and Vehicle Liability Insurance (See page 5)**

vi) **Passenger Assistance, Safety and Sensitivity Training Certificate (PASS)**

Available from: <https://ctaa.org/pass/>

vii) **Mobility Aid/Wheelchair Securement Training (See page 6)**

The training curriculum is provided on page 6 at no cost. Complete, sign, and return to Mobility Coordinator.

VEHICLE INSPECTION INSTRUCTIONS

FOR NEW PROVIDER ONBOARDING

Annual Inspection

All vehicles that are used to transport program participants must be inspected annually for safety with two forms.

- **Appendix 19 — ‘Annual Safety Inspection Report’**
 - Completed by Certified Mechanic at any shop
 - The mechanic **must** have an ASE, ARI, or Tech School certification.
 - **Attach a photo of their certificate/listing or write in their certification number.**
 - **This FORM will not be accepted unless the bottom right square (pictured) is complete and proof of certification is included.** →

Mechanic recommendations:

- Douglas County Autocare (2205 Fairburn Rd)
- RPM Auto Specialists (7495 Douglas Blvd)

- **Appendix 22 — ‘DHS Vehicle Requirements and Monitoring Form’**

- Completed by Connect Douglas Staff
- To check that your vehicle is operational, clean, and equipped with safety items in the event of an emergency.
- See the list below of items required to be in each vehicle.

You can buy a kit with most of these items from Amazon, etc. The fire extinguisher does not have to be mounted but should be readily accessible in the event of an emergency.

Wheelchair Accessible Vehicle Requirements	
Raised Roof (clearance 56")	<input type="checkbox"/>
Hydraulic/Electric Lift	<input type="checkbox"/>
Hand Rails	<input type="checkbox"/>
Controls Access Inside/Outside	<input type="checkbox"/>
Shoulder Restraint/Lap Belt	<input type="checkbox"/>
Reflector Tape	<input type="checkbox"/>
4 Floor Straps	<input type="checkbox"/>
Emergency Manual Lift	<input type="checkbox"/>



Inspection Vendor:
Vendor Address:
Vendor Phone:
Inspector Printed Name:
Inspector Signature:
Only one certification required. Verification must be maintained with files.
<input type="checkbox"/> ASE Certified Mechanic (provide current certificate)
<input type="checkbox"/> ARI Certified Vendor (attached Vital/Insights listing)
<input type="checkbox"/> Tech School Certificate (attach certificate)

Interior Requirements (all vehicles)
Step/Running Board
Seat Belts
Seat Belt Cutter
First Aid Kit
Spill Kit
3 Emergency Reflectors
2 Seat Belt Extensions
Upholstery
Clean Interior
Doors
Interior Lights
AC/Heat
Flooring
Fire Extinguisher Insp. Date
Fire Extinguisher Mounted



Annual Safety Inspection Report

Provider/Company: _____ (Vehicle ____ of ____)

Make/Model: _____ Tag #: _____ Mileage: _____ Date: _____

	OK	Needs Attn	Unsafe			OK	Needs Attn	Unsafe	
BODY EXTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for body or fender damage.	CONTROL PANEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check warning lights and buzzers.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all windows.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dash lights.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check side-view mirrors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check interior lighting.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check attached body parts for looseness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check gauges.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield wiper blades.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check headlamps and remaining lights.
TIRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check tire wear.	CONTROL PANEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check license plate light.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for nails, glass, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dimmer switch.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for tread separation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency flashers.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air pressure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check reverse lights.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check lug nuts for tightness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check horn.
UNDER HOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check lug nuts for tightness.	ACCESSORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield wiper operation.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure test cooling system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check heater output.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check coolant/antifreeze level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air conditioner output.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check cooling system circulation.	BODY INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check first aid kit.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake fluid level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fire extinguisher.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check power steering fluid level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check seats/floors for tears and looseness.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check battery and cables.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check floors for loose wheelchair tracks.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check starting and charging system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency exit.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield washer fluid.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check window operation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check transmission fluid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check rearview mirror.		
ENGINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose/inoperable body belts.	RECOMMENDATIONS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose/inoperable body belts.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all fuel lines for leaks.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule recommended work in the near future
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check belts for looseness or signs of wear.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule recommended work immediately
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all hoses for leaks or signs of wear.		<div style="border: 2px solid red; padding: 5px;"> Inspection Vendor: Vendor Address: Vendor Phone: Inspector Printed Name: Inspector Signature: Only one certification required. Verification must be maintained with files. <input type="checkbox"/> ASE Certified Mechanic (provide current certificate) <input type="checkbox"/> ARI Certified Vendor (attached Vital/Insights listing) <input type="checkbox"/> Tech School Certificate (attach certificate) </div>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose wiring.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air filter – clean.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check accelerator linkage.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check oil filter.						
UNDERCARRIAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fuel tank lines for leaks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check differential for leaks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check rear springs, shacklers, and Shocks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check driveshaft center support and U-joint.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check front suspension and shocks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check steering linkage.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check exhaust system.					
BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check shoes and pads for lining wear.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake lines for leaks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake vacuum hoses.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake adjustments.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake pedal clearance.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency brake.					

Certification No. _____

Above information in red box is required.

Inspector **must** be ARE, ASI, or Tech School Certified.

Attach photo/scan of certificate, listing, or write-in certification number.

INSURANCE FOR PROVIDERS WHO OWNED/OPERATE VEHICLES

- A. Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Title 34, Chapter 9 of the O.C.G.A. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.
- B. Commercial General Liability Policy (Occurrence) to include contractual liability. \$1 million per occurrence/\$2 million dollar aggregate policy limits.
- C. Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. For vehicles with a seating capacity of 15 or less: \$3 million dollar combined single limit. For vehicles with a seating capacity greater than 15: \$5 million dollar combined single limit.
- D. Commercial Umbrella Policy (Occurrence). \$2 million dollar limit. An umbrella policy may cover the aggregate policy limits required herein. There must be no gap between the \$1 million and \$2 million dollar policy limits and the umbrella policy must follow the form of the underlying \$1 million primary policy.

The Contractor's policy containing coverage amounts with higher limits than stated above will satisfy the requirements of this paragraph.

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least 10 days prior written notice has been given to the Department. Certificates of Insurance showing such coverage to be in force shall be filed with the Department prior to commencement of any work under this Contract. The foregoing policies shall be obtained from insurance companies licensed to do business in Georgia and shall be with companies acceptable to the Department. All such coverage shall remain in full force and effect during the initial term of the Contract and any renewal or extension thereof. At all times, coverage shall be within limits acceptable to the Department.

Customer Service + Wheelchair Securement/Mobility Aid Training for Douglas Transportation Voucher Program Drivers

INSTRUCTIONS: Click on the link provided for each video. Watch each video in full. Initial next to each video that you have completed from the list below. Once you have completed all videos, sign and date the statement at the bottom of the page.

Submit the signed form to the Mobility Coordinator by Monday, January 2, 2023.

Topic 1: Wheelchair and Mobility Aid Securement

- ☐ 1. "MA DDS Safe Transportation of People in Wheelchairs Revised March 2018" by Center for Developmental Disabilities Evaluation and Research. (31:02)
Link: <https://www.youtube.com/watch?v=XY6i1COaszK> INITIALS: _____
- ☐ 2. "Passenger Assistance" by SCTDD. (4:26)
Link: <https://youtu.be/BhXQKT7VrZI> INITIALS: _____

Topic 2: Customer Communication, and Passenger Safety

- ☐ 3. "Wheelchair Accessible Taxi Training: Section One" by NSW Taxi Council. (7:14)
Link: https://www.youtube.com/watch?v=b_mAOvx4xX4 INITIALS: _____
- ☐ 4. "Customer Care and Passenger Safety" by Protective Insurance, (18:39)
Link: <https://www.youtube.com/watch?v=5rGv4JJjFUA> INITIALS: _____

Statement of Completion

I certify that I have watched all four (4) videos listed above as required to complete this Mobility Aid & Securement Training.

Transportation Company: _____

Driver Name: _____

Driver Signature: _____ **Date:** _____

Mobility Coordinator Signature: _____ **Date:** _____