TO: CUUATS Policy Committee Members
FROM: Eileen Sierra-Brown, HSTP Coordinator
DATE: June 26th, 2013
RE: SWANN CVP 2013 Application for Section 5310: Older Americans Act - IDOT Rolling Stock Capital Replacement
REQUESTED ACTION: Review & Discuss – Endorsement of grant application for Urbanized Area HSTP

BACKGROUND: IDOT-DPIT’s Consolidated Vehicle Procurement (CVP) 2013 application provides an opportunity for human service agencies with specialized client transportation to replace aging vehicles. For community service agencies based within the Champaign-Urbana Human Service Area Transportation Plan (C-U HSTP) Urbanized Areas, their CVP application is required to - vehicle request meets mileage or age replacement criteria; receive support letter(s) from public transit operators stating that despite coordination efforts the agency’s specialized transportation cannot be accommodated by the current public transit system(s); be scored by the HSTP coordination for the agency’s coordination level (ranges from inactive to leader); and Be reviewed and endorsed by the corresponding MPO.

A CUUATS endorsement indicates the applicant meets coordination criteria in service delivery by meeting needs, goals, and/or utilizing strategies set forth in the urbanized HSTP and avoids service duplication.

APPLICATION: Please find attached SWANN’s CY 2013 CVP application that includes a transportation service description for their Champaign-Urbana work with children and adults with multiple, severe, and profound developmental disabilities. SWANN is applying to replace two 12 passenger vehicles – ranked first is a 1994 Ford E350 with 105,979 miles; and ranked second is a 1992 GMC raised roof van with 114,105 miles. Both meet eligibility criteria one (miles) and criteria two (age/condition). The requested rolling stock capital replacement for new light duty 12-passenger paratransit vehicles are currently valued at $57,000 each - 80% federally through Section 5310 at $45,600 and 20% local match at $11,400 will be covered by IDOT state bond. The application’s budgeted cost would be $114,000.

Both CUMTD and CRIS Rural Transit have sent support letters for SWANN’s application. On June 4th HSTP Region 8’s technical and policy committees reviewed and voted to include a letter of support for this application as there are long distance trips and possible clients from the rural area that could be served by SWANN’s programs. On June 19th, the CUUATS technical committee met and approved this CVP application’s endorsement. This year SWANN is ranked as an active participant in coordination because of -

• Active participation in both the urbanized HSTP working group and rural area HSTP Region 8 meetings;
• Answered all requests for information;
• Have been actively communicating with the HSTP coordinator; and
• Door-through-door transportation services goes beyond the ability of both public transit systems and this need is documented in the latest updated C-U Urbanized Areas HSTP.

STAFF RECOMMENDATION: Endorse the attached grant application and encourage SWANN to continue to participate in HSTP meetings, actively communicate on-going transportation needs, and seek new coordination alternatives for their transportation program to continually improve their services and maintenance of the vehicles.
May 29, 2013

Eileen Sierra, HSTP Regional Coordinator/Mobility Coach
Champaign County Regional Planning Commission
1776 E. Washington
Urbana, IL 61802

Dear Eileen Sierra,

Swann Special Care Center intends to file a 2013 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Application to secure funds for the replacement of two of our wheelchair assessable vans which need to be taken out of service. These vehicles are used on a daily basis to transport 121 intellectually disabled adults and children, in wheelchairs, to school, work, medical appointments and leisure activities. C-U MTD is unable to meet our needs and have endorsed our grant application.

At this time, Swann Special Care Center requests our grant application be included in the transportation improvement program annual element. A copy of our grant request will be forwarded to your office upon completion. Please submit something to me in writing that you have received this request. Thank you very much for you support. Please feel free to call me if you have any further questions.

Sincerely,

Kym Halberstadt
Executive Director
ILLINOIS DEPARTMENT OF TRANSPORTATION
2013 CONSOLIDATED VEHICLE PROCUREMENT
ROLLING STOCK CAPITAL ASSISTANCE APPLICATION

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>4/26/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Information</td>
<td></td>
</tr>
<tr>
<td>Legal Name</td>
<td>Hoosier Care Inc dba Swann Special Care Center</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>109 Kenwood Road Champaign, IL 61821</td>
</tr>
<tr>
<td>County</td>
<td>Champaign</td>
</tr>
<tr>
<td>Contact Name and Title</td>
<td>Kimberly Halberstadt, Executive Director</td>
</tr>
<tr>
<td>Phone (p) and Fax (f)</td>
<td>217-356-5164 (p) 217-356-7873 (f)</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:kym@swanncare.com">kym@swanncare.com</a></td>
</tr>
<tr>
<td>General Area Served (Include counties)</td>
<td>We accept admissions from all over Illinois and bring residents to health appointments and activities in Champaign County, Chicago, Springfield, St. Louis, Indianapolis, when needed.</td>
</tr>
<tr>
<td>Federal Tax ID number (FEIN)</td>
<td>31-1262572</td>
</tr>
<tr>
<td>DUNS Number</td>
<td>041189164</td>
</tr>
<tr>
<td>Type of Applicant (Please Refer to the Table in Part I, A)</td>
<td>☑ PRIVATE NON PROFIT</td>
</tr>
<tr>
<td></td>
<td>☐ SECTION 5311 GRANTEE</td>
</tr>
<tr>
<td></td>
<td>☐ IDOT CERTIFIED PUBLIC BODY</td>
</tr>
</tbody>
</table>

Vehicle Issues

<table>
<thead>
<tr>
<th>Contact and Title</th>
<th>Kimberly Halberstadt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:kym@swanncare.com">kym@swanncare.com</a></td>
</tr>
<tr>
<td>Phone (p) and Fax (f)</td>
<td>217-356-5164 (p) 217-356-7873 (f)</td>
</tr>
</tbody>
</table>

All Applicants Must Answer These Questions:

Does A Minority Group Manage Your Organization Or Is Operation Minority Based? ☑ Yes ☐ No

Does Your Agency Provide Service To Minorities? ☐ Yes ☑ No

Does Your Application Have The Support Of Your Local Transit Agency? ☑ Yes ☐ No

By this application, it is the intent of (Agency's Legal Name) Hoosier Care, Inc. dba Swann Special Care Center to request vehicle(s) through the State of Illinois' Consolidated Vehicle Procurement (CVP) program; and will meet all applicable state, federal and local acceptance, application and maintenance requirements. I certify that the information and statements provided in this application, and all supporting documents are correct and complete.

Signature of Authorized Representative
(As authorized by board resolution, see Appendix D)

Stacie L. Turner, Esq. VP General Counsel & Manager

Print name of Authorized Official

Date 4/26/13

2013 Section 5310 CVP Application
Hoosier Care, Inc. dba Swann Special Care Center
Part I - Required Submittals To Be Completed By All Applicants

Use this matrix (A) and checklist (B) to help you meet all submission requirements of the application process.

A. Submittal Matrix  Each “X” represents the information that must be submitted by each type of agency.

<table>
<thead>
<tr>
<th>Type of Applicant</th>
<th>Part II</th>
<th>Part III</th>
<th>Part IV</th>
<th>Part V</th>
<th>Part VI</th>
<th>Part VII</th>
<th>Part VIII</th>
<th>Part IX</th>
<th>Part X</th>
<th>Part XI**</th>
<th>Appendices</th>
<th>Support Letters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Profit Non-Governmental Agency (5310)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X (c)</td>
</tr>
<tr>
<td>Federal Section 5311 Grantee</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>Table II</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X(a)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>IDOT-Certified Public Body (CPB)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X(a)</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X (c)</td>
</tr>
</tbody>
</table>

** Applicants in Northeastern Illinois Region (Cook, Lake, DuPage, Kane, Will and McHenry Counties only).
(a) This data not required if applicant agency has included with another grant application for FY12 funding.
(b) This information is required ONLY if you are applying for a vehicle for new or expanded service.
(c) If applicant is in an urbanized (metropolitan) area outside the Chicago area, see page 45.

B. Submittal Checklist  Check the appropriate boxes.  All items are required unless otherwise indicated.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ENCLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Application, Signed by Board authorized representative  (front cover, page 1)</td>
<td>X</td>
</tr>
<tr>
<td>• Part I Submittal Matrix(A) and Application Checklist Completed (B)</td>
<td>X</td>
</tr>
<tr>
<td>• Part II Current Vehicle Inventory</td>
<td>X</td>
</tr>
<tr>
<td>• Part III Vehicle Request Form and Budget (one vehicle per form, make copies if needed)</td>
<td>X</td>
</tr>
<tr>
<td>• Part IV Project Justification</td>
<td>X</td>
</tr>
<tr>
<td>• Part V Applicant’s Current Services and Experience</td>
<td>X</td>
</tr>
<tr>
<td>• Part VI Fleet Control and Maintenance</td>
<td>X</td>
</tr>
<tr>
<td>• Part VII Driver Training</td>
<td>X</td>
</tr>
<tr>
<td>• Part VIII Proposing New or Expanded Service</td>
<td>N/A</td>
</tr>
<tr>
<td>• Part IX Formal Coordination Efforts</td>
<td>X</td>
</tr>
<tr>
<td>• Part X Financial Plan</td>
<td>X</td>
</tr>
<tr>
<td>• Part XI Northeastern Illinois Region HSTP Conformance (To be completed only by applicants in Cook, Lake, DuPage, Kane, Will &amp; McHenry Counties (page 20))</td>
<td>N/A</td>
</tr>
<tr>
<td>• Appendix A FTA &amp; IDOT Joint Certifications Assurances signed by Official Representative &amp; Affirmation of Applicant’s Attorney</td>
<td>X</td>
</tr>
<tr>
<td>• Appendix B Public hearing: Published notice, hearing report and public comments</td>
<td>04/30/13</td>
</tr>
<tr>
<td>• Appendix C Opinion of Counsel: (Sample Language) must be completed by all applicants</td>
<td>X</td>
</tr>
<tr>
<td>• Appendix D Executed Board Resolution authorizing applicant’s Official Representative</td>
<td>X</td>
</tr>
<tr>
<td>• Appendix E Application Preparation Guidance</td>
<td>Retain</td>
</tr>
<tr>
<td>• Appendix F Paratransit Vehicle Catalog</td>
<td>Retain</td>
</tr>
<tr>
<td>• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)</td>
<td>June 2013</td>
</tr>
<tr>
<td>• Letter of support from Certified Public Provider or local Transit Authority</td>
<td>X</td>
</tr>
<tr>
<td>• Letters of Support from local Legislators, others (not a requirement)</td>
<td>X</td>
</tr>
<tr>
<td>• Copy of your State of Illinois ID Tax exempt Letter</td>
<td>X</td>
</tr>
</tbody>
</table>

To submit your application:  (1) Include this checklist and identify any missing items, noting reason for their delay and when receipt of same can be expected; 2) identify all enclosed support materials; and 3) remove instructions, vehicle catalog, and informational material provided for applicant reference.
Part II: Current Paratransit Vehicle Inventory to Be Completed By All Applicants

Please complete all of the following sections with your current fleet inventory. Please attach additional pages if necessary.

1) Date 2012 Annual Certification was submitted for IDOT-FUNDED VEHICLES in your fleet: __08/08/12___

2) No IDOT-Funded Vehicles were owned in 2011 (check if applicable):  __N/A____

<table>
<thead>
<tr>
<th>Yr.</th>
<th>Manufacturer</th>
<th>Type</th>
<th>VIN (Vehicle Identification Number)</th>
<th>Odometer Reading as of</th>
<th># of Seats/ADA: Y/N</th>
<th>1st Year (O)Owned (L)Leased</th>
<th>IDOT Funded Vehicle? Contract #</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>GMC</td>
<td>LDL</td>
<td>2GJFG35K2N4520852</td>
<td>107366</td>
<td>12/Y</td>
<td>2006</td>
<td>Owed</td>
</tr>
<tr>
<td>92</td>
<td>FORD E250</td>
<td>SMD</td>
<td>1FDKE30G8NHB64996</td>
<td>69360</td>
<td>30/Y</td>
<td>1998</td>
<td>Owed</td>
</tr>
<tr>
<td>94</td>
<td>FORD E350</td>
<td>LDL</td>
<td>1FBJS31H8RHB88760</td>
<td>101447</td>
<td>12/Y</td>
<td>1994</td>
<td>Owed</td>
</tr>
<tr>
<td>06</td>
<td>GLAVAL BUS</td>
<td>SMD</td>
<td>5B4LP152254700200</td>
<td>32373</td>
<td>30/Y</td>
<td>2006</td>
<td>Owed</td>
</tr>
<tr>
<td>08</td>
<td>BRAUN</td>
<td>MV</td>
<td>1GBDV13W48D209064</td>
<td>31406</td>
<td>5/Y</td>
<td>2009</td>
<td>910CVP</td>
</tr>
<tr>
<td>11</td>
<td>ELDORADO</td>
<td>MD</td>
<td>1FDEE3FL8ADB01495</td>
<td>11085</td>
<td>16/Y</td>
<td>2011</td>
<td>88CVP</td>
</tr>
</tbody>
</table>
Part III: Vehicle Request Form & Budget
To be completed by all applicants and one completed copy of this form for EACH vehicle requested.

A-1. Applicant Agency Name: Hoosier Care, Inc. dba SWANN Special Care Center

Total # of vehicles requested (e.g. X of X) ___1___ of ___2___

B-1. Vehicle Type Requested*:

*Vehicle Types and Descriptions

<table>
<thead>
<tr>
<th>Type</th>
<th>Criteria 1</th>
<th>Criteria 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autos/Mini-Vans/Raised Roof Vans</td>
<td>95,000 Miles</td>
<td>5 yrs., in documented unsafe &amp; poor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>operating condition</td>
</tr>
<tr>
<td>Light Duty Paratransit Vehicle</td>
<td>100,000 Miles</td>
<td>7 yrs., in documented unsafe &amp; poor</td>
</tr>
<tr>
<td>(10-12 pass)</td>
<td></td>
<td>operating condition</td>
</tr>
<tr>
<td>Medium Duty Paratransit/School Bus</td>
<td>120,000 Miles</td>
<td>8 yrs., in documented unsafe &amp; poor</td>
</tr>
<tr>
<td>(13-16 pass)</td>
<td></td>
<td>operating condition</td>
</tr>
<tr>
<td>Super Medium Duty Paratransit</td>
<td>180,000 Miles</td>
<td>9 yrs., in documented unsafe &amp; poor</td>
</tr>
<tr>
<td>Vehicle (&gt;16 pass)</td>
<td></td>
<td>operating condition</td>
</tr>
<tr>
<td>Heavy Duty Transit Vehicle (&gt;30</td>
<td>280,000 Miles</td>
<td>10 yrs., in documented unsafe &amp; poor</td>
</tr>
<tr>
<td>pass)</td>
<td></td>
<td>operating condition</td>
</tr>
</tbody>
</table>

**Vehicle Replacement Criteria 1 and 2.

- Any 1996 or 1997 MST heavy-duty vehicle regardless of mileage or condition.
A-2. Applicant Agency Name: Hoosier Care, Inc. dba SWANN Special Care Center

Total # of vehicles requested (e.g. X of X) 2 of 2

B-2. Vehicle Type Requested*:

*Vehicle Types and Descriptions

- Mini-Van w/ramp (2 wheelchairs/5 passengers)
- Light Duty Paratransit w/lift (3 wheelchairs/12 passengers) X
- Medium Duty Paratransit w/lift (5 wheelchairs/14 passengers)
- Super Medium Duty Paratransit w/lift (5 wheelchairs/26 pass.) Requires extensive justification, well documented requirements, up-to-date detail of on-site maintenance capability and large client base experience and needs.

<table>
<thead>
<tr>
<th>Type</th>
<th>Replacement* -- Owned Vehicle</th>
<th>Replacement* -- Leased Vehicle</th>
<th>Service Expansion (p.14)</th>
<th>New Service (p.14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MV</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>LDL</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>MDL</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>SMD</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please provide the following vehicle identification information if the vehicle request is replacement:

<table>
<thead>
<tr>
<th>Yr.</th>
<th>Manufacturer</th>
<th>Type</th>
<th>Date/Mileage</th>
<th>VIN / IDOT Contract No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>GMC</td>
<td>Van</td>
<td>03-31-13 / 114,105</td>
<td>2GJFG35K2N4520852 / Owned</td>
</tr>
</tbody>
</table>

**Vehicle Replacement Criteria 1 and 2.

<table>
<thead>
<tr>
<th>Type</th>
<th>Criteria 1</th>
<th>Criteria 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autos/Mini-Vans/Raised Roof Vans</td>
<td>95,000 Miles</td>
<td>OR 5 yrs., in documented unsafe &amp; poor operating condition</td>
</tr>
<tr>
<td>Light Duty Paratransit Vehicle</td>
<td>100,000 Miles</td>
<td>OR 7 yrs., in documented unsafe &amp; poor operating condition</td>
</tr>
<tr>
<td>(10-12 pass)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium Duty Paratransit/School Bus</td>
<td>120,000 Miles</td>
<td>OR 8 yrs., in documented unsafe &amp; poor operating condition</td>
</tr>
<tr>
<td>(13-16 pass)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Super Medium Duty Paratransit Vehicle (&gt;16 pass)</td>
<td>180,000 Miles</td>
<td>OR 9 yrs., in documented unsafe &amp; poor operating condition</td>
</tr>
<tr>
<td>Heavy Duty Transit Vehicle (&gt;30 pass)</td>
<td>280,000 Miles</td>
<td>OR 10 yrs., in documented unsafe &amp; poor operating condition</td>
</tr>
</tbody>
</table>

** Any 1996 or 1997 MST heavy-duty vehicle regardless of mileage or condition.
C. Project Budget
Please complete all sections of this budget for vehicles requested.

<table>
<thead>
<tr>
<th>Approximate Capacity</th>
<th>Replacement (a)</th>
<th>Expansion (b)</th>
<th>New (c)</th>
<th>(a)+(b)+(c) (d)</th>
<th>Unit Cost (e)</th>
<th>Line Total x Unit Cost (d) x (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Van Paratransit (w/ ramp) MV</td>
<td>6 pass.</td>
<td></td>
<td></td>
<td></td>
<td>$37,500</td>
<td>$</td>
</tr>
<tr>
<td>Light Duty Paratransit Vehicle (w/lift)</td>
<td>12 pass.</td>
<td>2</td>
<td></td>
<td></td>
<td>$57,000</td>
<td>$114,000</td>
</tr>
<tr>
<td>Medium Duty Paratransit Vehicle (w/lift)</td>
<td>14 pass.</td>
<td></td>
<td></td>
<td></td>
<td>$63,000</td>
<td>$</td>
</tr>
<tr>
<td>Super Medium Duty Paratransit Vehicle (w/lift)</td>
<td>26 pass.</td>
<td></td>
<td></td>
<td></td>
<td>$100,000</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total CVP Application Request</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$114,000</strong></td>
</tr>
</tbody>
</table>
Part IV - Project Justification - This section is to be completed by Non Profit and Certified Public Body

Applications. Project justification focuses within the context of socio-economic and service benefits within your geographic area, with appropriate transportation of the disabled, disadvantaged, and other clients in need. Approval of this grant depends upon demonstrated need and a developed, well-managed program; and subsequent concurrence with applicant’s position that other local transportation services are insufficient, inappropriate, or unavailable. If the applicant is beginning a new program or service, please describe how the new service will be managed and marketed. Add extra sheets as needed to provide all support detail.

1. Describe the transportation program and needs of individuals in your current/proposed service area.
2. Identify how these needs are currently not being met.
3. Explain how the current transportation program will change if this grant is not approved.

Transportation Program
Swann Special Care Center (Swann) is a residential facility for 121 residents with severe and profound intellectual disabilities. 119 of these residents are non-ambulatory and wheelchair bound. Swann provides educational services at our off site accredited school (Swann School) for those 3-21 years of age and developmental work training services (Page II) for those over 21. This requires transporting approximately 100 residents, in customized wheelchairs, to Swann School/Page II and then back home. Swann School is located one block from the residential facility and Page II is located one mile away. We make multiple trips to get everyone to these locations each week day and this takes approximately three hours, two times per day. We then must transport lunch trays to both locations, pick them up after lunch and return them to Swann.

In addition to school and work, we are responsible for transporting our residents to their health appointments at hospitals and clinics. While most of our appointments are in town, we also transport to appointments in Chicago, Indianapolis and St. Louis. We typically have two appointments scheduled per day as well as any emergency appointments needed. We also must fit in day outings to the library, shopping, etc. In the evenings and on weekends we participate in many activities such as Tom Jones Challenger Baseball League and Special Olympics. We transport for shopping, movies, eating out at local restaurants as well as many other activities.

Unmet Needs
Currently, when our buses break down or need repair, we may transport half of the Page II clients using the smaller vehicles and make multiple trips. We may keep our residents home andimplement programming in their rooms. Just imagine working out of your homes and multiply that by 121! Our students also stay home and the teachers bring educational materials to the residence. If our vans are in need of repair then we either reschedule, or call Pro Ambulance or Medical vans to transport our residents to their health appointment which is very costly. The two vans we are requesting to replace are in need of much work. The 1992 GMC van needs the front end rebuilt, ball joints, tie rods and shocks replaced as well as an air conditioner compressor. The gas gauge does not work and the engine burns oil. Our estimate for repairs is around $7,000, much more than the van is worth. The 1994 Ford E350 needs approximately $2,300 in work at minimum. Whether our grant is approved or not, these vehicles will need to be taken out of service in the very near future. Our 2006 Glaval bus has had problems since we first bought it. This bus is constantly in for repairs and many times it is weeks before the repair can be made due to lack of parts or repair information. Glaval has gone out of business and getting parts is very difficult. At this moment we are waiting on a part to be built by a Canadian manufacturer. If we are awarded these two vans we would still be able to transport our residents to school, work, medical appointments and other activities while repairs are being made to the Glaval bus.

Impact to Transportation Program if Not Awarded
If this grant is not approved, our services will continue since the health and well-being of our residents is a responsibility we take very seriously. Non-emergency medical and health appointments will be scheduled based on vehicle availability and if one of the other vehicles fails then the appointment is rescheduled; outings are limited and often to those we can do within walking distance such as Kaufman Lake. We will still be able to provide outside or community activities but at a lesser frequency and duration. To take our residents home from the hospital we will then use the ambulance service which costs us an average of $600 per trip so it gets very expensive and a drain on our resources. This combined with the cost of repairs on our vehicles is making it more difficult each day to provide the services our residents deserve. Swann receives approximately 80% of revenue through Medicaid and with delayed payment from the State of Illinois (very far behind) as there are continual cuts to services, which we must provide. We are expected to continue to provide services even though payment is not current and Medicaid will not cover many services. This grant would enable Swann to continue to provide outstanding service to our very special residents.
Part V - Applicant’s Current Service & Experience

This part includes six sections (A-F) listed below. Please use 2010 Census Data for demographics.

A. Geographic Area Served

List the Cities, Towns, Counties and workplaces, etc. of clients served by your current transportation program. Include a map showing the service area if you feel it would aid in better understanding the region.

Our school-age residents attend school and over 21 residents attend day training in the Cities of Champaign, Urbana, and Savoy within Champaign County. The two major hospitals and many other medical facilities are located in Urbana. Additionally, residents have scheduled health appointments in Indianapolis, Indiana, St. Louis, Missouri and also Chicago, Illinois.

When qualified, our residents participate in Special Olympics and could go as far as Kankakee. Residents also participate in the Tom Jones Challenger Baseball League during the summer. The field is located in Urbana.

In the preceding pages, maps show the location of Swann, Swann School, Page II, Carle Foundation Hospital and Provena Covenant Medical Center.

B. Transportation Service Area Population Information Per Census

(2010 Urbanized Areas per C-U HSTP includes Champaign, Urbana, Savoy, Tolono, and Bondville)

<table>
<thead>
<tr>
<th>Population Category</th>
<th>Total Population in Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population in Service Area</td>
<td>133,475</td>
</tr>
<tr>
<td>Elderly (60+) Population of Service Area</td>
<td>11,221</td>
</tr>
<tr>
<td>Disabled Population of Service Area</td>
<td>9,307</td>
</tr>
</tbody>
</table>

*Note available in the 2010 Census – therefore utilized the 5 year estimates contained within the HSTP Plan.

C. Service to Minority Group Persons Per Census

Please indicate below the number and percentage of minority group persons in your transportation service area and the number and percentage of estimated riders of your service in each minority group. The total should match the “total population in service area” line item in part B above.

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Transportation Service Area</th>
<th>Applicant’s Client Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Total</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>218</td>
<td>0%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>16,869</td>
<td>13%</td>
</tr>
<tr>
<td>Black</td>
<td>19,638</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7,523</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>85,568</td>
<td>64%</td>
</tr>
<tr>
<td>Other</td>
<td>3,659</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL (must match Total Population In Service Area - Part B)</td>
<td>133,475</td>
<td>100 %</td>
</tr>
</tbody>
</table>
Glaval Bus – Received 9/22/06

**September 2006**

Oil leak under ramp. A/C not working well. Ruptured seal on hydraulic pump.

Down 4 days,

**October 24 – November 22, 2006**

Heater inoperative. Brake light dim. ABS system malfunction.

Down 29 days.

**November 28 – December 20, 2006**

Bus will not come out of kneeling position. Heat still not working well, hared to maintain temperature inside bus.

Down 23 days.

**January 10 – February 23, 2007**


Down 41 days.

**February 26 – March 3, 2007**

Fuel filters froze up – had replaced.

Down 5 days.

**March 4 – April 24, 2007**

Broken drivers seat. Ramp pump problems – delivered to Kankakee.

Down 51 days.

May was a good month.

**June 26 – July 17, 2007**

Both front and rear A/C failed. Took vehicle to Midwest Transit in Kankakee for repairs

Down 22 days.
November 18 – December 4, 2007


Down 18 days

April 8 – April 12, 2008

No rear air or heat.

Down 5 days,

June 18 – July 9, 2008

No front air – Took to Prairie International. Kneeling system not working.

Down 22 days.

August 5 – November 23, 2008

Ramp system failure. Manually used lift while waiting for parts.

December 22 – March 27, 2009

Total brake system failure resulting in fire caused by malfunction of kneeling system crimping brake line. NO WARRANTY! Cost $7041.41.

Down 95 days.

April 27 – May 8, 2009

Power steering pump failure. Took to Worden Martin for repair. NO WARRANTY! Cost $2261.00.

Down 12 days

July 2 – July 15, 2009

Air system recharged. Took to Midwest to order parts for ramp. NO WARRANTY! Cost $680.00.

Down 13 days

October 6 – October 27, 2009

Took back to Midwest. Rebuilt ramp pump (again) Installed new cables. NO WARRANTY! Cost $2848.69.

Down 21 days
January 4 – February 15, 2010

Taken to Worden Martin. Broken lower radiator hose. Burnt wiper motor – no parts source. Burnt dash relay. NO WARRANTY! Estimated cost - $1450.00

Down 43 days.

Total costs not covered by warranty - $14,281.10

Total days loss of use – 404

Total days owned - 1247

Down days totaled approximately 33% of time owned.
D. Detailed Description of Applicant’s Current Services and Experience

Briefly describe your organizations’:
- **Primary services**
- Transportation program
- Number of years providing these services

Especially note the agency’s transportation service for persons with disabilities, seniors, or other eligibility to receive transportation service. If this is new service, elaborate on the value added to the community for the service. Attach extra pages if necessary.

<table>
<thead>
<tr>
<th>Primary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swann Special Care Center, a division of Hoosier Care, Inc., is a non-profit organization that provides long-term care (including Skilled Nursing) for individuals with Intellectual Disabilities in a loving setting. With a current census of 121 people living here, Swann is a busy, happy place filled with activities centered on our special residents and their needs. We employ between 150 and 160 staffers year-round, plus foster grandparents, healthcare students, and volunteers.</td>
</tr>
</tbody>
</table>

We also have an accredited school program (Swann School) for residents 3-21 years of age and run a Developmental Service (Day Training, Page II) program for those 22 and older. Both of these programs are off site.

<table>
<thead>
<tr>
<th>Transportation Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>We transport approximately 75 residents from their home at Swann to the Day Training facility, “Page II,” and 23 residents to Swann School, and back home, Monday through Friday, in handicapped-lift buses. One of them, a 2006 Glaval bus, is out of service more than it is operable.</td>
</tr>
</tbody>
</table>

Our two lift vans, a 1992 GMC and a 1994 Ford van, are constantly in use, taking residents to doctor, dentist, or lab appointments, to guardianship hearings, to shopping, recreation, special events, and so forth. Both lift vans have over 100,000 miles and need repairs frequently to continue to provide safe transport. At some point in the very near future both of these vehicles will need to be taken out of service.

Our Motor Vehicle Record policies ensure that only properly licensed and insured drivers may operate our vehicles. We arrange for all safety training.

<table>
<thead>
<tr>
<th>Number of Years Providing These Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swann has been providing skilled care, day training and educational services since 1975, and has been transporting residents to their appointments, outings, church, and everywhere they have needed to go during that time.</td>
</tr>
</tbody>
</table>
E. Transportation Program

Use Table I to show the number of paid employees and/or volunteers used in the operation of your transportation service for a typical week in the most recent operating year. Provide the total hours, by day of the week, worked by all employees/volunteers. Example: If a bookkeeper works on the transportation program 1 hour each weekday (on average), show 1 on the table, in column ‘A’ and for or each day insert 1(one) hour, 2 (two) hours etc.

Table I

Employees and Staffing (Do not complete Table I if you are a 5311 Applicant)

<table>
<thead>
<tr>
<th>Staff</th>
<th>Total # of Hours Worked by Transportation Staff by Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Staff</td>
</tr>
<tr>
<td>Paid Drivers</td>
<td>14</td>
</tr>
<tr>
<td>Volunteer Drivers</td>
<td></td>
</tr>
<tr>
<td>Reservationists/Dispatchers</td>
<td></td>
</tr>
<tr>
<td>Schedulers/Dispatchers</td>
<td></td>
</tr>
<tr>
<td>In-house Staff, Maint.</td>
<td>2</td>
</tr>
<tr>
<td>Administrative Staff</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>16</td>
</tr>
<tr>
<td>Total # of vehicles in use</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Current Service Information – To be completed by all applicants with current service

This section is heavily weighted in the application scoring process. Please complete in its entirety. Please note, Section 5311 Applications need only complete the lower portion of the table.

Data for period starting _______07/01/11_______ through_________ 06/30/12_________.
This section should reflect the most current calendar or fiscal year.

<table>
<thead>
<tr>
<th>Individual Clients Served</th>
<th>Annual Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly Riders without Disabilities</td>
<td>0</td>
</tr>
<tr>
<td>Elderly Riders with Disabilities</td>
<td>6</td>
</tr>
<tr>
<td>Non-Elderly Riders with Disabilities</td>
<td>114</td>
</tr>
<tr>
<td>Other Riders, Including General Public</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong> (must match Total Applicants Client Population in Part V, Section C)</td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Trips*</th>
<th>Annual Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Trips</td>
<td>1866</td>
</tr>
<tr>
<td>Work Trips</td>
<td>26840</td>
</tr>
<tr>
<td>Education Trips</td>
<td>24010</td>
</tr>
<tr>
<td>Nutrition Trips</td>
<td>1738</td>
</tr>
<tr>
<td>Shopping Trips</td>
<td>2164</td>
</tr>
<tr>
<td>Social/Recreational Trips</td>
<td>896</td>
</tr>
<tr>
<td>Other Trips</td>
<td>692</td>
</tr>
<tr>
<td><strong>Total One-Way Passenger Trips Per Year</strong></td>
<td><strong>58206</strong></td>
</tr>
<tr>
<td><strong>Average Number of Vehicles Used</strong> (Service Provided Daily)</td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

*Guidelines for calculating trips:

E.g.: Transport one client to a medical appointment and return home -> two one-way passenger trips
Transport a client to a doctor, pharmacy, and then home -> three one-way passenger trips

If the agency takes 10 clients for a meal at a senior center, and takes those individuals back home -> 20 one-way passenger trips
Part VI - Fleet Control and Maintenance
Completing this section as complete as possible provides staff with an overview of the applicant’s ability to manage assets issued with Federal dollars. Please complete this section to the most accurate of your ability and attach supporting documentation. Please check the boxes by double clicking on the box and selecting “checked.”

A. Fleet Control

Maintenance of an individual vehicle files folder/book for each vehicle in the fleet (if yes, complete the individual vehicle file checklist below).

Retirement of the last three months of drivers’ daily pre and post trip vehicle inspections on file. (Please Attach examples).

Note: It is a Federal Motor Carrier Safety Requirement per Section 396.11 ‘Driver vehicle inspection report(s)’, (including certification of repairs and the certification of drivers’ review) that inspection reports are kept on file at the primary place of dispatch for a period of 3 (three) months.

Operating/Repair Manuals for all fleet vehicles.

Repair manuals on site for all ADA equipment.

If no repair manuals for ADA equipment, the agency has contacted the vendor(s) for manuals.

Agency vehicles stored in garage.

If agency vehicles are stored outside, the storage area is secure.

Agency has a long-term vehicle replacement plan (please attach).

Agency maintains and regularly updates fleet condition reports (please attached a sample).

Do your individual vehicle files include the following? Check all that apply.

- Vehicle title
- Warranties
- Warranty claims
- Insurance policy card
- Vendor contact information
- Copies of repair orders with inspection documentation and date resolved
- Details on malfunctioning ADA/lift equipment
### B. Maintenance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency has a written maintenance policy (include sample documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>such as maintenance, administration, policy, and agency authorization).</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency performs preventative scheduled maintenance for all vehicles.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency performs inspection and manually operates/checks all ADA and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>access equipment.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency files all repairs (including routine maintenance) or adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>advisories/orders.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency retains records of all vehicle inspections (please attach an</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>example).</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency tracks and files vehicle repair history for each vehicle.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does management review repairs and inspection results?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the selected repair shop (please include the name below) experienced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in servicing the vehicle(s) being applied for?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is all ADA equipment on current vehicles operational?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any ADA repair delays? If yes, please include below.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency has major outstanding vehicle or accessory warranty repair issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(if yes, provide a copy of the warranty claim procedures with an example</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>document).</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How long do you keep vehicle inspection records on file? _____ mos. ____ 3 years

Who (Name & Title) is responsible for Agency vehicle maintenance program?

Name:
Gale Kirkpatrick

Title:
Maintenance Director

Who (Name & Title) is responsible for major repairs?

Name:
Kimberly Halberstadt

Title:
Executive Director

Please List any/all outside contractor/service shops; and describe any specialty training:

- Ford City - Ford chassis repair
- Midwest Transit Equipment - lift and chassis repair

Name & Address of shop certified in servicing the ADA equipment

Name:
United Access

Address:
706 West Bradley Champaign, IL 61820
**Ford Van**

**VEHICLE PREVENTATIVE MAINTENANCE CHECKLIST**

Month **April** 2013

Hoosier Care, Inc. dba SWANN Special Care Center

Place date in the top box in the column. Place initial in each box as check completed.

<table>
<thead>
<tr>
<th></th>
<th>Wk 1</th>
<th>Wk 2</th>
<th>Wk 3</th>
<th>Wk 4</th>
<th>Wk 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Visual Vehicle Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Fluid drips under vehicle</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>B. Obvious window cracks</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>C. Head/tail lights work</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>D. Turn signals work</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>E. Tire Pressure</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>F. Tire tread wear</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2. Visual Interior Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Excessive floor wearing</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>B. Straps/Wheel locks OK</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>C. Sharp edges</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>D. Interior window cracks</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3. Functioning Checklist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. All doors open and close</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>B. Emergency exit works</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>C. Lift functions approp.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>4. Over road check (1thcheck)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Engine runs smoothly</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>B. Brakes function approp.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>C. Turns smoothly</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>D. Air cond. functioning</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>E. Heat functioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. General routine maint.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Check/fill oil (fluids)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>B. Schedule change if due</td>
<td>OK</td>
<td>NC</td>
<td>OK</td>
<td>OK</td>
<td></td>
</tr>
</tbody>
</table>

Comments on any item needing to be fixed or reviewed.

**Date**

**Comment**

**Initial**

---

Body & frame separation

Body roll

---

Signature

Init.

Signature

Init.

Signature

Init.
### VEHICLE PREVENTATIVE MAINTENANCE CHECKLIST

Place date in the top box in the column. Place initial in each box as check completed.

<table>
<thead>
<tr>
<th>1. Visual Vehicle Check</th>
<th>Wk 1</th>
<th>Wk 2</th>
<th>Wk 3</th>
<th>Wk 4</th>
<th>Wk 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fluid drips under vehicle</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Obvious window cracks</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C. Head/tail lights work</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>D. Turn signals work</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>E. Tire Pressure</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>F. Tire tread wear</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Visual Interior Check</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A. Excessive floor wearing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Straps/Wheel locks OK</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C. Sharp edges</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>D. Interior window cracks</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3. Functioning Check</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A. All doors open and close</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Emergency exit works</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C. Lift functions approp.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Over road check (1hlock)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A. Engine runs smoothly</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Brakes function approp.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C. Turns smoothly</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>D. Air cond. functioning</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>E. Heat functioning</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. General routine maint.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A. Check/fill oil (fluids)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Schedule change if due.</td>
<td>DA</td>
<td>DA</td>
<td>DA</td>
<td>DA</td>
<td>DA</td>
</tr>
</tbody>
</table>

Comments on any item needing to be fixed or reviewed:

**Date**

**Comment**

*front end needs rebuil + waders*

*tires wear - ing uneven*

**Initial**

Signature: ____________  Init. ____________  ____________  ____________  ____________

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center 22
**VEHICLE PREVENTATIVE MAINTENANCE CHECKLIST**

Month: **Mar** 2003

Place date in the top box in the column. Place initial in each box as check completed.

<table>
<thead>
<tr>
<th></th>
<th>Wk 1</th>
<th>Wk 2</th>
<th>Wk 3</th>
<th>Wk 4</th>
<th>Wk 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Visual Vehicle Check</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Fluid drips under vehicle</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>B. Obvious window cracks</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
</tr>
<tr>
<td>C. Head/tail lights work</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>D. Turn signals work</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>E. Tire Pressure</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>F. Tire tread wear</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>2. Visual Interior Check</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>A. Excessive floor wearing</td>
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<tr>
<td><strong>3. Functioning Checkout</strong></td>
<td></td>
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</tr>
<tr>
<td>A. All doors open and close</td>
<td>✔</td>
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<td>✔</td>
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<tr>
<td>C. Lift functions appropriat</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
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<td></td>
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<td></td>
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<tr>
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<td>✔</td>
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<td>✘</td>
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<tr>
<td>E. Heat functioning</td>
<td>✘</td>
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<td>✘</td>
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<td>✔</td>
<td>✔</td>
</tr>
<tr>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

Comments on any item needing to be fixed or reviewed:

**Date**

**Comment**

**Initial**

Air C. hat leak

Ramp needs repair (waiting on parts)

---

Signature: [Signature]

Init.

Signature: [Signature]

Init.

Signature: [Signature]

Init.
### DRIVING'S DAILY REPORT

**S. S. C. C.** Transportation

<table>
<thead>
<tr>
<th>DAY OF THE WEEK</th>
<th>DATE</th>
<th>START MILEAGE</th>
<th>END MILEAGE</th>
<th>GALLONS OF FUEL</th>
<th>QUARTS OF OIL</th>
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<tbody>
<tr>
<td>W T H F S S A</td>
<td>10-8-12</td>
<td>37,364</td>
<td>37,406</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DRIVER'S NAME:** D. A.

**DIRECTOR NAME:**

**INSTRUCTIONS:**

1. Check oil, water, belts, hoses, battery and transmission, steering and washer fluids prior to starting vehicle.
2. Start up engine and allow to warm up while checking the areas referenced below.
3. In the columns provided below, enter the appropriate inspection codes for each trip taken:
   - ✓ GOOD
   - X QUESTIONABLE
   - O DEFECTIVE
4. If (X) or (O) is entered for any item, please explain in the comment section below. IF THERE IS ANY SIGN OF TROUBLE, NOTIFY OFFICE IMMEDIATELY.

#### FRONT/REAR (cont)

<table>
<thead>
<tr>
<th>TRIP</th>
<th>APPROACH</th>
<th>TRIP</th>
<th>FRONT/REAR (cont)</th>
<th>TRIP</th>
<th>DRIVER AREA (cont)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

#### RIGHT/LEFT SIDE

<table>
<thead>
<tr>
<th>TRIP</th>
<th>APPROACH</th>
<th>TRIP</th>
<th>FRONT/REAR (cont)</th>
<th>TRIP</th>
<th>DRIVER AREA (cont)</th>
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#### INTERIOR

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<th>DRIVER AREA (cont)</th>
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<tbody>
<tr>
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#### SPECIAL NEEDS SECTION

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<th>TRIP</th>
<th>DRIVER AREA (cont)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INSPECTION COMMENTS:

need ramp repaired - parts ordered

---

**FOR GARAGE USE ONLY**

**MAINTENANCE COMMENTS:**

checked with Milnor - parts on backorder

2013 Section 5310 CVP Application Hoosier Care, Inc dba SWANN Special Care Center

(Driver's Signature)
Swann Special Care Center

TRANSPORTATION/MAINTENANCE
POLICIES AND PROCEDURES

APPROVED BY:  
Executive Director

SUBJECT:  
BUS SAFETY PROCEDURES

SUPERCEDES ANY POLICIES OR PROCEDURES ISSUED PREVIOUSLY
NEW POLICY

POLICY:  It is the policy of Swann Special Care Center to provide safe loading and unloading for residents and employees in preparation for transportation from SSCC to Page II or to Swann School.

PROCEDURES:
1. As residents are prepared to enter the bus, be sure that all harnesses, hands and feet are within the appropriate confines to prevent injury.
2. Residents will remain in the building until it is their turn to go outside and enter the bus. No more than three residents should be outside the building at any given time prior to entering the bus.
3. Residents are to remain a safe distance from the lift until the lift is in the complete ground condition.
4. Back the wheelchair onto the lift and ensure that the brakes on the wheelchair are locked and that hands and feet are within the appropriate positions.
5. The driver of the bus will operate the lift, unless other trained staff are available.
6. Staff on both sides of the lift who assist the residents onto the lift will remain at each side of the lift until staff from inside have removed the resident from the lift.
7. Staff will not lower the lift until the wheelchair is completely clear of the lift.
8. The staff inside the bus will back the wheelchair into the appropriate position and utilize the tie downs or the straps to secure the wheelchair in place. Staff will check to assure that the tie-down straps are securely locked and will observe for signs of disrepair. If repair is necessary, this will be reported promptly to the driver, and that space should not be used for transport until the repair has been accomplished.
9. No resident is to be placed on the bus without appropriate locking of the wheelchair and application of the tie-downs.
10. When staff are locking a wheelchair next to another wheelchair, it is important to check that no extremities are pinched or in danger of being caught between the chairs.
11. All residents will be checked off the transportation list as they are loaded.
12. When getting ready to remove a resident from the bus, the staff must ensure that the lift is completely raised and in position to receive the resident before placing the resident on the lift.
13. Wheel locks must be in the locked position once the resident is on the lift.
14. Ensure that all extremities are in a safe position when lowering the lift and when taking the resident through any doorway into or out of the building.
15. Once the lift has been lowered to the ground, the resident must be removed from the lift and taken to a safe distance prior to raising the lift for the next resident.
16. Residents with trachs should be loaded last and placed toward the front of the bus to enable the nurse to suction or provide any necessary care.
17. Oxygen will not be routinely stored on the bus unless the destination is out of town.
18. The radios in the vehicle should be kept at low volume to ensure that the noise of the radio does not interfere with residents’ ability to communicate needs or provide too much staff distraction. Only appropriate music stations should be played while residents are on the bus.
19. NO SMOKING, DRINKING OR EATING ON THE BUS AT ANY TIME!!
20. Staff should interact with the residents socially and check on them frequently during transportation.
21. The driver will not leave the site until all residents are secured properly.
22. All speed limits and safety measures are to be observed at all times.
POLICY: It is the policy of Swann Special Care Center to have appropriate emergency equipment available when transporting residents on outings.

PROCEDURES:
1. The facility has emergency kits/bags that are carried by staff as they go on outings with the residents.
2. The nurse in charge is responsible for ensuring that the van is appropriately equipped at a minimum with the following:
   a. Suction machine with a 12-volt adapter
   b. Suction catheters—size 8 (3) and size 10 (3)
   c. Normal Saline solution vials (6)
Swann Special Care Center

TRANSPORTATION/MAINTENANCE
POLICIES AND PROCEDURES

APPROVED BY:  SUBJECT:  SUPERCEDES ANY
Executive Director  MAINTENANCE  POLICIES OR
DEPARTMENT  PROCEDURES ISSUED
INFECTION CONTROL  PREVIOUSLY

NEW POLICY

POLICY:  It is the policy of Swann Special Care Center that the Maintenance Department
provides for maintenance and repair or installation of septic/sewage systems,
hazardous waste disposal systems, ice machines, water fountains, and other
equipment which is directly or indirectly concerned with infection control.

PROCEDURES:
I. The department plans for protection of employees and residents during construction, renovation,
and repair activities.

II. The department provides support for infection control procedures such as:
A. Maintenance of sinks to facilitate hand washing.
B. Provision for storage of supplies.
C. Maintenance of air handling systems to control airborne microorganisms that could cause
infection.

III. Employees involved in maintenance activities have potential for contact with blood and other
potentially infectious materials during repair and maintenance of equipment or while working on
plumbing/sewer systems. These employees are instructed in the precautions needed to prevent
exposure to infectious materials and are expected to follow recommended precautions.

IV. Maintenance personnel receive training regarding working in rooms of residents who are in
precautions and working with equipment from these rooms.

V. The following activities may involve or have an effect on the risk of infection for residents and/or
maintenance and other personnel. Infection prevention and control measures include the
following:
A. Heating and air conditioning systems
   1. Inform routine, scheduled maintenance of these systems, including regular cleaning of air
      filters, intakes, vents, ducts, and cooling towers.
   2. Maintenance workers may need to wear a dust filter mask when working on these
      systems to protect themselves if excess dust or mold has accumulated.
   3. Notify departments and resident care areas before air handling units are shut down for
      maintenance.
B. Plumbing supply and drainage systems
   1. Schedule regular preventive maintenance of lavatory and sink fixtures, water supply
      pipes, drainage pipes, floor drains, and flushing devices
   2. Remove all faucet aerators or schedule routine cleaning of aerators to prevent build up of
      Legionella spp.
   3. Maintenance personnel will wear appropriate personal protective equipment when
      working on sewer lines or toilet facilities. This may include impervious gown, face
      protection to prevent splash to face, and gloves. Gloves may be heavy duty or leather if
need to prevent cutting and splitting of material. If re-usable gloves are worn, they must be cleaned before re-use.

4. Wash and disinfect tools and equipment when soiled with sewage.

C. Equipment used for Resident care

1. Wear gloves when handling equipment that is visibly soiled or likely to be contaminated with blood or other body substances.
2. Wash and disinfect tools if they become soiled with blood or other body substances.
3. Wear personal protective equipment as appropriate for the task.

D. Existing structure and equipment

1. Replace or repair damaged surfaces (e.g., counter tops, sinks, tiles) if they cannot be adequately cleaned.
2. Replace damp or wet ceiling tiles

E. Waste Processing Systems, including Dumpsters, Trash Bins, Incinerator, etc.

1. Enforce proper bagging and containment of waste – if inappropriately bagged items are found, notify appropriate manager.
2. Maintain waste receptacles to prevent leakage
3. Use personal protective equipment as appropriate to the task.

F. Ice Makers

1. Schedule regular preventive maintenance, including removal of mineral build up, flushing lines and rinsing bins with bleach. (See policy “Ice Chests and Machines” for detail).
2. Promptly repair all defective ice machines.

G. During Construction/Renovation

1. Consult with the Infection Control Professional to determine appropriate precautions required for the task.
2. At a minimum
   i. Use active means to contain dust (e.g. construct barriers, damp mist surfaced to be cut, cover surfaces in area where work will take place)
   ii. Contain debris in a covered bin
   iii. Vacuum with a HEPA vacuum often during the course of work
   iv. Remove no more than a few ceiling tiles at a time, bundle them carefully, and replace immediately
   v. Keep resident doors closed while working outside of the room
3. Notify resident care areas and dietary, in advance, if any disruption of the water supply is anticipated.
   i. Schedule interruptions for times when activity is low.
   ii. Assure that an adequate supply of water is available for drinking and food preparation
   iii. Assure that an adequate supply of water is available for hand washing, resident care, and flushing sewage.

4. Noise/Vibration
   i. Work that is noisy or otherwise disruptive should be scheduled with the resident care areas to assure that they may prepare residents, families, and visitors for the event.
It is the policy of Swann Special Care Center to provide safe loading and unloading for residents and employees in preparation for transportation on various outings.

PROCEDURES:
1. As residents are being readied to enter the van, be sure that all harnesses, hands, and feet are within the appropriate confines to prevent injury.
2. Residents should remain in the building until it is their turn to go outside and enter the van.
3. Residents are to remain a safe distance from the lift until the lift is in the complete ground condition.
4. Back the wheelchair onto the lift and ensure that the brakes on the wheelchair are locked and that hands and feet are within the appropriate positions.
5. Staff who assist the resident onto the lift will stay with them until they are safely loaded onto the van.
6. Staff will secure resident safely in the van. No resident is to be placed in the van without appropriate locking of the wheelchair.
7. When getting ready to remove a resident from the van, staff must ensure that the lift is completely raised and in position to receive the resident before placing the resident on the lift.
8. Wheel locks must be in the locked position once the resident is on the lift.
9. Ensure that all extremities are in a safe position when lowering the lift and when taking the resident through any doorways into or out of buildings.
10. Once the resident is removed from the lift, he or she must be taken to a safe distance prior to raising the lift for the next resident.
11. Residents who have trachs should be loaded last and placed toward the front of the van to enable the nurse quick access if necessary.
12. The radios in the van should be kept at low volume to ensure that the noise of the radio does not interfere with the residents’ ability to communicate needs or provide too much staff distraction. Only appropriate music stations should be played while residents are on the bus.
13. NO SMOKING, NO DRINKING, NO EATING ON THE BUS AT ANY TIME!!
14. Staff should interact socially with the residents and check on them frequently during transportation.
15. The van driver will not leave the site until all residents are secured appropriately.
16. All speed limits and safety measures are to be followed at all times.
**INVOICE**

Customer #: 28614

**SWANN SPECIAL CARE CENTER**
109 KENWOOD RD
CHAMPAIGN, IL 61821-2905

Home: CONT/N/A
Bus: CELL:

**COLOR** | **YEAR** | **MAKE/MODEL** | **VIN** | **LICENSE** | **MILEAGE IN/OUT** | **TAG**
---|---|---|---|---|---|---
WHITE | 94 | FORD | 1FBJS31HBBH88760 | 23359CV | 105015/105015 | T3951

**DATE** | **PROD. DATE** | **WARRANTY** | **PROMISED** | **F0 NO.** | **RATE** | **PAYMENT** | **INV. DATE**
---|---|---|---|---|---|---|---
01JAN94 DD | 17:00 | 10JAN13 | | | | FDIC 11JAN13

**R.O. OPENED** | **READY** | **OPTIONS:** | **ENGINES:**
---|---|---|---
10:25 | 11:08 | 11JAN13 | ENG: 5.8 LITER EFI

**LINE CODE TECH TYPE HOURS**

**A ADVISE CUSTOMER STATED THE DR SIDE BRAKE LINE IS LEAKING BRAKE FLUID**

**CAUSE:**

18MRZ BRAKE SYSTEM

680 CPF 255.00 255.00

1 380321NP BRAKE HOSE 54.60 54.60 54.60

1 BF32 BRAKE FLUID 17.50 17.50 17.50

1 PREP SOL CLEANER 3.00 3.00 3.00

105015 REPLACED LF BRAKE HOSE. BLED BRAKE SYSTEM

**B 99P Vehicle Inspection**

99P 99P Vehicle Inspection

680 CPF 0.00 0.00

GBATT Battery ok at this time

680 CPF 0.00 0.00

YBELT Belts or hoses require replacement soon

680 CPF 0.00 0.00

YCOOL Cooling system requires service soon

680 CPF 0.00 0.00

YSTEER Steering or suspension requires service soon

680 CPF 0.00 0.00

GBK Brakes ok at this time

680 CPF 0.00 0.00

YTIRE Tires require future attention

680 CPF 0.00 0.00

**EST: 150.00 10JAN13 10:25 SA: 618**

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 16.58

**WARRANTY STATEMENT AND DISCLAIMER:** PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

**SHOP SUPPLY COSTS:** We have added a charge equal to 6 1/2% of the total cost of labor and parts, to the Repair Order for shop supplies used in connection with this repair.

**ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.**

**LABOR AMOUNT**

**PARTS AMOUNT**

**GAS, OIL, LUBE**

**SUBLET AMOUNT**

**MISC. CHARGES**

**TOTAL CHARGES**

**LESS INSURANCE**

**SALES TAX**

**PLEASE PAY THIS AMOUNT**

---

*NOTE: The document contains details of a repair order for a Ford vehicle, including the parts replaced and the labor costs. The vehicle has a brake system issue, which was repaired and new parts were installed.*
NEEDED REPAIRS

- 4 Tires $15.00
- 4 Shocks $60.00
- Rear Pinion Seal $210.00
- Transmission Service $275.00
- Transmission Check Line $375.00

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

SHOP SUPPLY COSTS: We have added a charge equal to 6% of the total cost of labor and parts, on the Repair Order for shop supplies used in connection with this repair. ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

<table>
<thead>
<tr>
<th>Description</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Amount</td>
<td>255.00</td>
</tr>
<tr>
<td>Parts Amount</td>
<td>75.10</td>
</tr>
<tr>
<td>Gas, Oil, Lube</td>
<td>0.00</td>
</tr>
<tr>
<td>Sublet Amount</td>
<td>0.00</td>
</tr>
<tr>
<td>Misc. Charges</td>
<td>16.58</td>
</tr>
<tr>
<td>Total Charges</td>
<td>346.68</td>
</tr>
<tr>
<td>Less Insurance</td>
<td>32.50</td>
</tr>
<tr>
<td>Sales Tax</td>
<td>0.00</td>
</tr>
<tr>
<td>Please Pay This Amount</td>
<td>314.18</td>
</tr>
</tbody>
</table>

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received or had the opportunity to inspect any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

Date: 6/25/13
Customer Signature: [Signature]
Authorized Dealership Representative Signature: [Signature]
**VEHICLE REPORT CARD**

MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY

CHAMPAIGN FORD CITY
300 CARRIAGE CENTER COURT
CHAMPAIGN, IL 61820

**Date:** 01/11/2013  
**RO/Tag #:** 429803 T3951

**Name:** SWANN SPECIAL CARE CENTER

**Year/Make/Model:** 1994 FORD

**VIN #:** 1FBJ631H6RHB88760  
**Plate #:** 23359CV

**Odometer:** 105015  
**Inspect. Month:**

**Owner Advantage Rewards #:**  
**Service Balance:**

Ford Extended Service Plan:  
SYNCS VHR Activation:

**SYNC® VHR Activation:**

---

**LEGEND**

- **May contribute to vehicle efficiency and promote a greener environment**
- **Checked and approved.**
- **May require future attention.**
- **Requires immediate attention.**

---

**SCHEDULED MAINTENANCE ITEMS:**

<table>
<thead>
<tr>
<th>Item</th>
<th>DU</th>
<th>SERVICED</th>
<th>DU</th>
<th>SERVICED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tire Rotation</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Multi-Point Inspection</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Fuel Filter</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Oil Filter</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Transmission Fluid &amp; Filter</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Engine Coolant</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Engine Air Filter</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Oil and/or Fluid Leaks</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
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---

**FLUID LEVELS:**

<table>
<thead>
<tr>
<th>Item</th>
<th>OK</th>
<th>OK</th>
<th>OK</th>
<th>OK</th>
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</thead>
<tbody>
<tr>
<td>Engine Oil</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Power Steering Fluid</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Brake Reservoir</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Window Washer Fluid</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Coolant Recovery Reservoir</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
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**WIPER BLADES:**

<table>
<thead>
<tr>
<th>Item</th>
<th>OK</th>
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</thead>
<tbody>
<tr>
<td>Wiper Blades</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Wiper Test Performed</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

---

**BATTERY:**

- **State of Health:** 0%
- **Battery Condition:** 0%
- **Battery is charged:**
- **Actual cold cranking amp:**

---

**TIRE TREAD & BRAKING:**

<table>
<thead>
<tr>
<th>Item</th>
<th>OK</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment check needed</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Wheel balance needed</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
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</tbody>
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**TIRE WEAR INDICATES:**

<table>
<thead>
<tr>
<th>Item</th>
<th>OK</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tire Tread Depth</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Tire Wear Pattern / Damage</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Tire Pressure set to factory-recommended PSI</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

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**TIRE WEAR PATTERN:**

<table>
<thead>
<tr>
<th>Item</th>
<th>OK</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tire Tread Pattern</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Tire Wear Pattern / Damage</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Tire Pressure set to factory-recommended PSI</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

---

**TIRE / BRAKE WEAR:**

<table>
<thead>
<tr>
<th>Item</th>
<th>OK</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brake lining</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Brake pad wear percentage</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Brake pressure release</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

---

**EXTERIOR BODY:**

Note any existing exterior body damage or defects on diagram.

---

**SYSTEMS / COMPONENTS:**

- **Lights / Windshield:**
  - Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps
  - Windshield for cracks, chips and pitting

- **Belts / Hoses / Mounts:**
  - HVAC system and hoses / lines for leaks and/or damage
  - Engine Cooling System, radiator, hose and clamps
  - Accessory drive belt(s)

- **Brake System:**
  - Brakes (including lines, hoses, and parking brake)

- **Steering / Suspension:**
  - Shocks / struts and other suspension components for leaks and/or damage
  - Steering, steering linkages and ball joints (visual)

- **Exhaust System:**
  - Exhaust system (leaks, damage, loose parts)

- **Transmission / Drive Axle:**
  - Clutch operation (if equipped)
  - Constant velocity (CV) drive axle boots (if equipped)
  - Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)

---

Service Advisor: BUSKIRK, JEFF VAN
Technician: IPOX, TALON

---

Customer Signature:

---

**ONE SITE FOR ALL YOUR VEHICLE NEEDS**

FordOwner.com

---

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center

---

33
**A** FAS**T LUBE (GAS/ENG)**

**CAUS**E: CHANGE ENGINE OIL AND FILTER, REPLACE WITH GENUINE FACTORY REPLACEMENT FILTER, REFILL WITH SPECIFIC GRADE OIL. 70MRZ01P FAST LUBE (GAS/ENG) 680 CPF

1 57202/BB OIL FILTER 23.84 23.84 23.84

15 1540 MOTOR OIL 2.85 2.85 42.75

37511 PERFORMED LOP

**B** 99P Vehicle Inspection

99P 99P Vehicle Inspection 680 CPF 0.00 0.00

**C** BLOWER MOTOR STOPPED WORKING

30MRZ ELECTRICAL SYSTEM 680 CPF 816.00 816.00

1 11000214/PA BLOWER ASSY 264.80 264.80 264.80

37511 DIAGNOSED AND FOUND BLOWER INOP. REMOVED DASH PANELS AND DISASSEMBLED HVAC BOX. REPLACED BLOWER MOTOR ASSEMBLY AND VERIFIED REPAIR.

**D** ADVISE CUSTOMER STATES ONE OF THE WIPER ARMS COMBS LOOSE AND GOES OUT OF SYNC

39MRZ WIPER SYSTEM 680 CPF 0.00 0.00

37511 TIGHTENED NUT ON WIPER ARM

**E** CHECK THE LEFT SIDE MIRROR, ITS BROKEN

**WARRANTY STATEMENT AND DISCLAIMER:** PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

**SHOP SUPPLY COSTS:**

- **L**ABOR **A**MOUNT
- **P**ARTS **A**MOUNT
- **G**AS, OIL, **L**UBE
- **S**UB**E**T **A**MOUNT
- **M**ISC **C**HARGES *
- **T**OTAL **C**HARGES
- **L**ESS **I**NSURANCE
- **S**ALES **T**AX

**PLEASE PAY THIS AMOUNT**
CUSTOMER #: 28614

SWANN SPECIAL CARE CENTER
109 KENWOOD RD
CHAMPAIGN, IL 61821-2905

HOME: CONT: N/A
BUS: CELL:

COLOR: YEAR: MAKE/MODEL: VIN: LICENSE: MILEAGE IN/OUT: TAG:
WHITE: 05: YK DEFF: 5B4LP152254700200: 37511/37511: T7148

DEL. DATE: PROD. DATE: WARR. EXP.: PROMISED: PO NO.: RATE: PAYMENT: INV. DATE:
01JAN05: DF: 17:00: 22OCT12: FDISC: 30OCT12

07:31: 22OCT12: 17:04: 30OCT12:

LINE CODE TECH TYPE HOURS
95MRZ MISCELLANEOUS REPAIR
680 CPF

1 35B713801/FR MIRROR

37511 REMOVED MIRROR. IN PROCESS OF MIRROR REMOVAL, LUGS IN BODY BROKE AND SPUN IN THERE BORE. DRILLED OUT LUGS. REMOVED MULTIPLE PANELS TO GAIN ACCESS TO BACK SIDE OF MIRROR. DRILLED ACCESS HOLES FOR NEW MOUNTING OF MIRROR.

EST: 150.00: 22OCT12: 07:31: SA: 618

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER

THANK YOU FOR YOUR BUSINESS
MATT, DON, MARK, AND JEFF

YOU MAY RECEIVE A SURVEY FROM FORD
THIS IS THE DEALERSHIPS REPORT CARD. IF FOR ANY REASON YOU CAN NOT FILL IT OUT COMPLETELY SATISFIED PLEASE CONTACT THE SERVICE DEPT.

WARRANTY STATEMENT AND DISCLAIMER:

SHOP SUPPLY COSTS:

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the service/repairs itemized in this invoice and that you received for had the opportunity to inspect any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE: CUSTOMER SIGNATURE: AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center
**INVOICE**

**DETAILED BILLING INFORMATION**

**INVOICE #**: 427257

**DATE**: 14 NOV 2012

**CUSTOMER #**: 28614

**SWANN SPECIAL CARE CENTER**

109 KENWOOD RD

CHAMPAIGN, IL 61821-2905

**HOME**: CONT: N/A

**BUS**: CELL:

**SERVICE ADVISOR**: 618 JEFF VAN BUSKIRK

**300 Carriage Center Court**

**Champaign, IL 61820**

**(217) 352-0462**  **(800) 354-0462**

**www.FordCityUSA.com**

---

**CUSTOMER SECURITY**:

**VIN**: 5B41P152254700200

**MAKE/MODEL**: 3511

**COLOR**: WHITE

**DEP DATE**: 01 JAN 05

**PROD DATE**: 17:00 14 NOV 12

**WARN EXP**: ORDER

**P.O. NO.**: FDISC

**DUE**: 29 NOV 12

**PAYMENT**: 05 YK DEFT

**MILEAGE IN**: 680

**MILEAGE OUT**: 680

**TAG**: 37511/37511

**LF. OPTIONS**: TRN: A

---

**LINE OPCODE TECH TYPE HOURS**

**LH**: ORDER THE LEFT SIDE WIPER ARM AND NUT

**INV**: 39 MRZ WIPER SYSTEM

**680**: CPF

**2**: 35*B*13728/GB WIPER BLADE

**2**: 35*B*200242/GB PANTOGRAPH ADAPTOR

**2**: 35*B*300757/GB ACORN NUT

**2**: B*200487N/GB WIPER ARM

**1**: 35*B*200242/GB WIPER MOTOR

**MISC FREIGHT**: CPF

**FC**: 37511 INSTALLED NEW CONVERSION KIT FOR COMPLETE WIPER SYSTEM.

**B 99P Vehicle Info**

**99P 99P Vehicle**

**6**: 5B41P152254700200

---

**EST**: 150.00

**SA**: 618

**LINEOPS**

**LH**: ORDER THE LEFT SIDE WIPER ARM AND NUT

**INV**: 39 MRZ WIPER SYSTEM

**680**: CPF

**2**: 35*B*13728/GB WIPER BLADE

**2**: 35*B*200242/GB PANTOGRAPH ADAPTOR

**2**: 35*B*300757/GB ACORN NUT

**2**: B*200487N/GB WIPER ARM

**1**: 35*B*200242/GB WIPER MOTOR

**MISC FREIGHT**: CPF

**FC**: 37511 INSTALLED NEW CONVERSION KIT FOR COMPLETE WIPER SYSTEM.

**B 99P Vehicle Info**

**99P 99P Vehicle**

**6**: 5B41P152254700200

---

**THANK YOU FOR YOUR BUSINESS**

**MATT, DON, MARK, AND JEFF**

**YOU MAY RECEIVE A SURVEY FROM FORD**

**THIS IS THE DEALERSHIPS REPORT CARD. IF FOR ANY REASON YOU CAN NOT FILL IT OUT COMPLETELY SATISFIED PLEASE CONTACT THE SERVICE DEPT.**

---

**WARRANTY STATEMENT AND DISCLAIMER**: PLEASE SEE THE DEALERSHIP’S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

---

**SHOP SUPPLY COSTS**: We have added a charge equal to 6% of the total cost of labor and parts, to the Repair Order for shop supplies used in connection with this repair.

---

**ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.**

---

**DESCRIPTION**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TOTALS</th>
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<tbody>
<tr>
<td>LABOR AMOUNT</td>
<td>795.00</td>
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<tr>
<td>PARTS AMOUNT</td>
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<td>GAS, OIL, LUBE</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBLET AMOUNT</td>
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<tr>
<td>MISCELLANEOUS CHARGES</td>
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<td>TOTAL CHARGES</td>
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<td>LESS SALES TAX</td>
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<tr>
<td>PLEASE PAY THIS AMOUNT</td>
<td>1479.58</td>
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</tbody>
</table>

---

**CUSTOMER SIGNATURE**: [Signature]

**AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE**: [Signature]

---

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center
**SERVICE ADVISOR:** 618 JEFF VAN BUSKIRK

---

<table>
<thead>
<tr>
<th>COLOR</th>
<th>YEAR</th>
<th>MAKE/MODEL</th>
<th>VIN</th>
<th>LICENSE</th>
<th>MILEAGE IN / OUT</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>08</td>
<td>CHEVROLET UPLANDER</td>
<td>1GBDV13W48D209064</td>
<td>40297/40297</td>
<td>T5572</td>
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</table>

**DEL DATE** | **PROD DATE** | **WAR EXP.** | **PRIMESPED** | **PD NO.** | **RATE** | **PAYMENT** | **INV. DATE** |
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<tbody>
<tr>
<td>01JAN08 DD</td>
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<td></td>
<td></td>
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</tbody>
</table>

**R.O. OPENED** | **READY** |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**OPTIONS:** ENG: 3.9_Liter

**P0NO.. RATE PAYMENT INV. DATE**
<p>| | | |</p>
<table>
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<tbody>
<tr>
<td>08:24</td>
<td>15OCT12</td>
<td>16:01</td>
</tr>
<tr>
<td>16OCT12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LINE OP CODE TECH TYPE HOURS**

**LIST NET TOTAL**

| A ADVISE CUSTOMER STATES THE PASS SIDE SEAT BELT RETRACCTOR IS NOT WORKING |
| 30MRZ ELECTRICAL SYSTEM |
| 852 CPF |
| 1 19177164 BELT KIT |
| 40297 REPLACED RETAKTOR AND BOLT |

******852 CPF 110.95 110.95 110.95******

**B 99P Vehicle Inspection**

**99P 99P Vehicle Inspection**

**GBATT Battery ok at this time**

**GBK Brakes ok at this time**

**GTIRE Tires'' ok**

**C**

**FRONT PADS/PREMIUM**

**CAUSE:** FRONT DISC BRAKE PADS ARE WORN OR DAMAGED AND NEED REPLACED

**18MRZRRPDPF FRONT PADS/PREMIUM**

**852 CPF**

| 1 19201448 PAD KIT |
| 85.90 85.90 85.90 |

******852 CPF 85.90 85.90 85.90******

**D**

**PERFORM REAR DISC BRAKE JOB**

**CAUSE:** FRONT DISC BRAKE PADS ARE WORN OR DAMAGED AND NEED REPLACED

**18MRZRRPDPF FRONT PADS/PREMIUM**

**852 CPF**

| 1 19157698 PAD KIT |
| 85.90 85.90 85.90 |

******852 CPF 85.90 85.90 85.90******

**E**

**REPLACE FRT STAB END LINKS**

**CAUSE:**

**11MRZ FRONT SUSPENSION**

**852 CPF**

| 2 K80852BB STAB LINK KIT |
| 56.15 56.15 112.30 |

---

**WARRANTY STATEMENT AND DISCLAIMER:** PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

**SHOP SUPPLY COSTS:** We have added a charge equal to 6% of the total cost of labor and parts, to the Repair Order for shop supplies used in connection with this repair.

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**DATE**

**CUSTOMER SIGNATURE**

**AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE**

---

**2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center**

---

**300 Carriage Center Court**

**Champaign, IL 61820**

**(217) 352-0462**

**www.FordCityUSA.com**

---

**2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center**

---

**37**
CUSTOMER #: 28614

SWANN SPECIAL CARE CENTER
109 KENWOOD RD
CHAMPAIGN, IL 61821-2905

HOME: CONT: N/A
BUS: CELL: SERVICE ADVISOR: 618 JEFF VAN BUSKIRK

COLOR: WHITE YEAR: 08 MAKE/MODEL: CHEVROLET UPLANDER
VIN: 1GBDV13W48D209064 LICENSE: 40297/40297 MILEAGE IN / OUT: TSS72

DEP. DATE: 01JAN08 PROD. DATE: 17:00 WARR. EXP.: 16OCT12 PD NO.: FDISC
PROMISED: 16OCT12 PAYMENT: INV. DATE: 16OCT12

R.O. OPENED: 08:24 R.O. READY: 15OCT12 OPTIONS: ENG: 3.9_Liter

LINE OPCODE TECH TYPE HOURS

F** FAST LUBE (GAS/ENG)
CAUSE: CHANGE ENGINE OIL AND FILTER, REPLACE WITH GENUINE
FACTORY REPLACEMENT FILTER, REFILL WITH SPECIFIC GRADE OIL.
70MRZ81P FAST LUBE (GAS/ENG)
852 CPF
1 VO107 OIL FILTER
6 530 OIL

EST: 15.00 15OCT12 08:24 SA: 618

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER

THANK YOU FOR YOUR BUSINESS.
MATT, DON, MARK, AND JEFF

YOU MAY RECEIVE A SURVEY FROM FORD
THIS IS THE DEALERSHIPS REPORT CARD. IF FOR
ANY REASON YOU CAN NOT FILL IT OUT COMPLETELY
SATISFIED PLEASE CONTACT THE SERVICE DEPT.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S
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<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
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<td>LABOR AMOUNT</td>
<td>542.50</td>
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<tr>
<td>PARTS AMOUNT</td>
<td>475.99</td>
</tr>
<tr>
<td>GAS, OIL, LUBE</td>
<td>0.00</td>
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<tr>
<td>SUBLET AMOUNT</td>
<td>0.00</td>
</tr>
<tr>
<td>MISC. CHARGES *</td>
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</tr>
<tr>
<td>TOTAL CHARGES</td>
<td>1053.75</td>
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<td>LESS INSURANCE</td>
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<tr>
<td>SALES TAX</td>
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</table>

PLEASE PAY THIS AMOUNT 951.75

*SHOP SUPPLY COSTS: We have added a charge equal to 6.5% of the total cost of labor and parts, to the Repair Order for shop supplies used in connection with this repair.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.
### Customer Information

- **Customer #: 28614**
- **28014**
- **428940**

### Service Center Information

- **SWANN SPECIAL CARE CENTER**
  - 109 KENWOOD RD
  - CHAMPAIGN, IL 61821-2905
- **Home:** CONT: N/A
- **Bus:** N/A

### Vehicle Details

<table>
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<tr>
<th>Color</th>
<th>Year</th>
<th>Make/Model</th>
<th>VIN</th>
<th>License</th>
<th>Mileage In/out</th>
<th>Tag</th>
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<tr>
<td>WHITE</td>
<td>10</td>
<td>FORD E350</td>
<td>1FDEE3FLB8ADB01495</td>
<td>33707CV</td>
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<td>T2386</td>
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### Work Details

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<th>Del. Date</th>
<th>Prod. Date</th>
<th>Warr. Exp.</th>
<th>Promised</th>
<th>PG No.</th>
<th>Rate</th>
<th>Payment</th>
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<tr>
<td>17:00</td>
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### Line Code Tech Type

- **Code:** LINEOPCODE
- **Type:** TECH TYPE
- **HOURS:**
  - **LIST:**
  - **NET:**
  - **TOTAL:**

### Repair Details

A FAST LUBE (GAS/ENG)

**CAUSE:** CHANGE ENGINE OIL AND FILTER, REPLACE WITH GENUINE FACTORY REPLACEMENT FILTER, REFILL WITH SPECIFIC GRADE OIL.

**70MR201P FAST LUBE (GAS/ENG)**

- **874 CPF**
  - **1 VO105 OIL FILTER**
  - **6 520 OIL**

**B 99P Vehicle Inspection**

- **99P 99P Vehicle Inspection**
- **874 CPF**
- **GBATT Battery ok at this time**
- **874 CPF**
- **GBK Brakes ok at this time**
- **874 CPF**
- **GTIRE Tire ok at this time**

### Additional Details

- **Est:** 150.00
- **20DEC12 12:29 SA: 618 LINC**

### Warranty Statement

- **WARRANTY STATEMENT AND DISCLAIMER:** Please see the dealership’s limited warranty on the reverse side of this repair invoice.

### Shop Supply Costs

- **SHOP SUPPLY COSTS:** We have added a charge equal to 61% of the total cost of labor and parts, to the Repair Order for shop supplies used in connection with this repair.

### Description

- **ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.**

### Totals

<table>
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<td>Parts Amount</td>
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<tr>
<td>Gas, Oil, Lube</td>
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<tr>
<td>Sublet Amount</td>
<td>0.00</td>
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<tr>
<td>Miscellaneous Ch</td>
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<td>Total Charges</td>
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<tr>
<td>Sales Tax</td>
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<tr>
<td>Please Pay This Amount</td>
<td>32.34</td>
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</table>

### Thank You Message

Thank you for your business:

Matt, Don, Mark, and Jeff

You may receive a survey from Ford. This is the dealership's report card. If for any reason you cannot fill it out completely satisfied, please contact the service dept.

---

**Signature**

---

**Customer Pay Shop Charge for Repair Order:** 0.95
CUSTOMER #: 28614

SWANN SPECIAL CARE CENTER
109 KENWOOD RD
CHAMPAIGN, IL 61821-2905

SERVICE ADVISOR: 618 JEFF VAN BUSKIRK

<table>
<thead>
<tr>
<th>COLOR</th>
<th>YEAR</th>
<th>MAKE/MODEL</th>
<th>VIN</th>
<th>LICENSE</th>
<th>MILEAGE</th>
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<td>40512/40513</td>
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<th>PROD. DATE</th>
<th>WARR. EXP.</th>
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<th>PD NO.</th>
<th>RATE</th>
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<td>03MAY13</td>
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R.O. OPENED | READY | OPTIONS: | TRN: A |
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<tr>
<td>07:32</td>
<td>30APR13</td>
<td>09:52</td>
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LINE OPCODE TECH TYPE HOURS

A/C IS BLOWING WARM AIR CHECK AND ADVISE

CAUSE: 27MRZ HEATING AND A/C SYS

852 CPF 40512 FOUND NO POWER TO TEMP SENSOR TRACED WIRING TO FAILURE NEEDED TO GET Wiring SCHEMATICS AND USED VARIOUS PERSONNEL FROM PRO AIR TO HELP AND FIND THE REPAIR. CORRECTED MULTIPLE WIRING PROBLEMS, COMPLETED EVAC AND RECHARGE TO CORRECT PRESSURES. VERIFIED ALL OPERATION IS WORKING WITHIN SPECIFICATIONS AT THIS TIME.

B 99P Vehicle Inspection

99P 99P Vehicle Inspection
852 CPF

- GTIRE Tires ok at this time
852 CPF
- GBK Brakes ok at this time
852 CPF
- GBATT Battery ok at this time
852 CPF

EST: 150.00 30APR13 07:32 SA: 618

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER
30.00

THANK YOU FOR YOUR BUSINESS
MATT, DON, MARK, AND JEFF

YOU MAY RECEIVE A SURVEY FROM FORD
THIS IS THE DEALERSHIPS REPORT CARD. IF FOR ANY REASON YOU CAN NOT FILL IT OUT COMPLETELY SATISFIED PLEASE CONTACT THE SERVICE DEPT.
<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
<th>Disc.</th>
<th>Amount</th>
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</thead>
<tbody>
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<td><strong>INVOICE AMOUNT</strong></td>
<td></td>
<td></td>
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<td><strong>$524.90</strong></td>
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</table>

> merchandise will be accepted for return without written authority. This invoice must accompany any return or claim on above material. Claims for errors or shortage must be made within 10 days from receipt of goods. A service charge of 1.5% per month will be made on past due accounts, which is equivalent to 18% per year.
<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
<th>Disc.</th>
<th>Amount</th>
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<tr>
<td>WHEEL WEIGHTS COST</td>
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<tr>
<td>** NET TOTAL</td>
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<td>** INVOICE AMOUNT</td>
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</table>

No merchandise will be accepted for return without written authority. This invoice must accompany any return or claim on above material. Claim for errors or shortage must be made within 10 days from receipt of goods. A service charge of 1½% per month will be made on past due accounts this is equivalent to 18% per year.
**Part VII - Transportation Training**

Driver/Dispatch Training is vital and necessary. Your application is weighted heavily on the ability to manage your transportation staff operating a federally issued asset. In this section, you will include and/or describe your formal driver training **policy, programs, and your training administration procedures**. Please check the boxes by double clicking on the box and selecting “checked.”

With your published policy statement on training and orientation, provide documentation/an example of:

1) Your training master plan/outline, and  
2) A current training schedule, and  
3) An Individual Personnel Training record, etc.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency maintains driver training files.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If yes to maintaining driver files, each file reflects training, licensing, and achievements.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>For drivers operating CDL vehicles, the agency maintains a drug and alcohol testing program as required by FMCSA Part 382 or FTA 49 CFR Part 655.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Driver that operate CDL vehicles are required to complete DOT physicals per FMCSA Part 391 subpart E.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

The drivers are trained in the following core passenger transportation subjects:

- Client assistance  
- Defensive driving  
- Emergency procedures  
- Agency provides the drivers:  
  - Special passenger care training  
  - Emergency local contacts and resources  
  - CPR training  
  - Emergency response training  
  - Agency offers update and refresher driver training.  
  - Agency includes dispatchers in vehicle orientation.  
  - Agency includes occasional drivers or people with other specialties.  
  - Agency formal training includes:  
    - Operation of access equipment, including manual lift operation and cautions  
    - Formal vehicle and accessory orientation  
    - Route or territory orientation  
    - Agency uses “on the road” communications with drivers.
If NO to any of the above, please explain, or note alternative training plans, programs and schedules:

Not Applicable – yes to all of the above.

Please list any other formal course(s) offered by or through the agency for drivers / dispatchers:

Western Illinois University Bus Safety Program is offered to drivers.

What is your normal training cycle?

We have random shadowing with a yearly review and testing for all drivers.
Copy of MVR - Clean

VEHICLE CHECK
Walk around
Tires
Lights
Turn Signals
Horn
Controls
Mirrors
Lift
Straps and Belts

Cell Phone Policy

LIFT OPERATION
STRAPS and LOADING

GENERAL SAFETY: - controls, speed limits,
Alertness

BACKING: - slow - alert

 Turns: - smoothness

PARKING: - 1st attempts

DRIVING and TRAFFIC: - changing lanes, stopping

Reviewed every 6 months

APPROVED: Transportation Mgr. DATE: 5 - 1 - 13
Defensive Driving Review Questions
By Resha Oylear, Defensive Driving Trainer
October 2011

1. _______ should be the primary concern of all professional bus drivers.
   a) On-Time Performance
   b) Fare Collections
   c) Safety
   d) Destination

2. The number one distraction that bus drivers have to deal with: _______
   a) Radio
   b) Passengers
   c) Traffic
   d) Animals

3. It is important to look ahead at least _______ to allow yourself enough time prepare to react to sudden changes.
   a) 12 – 15 seconds
   b) 5 – 8 seconds
   c) As far as the eye can see
   d) One block

4. Whether it is for kids playing in a yard, cross traffic at an intersection, vehicles following too closely behind, or a bicyclist riding in the lane of traffic, professional drivers must always study their surroundings.
   a) True
   b) False

5. Checking your mirrors while stopped at a traffic light or during a pick-up or drop-off is not necessary.
   a) True
   b) False

6. When stopping behind another vehicle, stay back far enough so that you can see the _______ behind the tires of the car in front of you. This will allow you to get out from behind that car if they break down.
   a) Mud Flaps
   b) White Line
   c) Tread
   d) Ground

7. Driving with headlights on, making eye contact, using horn when unsure are all ways of attempting to make yourself _______.
   a) Seen
   b) Tired
   c) Hidden
   d) Busy

8. When checking your mirrors every 5 – 8 seconds, this _______ your awareness.
   a) Decreases
   b) Speeds Up
   c) Delays
   d) Increases

9. To reduce in-service breakdowns, performing a complete _______ allows the driver to identify any defects to their assigned vehicle and report them to the proper department.
   a) Post-Trip
   b) Pre-Trip

10. When identifying a defective safety sensitive item such as brakes, back-up alarm, seatbelts, the vehicle must be taken out of service immediately.
    a) True
    b) False
11. Unless otherwise stated in the company's policies and procedures, only the driver and front passenger are required to wear their seatbelts. 
   a) True  
   b) False  

12. Without ___________ our job is no longer necessary. They depend on you to get them from point A to point B safely.
   a) Pedestrians  
   b) Passengers  
   c) Managers  
   d) Co-Workers  

13. Proper _______________ can reduce the chances of early driver fatigue from having to reach too far for pedals or steering wheel.
   a) Mirror Adjustments  
   b) Hand Position  
   c) Seat Adjustment  
   d) Temperature Control  

14. Cell phones are considered a distraction to drivers and their use should be avoided entirely while operating a vehicle.
   a) True  
   b) False  

15. Most accidents occur in the following areas:
   a) Driveways  
   b) Sidewalks  
   c) Parking Lots  
   d) Intersections  

16. Bus drivers must watch for stale green traffic lights as they are likely to ___________.
   a) Change  
   b) Stay Green  
   c) Flash  
   d) Turn Red and Green Again  

17. It is always important to ___________ to the right-of-way. If in doubt, always ___________.
   a) Yield  
   b) Take  
   c) Question  
   d) Wave  

18. All railroad crossings are a form of a dangerous ___________ and should be approached with extreme caution.
   a) Traffic Light  
   b) Intersection  
   c) Task  
   d) Job  

19. Illinois' "Scott's Law" requires that all vehicles must pull over and stop for any and all flashing lights from emergency vehicles.
   a) True  
   b) False  

20. If loading/unloading a passenger requires pulling into a driveway, the driver should always walk around the ________ of the vehicle to ensure it is safe to back up.
   a) Front  
   b) Rear  
   c) Driver's Side  
   d) Passenger Side
21. Preparing to enter or exit a customer stop, always check the _____ for path of travel on both sides of vehicle.
   a) Rearview Mirror
   b) Driver’s Mirror
   c) Passenger Mirror
   d) Mirrors

22. Position of bus _____ feet from the curb prior to making a right hand turn.
   a) Four (4) Feet
   b) Six (6) Inches
   c) As Close as Possible
   d) As Far Away as Possible

23. Before making a right hand turn, always check _____ for pedestrians, bicyclists, motorcycles and other vehicles.
   a) Right Mirror
   b) Over Your Shoulder
   c) Left Mirror
   d) Rearview Mirror

24. Upon pedestrians step off of the curb, bus drivers should always yield the right away to them.
   a) True
   b) False

25. Total Stopping distance is the time it takes the bus to stop after realizing you need to step on the brake pedal.
   a) True
   b) False

26. Total Braking distance is the time it takes the bus to stop after _____ on the brake pedal.
   a) Pressing
   b) Moving
   c) Releasing

27. In rainy weather conditions, bus drivers should increase their following distance by _____ seconds.
   a) Four (4)
   b) Two (2)
   c) Rain does not require an increase
   d) Six (6)

28. Larger vehicles should always travel in the _____ lane for safety.
   a) Right
   b) Center
   c) Left
   d) Any

29. It is safest to drive along side another vehicle when in heavy traffic.
   a) True
   b) False

30. When driving into a curve, accelerate _____ the turn.
   a) Before
   b) During
   c) At the End of

31. When aggressively pressing on the brakes, items will tend to pitch _____.
   a) Backwards
   b) Sideways
   c) Forwards
   d) Not at All
32. If the vehicle being driven has a driver's side airbag, the safest position on the steering wheel is ________
   (a) 10 – 2  
   (b) 9 – 3  
   (c) 6 – 12  
   (d) 4 – 10

33. Areas where drivers need to approach with extreme caution are also known as ________
   (a) Cross Traffic  
   (b) Drive Ways  
   (c) Danger Zones  
   (d) One-Way Streets

34. If running behind before your shift, it is acceptable to take shortcuts on your Pre-Trip, especially if you drove the same vehicle the day before.
   (a) True  
   (b) False

35. Winds are more of a concern ________ a tunnel.
   (a) Entering  
   (b) During  
   (c) Coming Out Of  
   (d) Not a Concern

36. Turn Signals should be actuated at least ________ feet before the turn.
   (a) 25  
   (b) 150  
   (c) 50  
   (d) 75

37. There are large blind spots on buses. If it is necessary to back up the vehicle, it is best to get out and look for ________ before attempting to back up.
   (a) Dangers  
   (b) Traffic  
   (c) Debris  
   (d) All of the above

38. Headlights, taillights, turn signals and four-way lights are all considered ________ devices.
   (a) Danger  
   (b) Control  
   (c) Communication  
   (d) Night

39. Intersections without traffic lights or signs are also known as ________ intersections.
   (a) Controlled  
   (b) Uncontrolled  
   (c) Moving  
   (d) Free

40. When turning in a large vehicle, the movement of the rear of the vehicle could potentially side swipe another vehicle or object. This movement is also known as ________.
   (a) Rear Swing  
   (b) Tail Swing  
   (c) Bus Movement

41. Mirrors should be adjusted so that the ________ mirror allows the driver to see behind the vehicle and the ________ mirror allows the driver to see to the side of the vehicle.
   (a) Convex, Flat  
   (b) Flat, Convex  
   (c) Flat, Flat  
   (d) Convex, Passenger
42. The only thing that can cure _____ is sleep.
   a) Headaches  
   b) Anger  
   c) Fatigue  
   d) Sleeplessness

43. Drivers are subject to many frustrations during their day. It is important to control these frustrations as they can quickly turn into _____.
   a) Angry Passengers  
   b) Road Rage  
   c) Job Loss  
   d) Accident Prevention.

44. The minimum following distance while operating a bus on a clear dry day is _____ seconds.
   a) Two (2)  
   b) Four (4)  
   c) Six (6)  
   d) Eight (8)

45. Bus drivers should avoid passing other vehicles whenever possible.
   a) True  
   b) False

46. Before making a lane change, both _____ should be checked twice to ensure it is safe to make the maneuver.
   a) Lanes  
   b) Vehicles  
   c) Mirrors  
   d) Ahead and Behind

47. Before making a left turn, do not enter the intersection until you can make it all the way through the turn without stopping successfully.
   a) True  
   b) False

48. If an oncoming vehicle begins to swerve into your lane, slow down and prepare your _____ route.
   a) Revenge  
   b) Escape  
   c) Alternate  
   d) Planned

49. When loading and unloading passengers, it is safest to be at least _____ from the curb.
   a) 6 – 12 inches  
   b) 2 feet  
   c) 3 – 6 inches  
   d) Don’t load at a curb

50. When driving under an overpass, how many passengers on board is not of a concern.
   a) True  
   b) False
Passenger Assistance Review Questions
By Rudolph Muzzarelli Passenger Assistance Trainer
October 2011

1) What do people in the community know about the transportation service that is available?
   a. The sign on the vehicle is like a rolling billboard and provides all the information people need.
   b. People can think whatever they like; it does not matter because most will never use the service.
   c. I must provide correct information to anyone who inquires and to keep my customers informed.
   d. None of the above.

2) Why does the service I provide even exist?
   a. To provide me with employment.
   b. To serve people in the community.
   c. To give the people something to talk about.
   d. None of the above.

3) Who is my Customer?
   a. The person whom I transport.
   b. The person at the location to where I transport someone.
   c. I don't have customers, I have clients.
   d. a & b.

4) What role does dispatch have in "customer service"?
   a. Dispatch is usually the first encounter that the customer has with our service.
   b. Dispatch has nothing to do with customer service.
   c. Dispatch may be able to assist with helping a customer who has an unusual need.
   a & c.

5) Some customers that use the transportation service have different styles of wheelchairs. A web-belt strap around the customer and secured to the floor of the vehicle is the best way to secure the wheelchair in a general use paratransit vehicle? True: _____ False: _____

6) Some customers that use the transportation service have different styles of wheelchairs. A four point tie-down system that fastens to the floor and to the frame of the wheelchair is the best way to secure the wheelchair in a general use paratransit vehicle? True: _____ False: _____

7) There is a variety of web belt tie-down straps of various styles in the storage bin: ratchet, clamp, pull through and retractable. Which tie-down strap must not be used on the back of the wheelchair?
   a. Retractable style.
   b. Clamp style.
   c. Pull through style.
   d. Ratchet style.

8) A customer using a wheelchair has requested to ride in the wheelchair in a side facing position.
   a. The customer may choose how to ride.
   b. The customer must ride facing the back of the vehicle.
   c. The customer may ride side facing if a release is signed.

9) A customer using a wheelchair wants to ride the lift in an inboard facing position.
   a. The customer cannot decide how to use the lift.
   b. The customer must use the lift in an outboard facing position.
   c. The customer may use the lift in an inboard facing position.
   d. The lift is not safe to use in an inboard facing position.

10) The vehicle has both retractable and ratchet style tie-downs; the wheelchair may be secured by:
    a. Ratchet style tie-downs may be used on the front while using the retractable style on the rear.
    b. Retractable style tie-downs may be used on the front while using the ratchet style on the rear.
    c. One of each style should be used on the front and one of each style should be used on the rear.
    d. None of the above.

11) Crossing the straps in an X shape stabilizes the wheelchair more securely.
    True: _____ False: _____

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center
12) The ADA requires that a wheelchair be secured, but it does not have to be secured, if customer refuses for the driver to secure it. True: [ ] False: X

13) Must a service animal be certified as professionally trained? True: _____ False: [X]

14) The transportation agency has a policy that requires an animal must be transported in a carrier; that policy also applies to a service animal. True: _____ False: [X]

15) Comments of a customer cause you to suspect the person is being abused is some manner (physically, financially, emotionally, etc.); you must report it? True: [X] False: [ ]

16) A person who is legally blind may still be able to see. True: [ ] False: [X]

17) A person who is legally blind may walk without using a "white cane". True: [X] False: [ ]

18) A person with a disability cannot function independently and leads a totally different life than other people do. True: [ ] False: [X]

19) A customer using a wheelchair who wants to move to an ambulatory seat must not be permitted to do so. True: [X] False: [ ]

20) A customer is using a three wheel mobility device must move to an ambulatory seat. True: [ ] False: [X]

21) When a customer who is using a wheelchair or other mobility device chooses to sit in an ambulatory seat, it is no longer necessary to secure the wheelchair or mobility device. True: [X] False: [ ]

22) A customer has difficulty getting up from a seated position; the best way to assist is to: a. Use a "gait or transfer" belt around the chest of the person end lift. b. Hold the person under the arms end lift. c. Hold your own wrist and extend your arm for the person to use as a "grab bar". d. Hold the person by the clothing at the shoulders end pull. True: [ ] False: [X]

23) Which function must an animal be able to perform to qualify as a service animal? a. Assisting by guiding the person (such as a Seeing Eye dog). b. Assisting by picking up or fetching items for the person. c. Assisting by comforting a person who may be suffering from anxiety. d. Any of the above True: [X] False: [ ]

24) Which customer may have a service or comfort animal? a. A person has a visual impairment. b. A person who has epilepsy. c. A person who has anxiety attacks. d. Any of the above True: [X] False: [ ]

25) Oxygen is a fire hazard. True: _____ False: [X]

26) Speaking with courtesy and respect to each customer when boarding the vehicle is important because: a. the customer is assured that you know their destination and the time to be there. b. the customer knows you are expressing respect and concern about providing good service. c. the customer may not care what you say or think. d. a & b True: [ ] False: [X]

27) The service your agency provides is "curb to curb". A customer coming to board the vehicle falls in their yard. You check to determine if the person is injured and may need an ambulance. The person appears to be uninjured. No further action is needed. True: [X] False: [ ]
28) What is the difference between "Curb to Curb" and "Door to Door" service?
   a. Curb to curb service means the customer boards at the curb and disembarks at the curb; when the customer has stepped off the vehicle the service is no longer responsible. Door to Door service means that the customer is met at the door and escorted to the vehicle and from the vehicle to the door on each ride; when the customer is "inside the door of the building" the service is no longer responsible.
   b. Curb to curb service means the service is only responsible for the customer when the customer is in the vehicle. Door to door service means the service is only responsible for the customer from the time the customer comes out of the door at the "pick up" point until the customer is inside the door at the "drop off" point.
   c. Curb to curb service means the customer is responsible to be at the curb and on time at the "pick up" point and the service is responsible for the customer until after the customer has disembarked from the vehicle and is clear of the curb in a safe location. Door to door service means the service is responsible to assist the customer from the door at the "pick up" point until the customer is inside the door at the "drop off" point.
   d. None of the above.

29) The customer using a wheelchair requests "reasonable accommodation" to be pushed on a ramp to either get into or exit a building; what is the ADA requirement for using the ramp to qualify under the "reasonable accommodation" clause?
   a. The driver has the right to decide if the ramp is reasonable.
   b. The driver should contact a dispatch about providing "reasonable accommodation".
   c. The driver has no choice but to push the wheelchair on the ramp.
   d. None of the above.

30) Dispatch receives a call from a prospective customer. The appropriate response is:
   a. What cha want?
   b. Call back later, I'm too busy to talk to ya now.
   c. Hello, this is (dispatcher's name) with (name of service); how may I help you?
   d. Hi, this is (name of service); when and where do you want to go?

31) The pre-trip inspection is a passenger assistance safety item. True: ❌ Falsa: ___

32) When doing the pre-trip inspection no problems were found. After parking at the end of the route you notice some red fluid dripping under the vehicle. You are finished with your route. It is not your problem. True: _____ False: X

33) During the initial "intake" call it is determined that the customer requires physical assistance; in order to use the transportation service that customer must have a Personal Care Attendant (PCA) who is capable of providing whatever assistance is needed. True: ______ False: X

34) You have stopped at the scheduled address to pick up a passenger with a disability and the passenger requests something that is not part of your "regular" service. What does the ADA require if the service needed by the customer is not the "regular" service?
   a. Tell the customer that service is not provided and make a referral to another service.
   b. Tell the customer that your service does not do what is needed and leave.
   c. Tell the customer they should have inquired about that need before booking a ride.
   d. Contact dispatch for instructions about how to deal with the situation.

35) A customer using a wheelchair is able to walk short distances and asks that you take the wheelchair up the outside stairs and into their home. Company policy is that you do not enter the home of the person. ADA provides for "reasonable accommodation"; therefore, it is assumed to be acceptable for you to take the wheelchair into the home. True: ______ False: X

36) The written policy of the transportation service requires that everyone use a seat belt. A passenger boards and shows you a letter from their physician which states the person should not use a seatbelt. What should you do?
   a. Honor the letter from the physician and transport the customer without a seatbelt.
   b. Tell the customer to get off the vehicle that you cannot accommodate them.
   c. Call dispatch about how to deal with the situation.
   d. Ask the other customers on the vehicle what they think.

37) The transportation service policy is for a wheelchair to be secured. The customer has a three wheel mobility device. The trip is only a few blocks and securing the three wheeler will take longer than the trip. What should you do?
   a. To save time just ignore the policy and drive carefully for the few blocks.
   b. Do your best you can to secure the three wheeler even though it takes longer than the trip.
   c. Just hook up the three wheeler quickly so it looks OK and go on with the ride.
   d. Tell the customer that you cannot transport a three wheeler.

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center
38) What is combined weight of the customer and their mobility device that you are required by the ADA to transport?
   a. 400 pounds.
   b. 500 pounds.
   c. 600 pounds.
   d. 800 pounds.

39) What is the maximum size of mobility device that the ADA requires to be transported?
   a. Forty inches long and twenty four inches wide.
   b. Forty eight inches long and thirty inches wide.
   c. Fifty six inches long and thirty six inches wide.
   d. Seventy two inches long and forty inches wide.

40) One customer has a medical appointment and another customer is going shopping; the weather is inclement and you are not going to be able to pick both customers up and get them to their respective destination in a timely manner. The ADA allows you to give preference to the person who has the medical appointment. True: _____ False: _____

41) An ambulance should be called if someone is having a seizure. True: _____ False: X

42) A customer who has become aggressive and combative; the person may be:
   a. Be suffering from a form of dementia.
   b. Drunk or on drugs.
   c. Be an obnoxious person.
   d. Any of the above may be true. Each situation must be evaluated on its own merits.

43) A customer who is already on the bus is afraid of dogs. Another customer begins to board with a service animal. Policy states no one may transport an animal on the bus. What should you do?
   a. Tell the person with the service animal that you cannot transport the animal.
   b. Call dispatch about how to deal with the situation.
   c. Explain to the customer who is afraid of dogs that ADA requires a service animal be transported.
   d. b & c

44) An individual on the vehicle is complaining of chest pain and feeling nauseous. The person may be:
   a. Having a heart attack.
   b. Having heartburn or indigestion.
   c. Having bloating and "gass".
   d. Any of the above.

45) A person on the vehicle tells you that another person who was having a conversation with him began talking "funny" and something appears to be wrong. You check the customer and find that his face is drawn to one side, the person cannot raise both arms together and their speech is slurred, you check the time and call base. The person may be:
   a. Drunk.
   b. Having an allergic reaction.
   c. Having a stroke.
   d. None of the above.

46) A customer has fallen to the floor of the vehicle. Should you physically pick the person up and set them into a seat. True: _____ False: X

47) During the reservation call the dispatcher is informed that a customer who uses a wheelchair needs a PCA; the customer wants to take her 10 year old granddaughter as her PCA. The customer only needs someone who can help reach items on the shelves in the grocery; the granddaughter meets the requirement to be a PCA. True: _____ False: X

48) Which of the terms applies to a mobility device?
   a. Power chair
   b. Cane
   c. Walker
   d. All of the above
49) Which of these statements does NOT apply? The driver is to:
   a. Treat a customer with a disability with the same respect as a person who does not have a disability.
   b. Understand that a customer with a disability may be as competent as a person without a disability.
   c. Treat a customer with a disability with as much consideration as anyone without a disability.
   d. None of the above, all of the above statements DO apply.

50) To keep a customer with short term memory loss from wondering you may:
   a. tie a knot in their seatbelt.
   b. block the passenger by having another person seated on the isle side of the seat.
   c. handcuff the customer to the seat
   d. shout at the person each time they start to get up from the seat.
Emergency Procedures Review Questions
By Michael Miller, Emergency Procedures Trainer
October 2011

1. Where should the seatbelt cutter be located?
   a) In a closed and secure location
   b) Within reach of the driver
   c) Under the driver's seat

2. The driver is only responsible for his or her own safety.
   a) True
   b) False

3. If dragging the passenger out of the vehicle, always
   a) Drag them by holding onto their ankles
   b) Ensure that their head is facing the direction that they are being dragged
   c) Never drag a passenger

4. Pre-trip and post-trip inspections are part of being proactive in preventing emergency situations?
   a) True
   b) False

5. Wheelchair passengers are evacuated:
   a) First
   b) Last
   c) As dictated by the driver or evacuators.

6. Manual operation of wheelchair lift should be checked:
   a) Daily
   b) Once a month
   c) Only when they need to be used

7. Dispatch should be called:
   a) After passengers are evacuated
   b) Before beginning evacuation
   c) According to company policies

8. Passengers using power-operated wheelchairs should be
   a) Evacuated using the wheelchair lift
   b) Evacuated in the same manner as someone using a manual wheelchair
   c) Evacuated last

9. If the driver does not take care of them, they are of no help to their passengers.
   a) Fares
   b) Himself or herself
   c) Walkers

10. By placing radio handset or microphone outside of the driver's window at the beginning of an evacuation:
    a) The radio won't melt in case of a fire
    b) The radio will be accessible without having to reenter the vehicle
    c) None of the above

11. Why is it important to make eye contact with other drivers?
    a) Although there is no guarantee that the other driver won't do something stupid, you feel more comfortable when he/she is looking your way.
    b) You never know, you might meet Mr. or Miss Right this way
    c) Eye movement is essential to staying awake and alert

12. Passengers may be safer if there is no imminent danger present.
    a) Outside
    b) In a ditch
    c) On the bus
13. Have a plan for every passenger that enters the vehicle.
   a) Evacuation plan
   b) Paper work
   c) Instruction manual

14. One of the following is NOT one of the 9 steps of evacuation
   a) Visually assess the situation quickly
   b) Remove vehicle registration
   c) Quickly compose yourself, be a leader.

15. The engine should be left on during an emergency evacuation?
   a) True
   b) False

16. If a passenger has a system for evacuating the vehicle, drivers should forget what they have been taught and listen to the passenger.
   a) True
   b) False

17. Emergency evacuations cannot be practiced as there is no way of knowing what an actual emergency situation will entail.
   a) True
   b) False

18. If a driver is in the same vehicle everyday, a pre-trip should be done
   a) Only on Monday or the first day of their work week
   b) Every Wednesday
   c) Every other day
   d) Everyday

19. The driver should speak to every passenger that boards the vehicle to
   a) Be professional
   b) Verify if the passenger is able to hear
   c) Verify if the passenger speaks English
   d) All of the above

20. Emergency Evacuation Procedure training
   a) Has been proven to save lives
   b) Should be taken every one to two years
   c) Is an important tool for any type of transportation system
   d) All of the above

21. If a passenger refuses to exit the vehicle, the driver should
   a) Do nothing and leave them there
   b) Use force to remove the passenger
   c) Scream and yell until the passenger gives in

22. Set up the emergency triangles
   a) After all passengers are off of the vehicle and a safe distance away from danger
   b) As soon as you have been made aware of an emergency
   c) After emergency personnel have arrived

23. You should never ask a passenger to assist in an evacuation
   a) True
   b) False

24. During an evacuation, avoid using words that will cause
   a) Laughter
   b) Panic
   c) Excitement
   d) Both b and c
25. If the vehicle has rolled on its side, use the _____ to evacuate passengers
   a) Roof hatch
   b) Windshield
   c) Back hatch
   d) All the above

26. The driver is responsible for the
   a) Safe transport of passengers
   b) Reporting of all vehicle problems and concerns
   c) Both a and b

27. Wheelchair passengers must be facing _____ during transport
   a) Towards the side of the vehicle
   b) Forward
   c) Either way is okay

28. Accidents only happen when the driver is careless
   e) True
   f) False

29. If the driver smells something strange, such as a burning or electrical smell but is not sure what it is
   a) Call it in and wait for dispatch to tell them what to do
   b) Evacuate immediately
   c) Investigate the odor and determine if it is safe to proceed with transport
   d) All of the above

30. The driver should remember his or her limitations when performing an evacuation.
   a) True
   b) False

31. Wheelchair passengers should be removed from the vehicle first.
   a) True
   b) False

32. The best exit is the nearest exit.
   a) True
   b) False

33. If a small engine fire exists, try using the fire extinguisher first before calling for help.
   a) True
   b) False

34. The person the driver should be most concerned with initially is...
   a. Young passengers as they have their life ahead of them
   b. Frail Senior Citizens as they can't help themselves
   c. Wheelchair passengers as their wheelchair is locked to the floor
   d. The driver. Without the driver who is going to evacuate passengers?

35. If there is a small leak under the bus when you approach it at the beginning of your shift you should.
   a. Crawl under bus to see if you can fix it
   b. Immediately report it to your supervisor or maintenance department
   c. Not worry about it as it is only a small leak
   d. Wait and see if it stops leaking

36. The first person you need to help exit the vehicle should be the one closest to the exit.
   a) True
   b) False
37. When should the driver try to put out an engine fire?
   a. Anytime fire is present
   b. Never
   c. If there is time
   d. If it is a very small fire

38. It is okay to have a passenger assist in the evacuation process?
   a. True
   b. False

39. If a passenger does not want to wear their seat belt, it is up to them.
   a. True
   b. False

40. In the event of a fire and a passenger is covered in blood and needs assistance in evacuating vehicle, the driver should?
   a. Wait until emergency personnel arrive
   b. Leave them on the bus
   c. Use all available means of protection and evacuate passenger
   d. A and B

41. In an emergency wheelchair tie-downs should be cut off, not taken off manually.
   a. True
   b. False

42. The driver's door can be used for evacuation.
   a. True
   b. False

43. My vehicle has broken down in the middle of the intersection; I have a passenger in a wheelchair and three ambulatory passengers. Should I evacuate?
   a. No
   b. Only if the vehicle is in harms way
   c. Yes, always

44. There should be ___ emergency triangles in every commercial passenger vehicle.
   a. 2
   b. Blue
   c. 3

45. There is a young wheelchair passenger and a senior citizen wheelchair passenger and you are running out of time. Which passenger do you evacuate first?
   a. The Young Passenger
   b. The Senior Citizen Passenger
   c. The one you feel the most empathy for
   d. None of the above

46. It is important to speak loud and __ when giving instructions during evacuation.
   a. Firm
   b. Clear
   c. Without Panic
   d. All of the above

47. The passenger's safety begins with a daily and thorough.
   a. Education
   b. Pre-Trip Inspection
   c. Phone call
48. What is a good use for your fire extinguisher?
   a. Extinguish small engine fires
   b. Extinguish any and all engine fires that you may encounter
   c. Break out a window or the windshield if you need an emergency exit
   d. All the above

49. What does Situational Awareness mean?
   a. Being aware of weather conditions
   b. Aware of other drivers
   c. Alert to strange smells on your bus
   d. All of the above

50. It is ok to talk on a cell phone if traffic is light.
   a. True
   b. False
Part IX- Coordination Efforts (Non Profits Only)

A. Coordination between transportation services is a vital federal program requirement for client service and the most effective use of Paratransit vehicles. Agencies receiving federal and state grants must contact and coordinate with all other services provided in their geographic service area to assure the most beneficial services to those in need.

Letters of support significantly impact your application score. Please include letters of support from other local, public transportation, and government agencies. As a guideline:

- Mail the request early to allow sufficient time for response.
- Plan for written or phone follow-up (which also must be documented to meet the minimum requirement for coordination).
- For applicants outside of the Northeastern Illinois area, you are required to provide letter of support from the local public transportation provider.
- Please list all other public and non-profit transportation services for the general public, elderly persons and persons with disabilities operating in your current or proposed service area. Note any comments or outline your coordination plan below.

<table>
<thead>
<tr>
<th>Agency / Provider</th>
<th>Website</th>
<th>Phone</th>
<th>Days of Operation</th>
<th>Hours</th>
<th>Type of Service</th>
<th>Contact Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTD</td>
<td>cumtd.com</td>
<td>217-384-4188</td>
<td>Mon-Sun</td>
<td>Varies Per Route</td>
<td>Urban Public Transit</td>
<td>Letter Enclosed</td>
</tr>
<tr>
<td>CRIS RURAL MTD</td>
<td>ruraltransit.org</td>
<td>217-443-2999</td>
<td>Mon-Fri</td>
<td>7am-5pm</td>
<td>Rural Public Transit</td>
<td>Letter Enclosed</td>
</tr>
<tr>
<td>YELLOW CHECKER CAB</td>
<td>N/A</td>
<td>217-355-3553</td>
<td>Mon-Sun</td>
<td>24/7</td>
<td>Taxi</td>
<td>Letter Enclosed</td>
</tr>
<tr>
<td>JET CAB</td>
<td>N/A</td>
<td>217-552-7632</td>
<td>Mon-Sun</td>
<td>24/7</td>
<td>Taxi</td>
<td>Letter Enclosed</td>
</tr>
<tr>
<td>CHAMP. TAXI COMPANY</td>
<td>N/A</td>
<td>217-721-8581</td>
<td>Mon-Sun</td>
<td>24/7</td>
<td>Taxi</td>
<td>Letter Enclosed</td>
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<tr>
<td>CHAMP. COUNTY NURSING HOME</td>
<td>co.champaign.il.us</td>
<td>217-384-3784</td>
<td>Mon-Sun</td>
<td>24</td>
<td>Human Service Agency</td>
<td>Letter Enclosed</td>
</tr>
<tr>
<td>CIRCLE OF FRIENDS</td>
<td>circleoffriendsadc.net</td>
<td>217-359-7937</td>
<td>M-F</td>
<td>7:30am-5:30pm</td>
<td>Human Service Agency</td>
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<td>SAT</td>
<td>9am-4pm</td>
<td></td>
<td></td>
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<tr>
<td>DEVELOPMENTAL SERVICE CENTER</td>
<td>dsc.illinois.org</td>
<td>217-356-9176</td>
<td></td>
<td></td>
<td>Human Service Agency</td>
<td>Letter Enclosed</td>
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<td>Community Elements</td>
<td>communityelements.org</td>
<td>217-373-2430</td>
<td>Mon-Sun</td>
<td>24/7</td>
<td>Human Service Agency</td>
<td>contacted</td>
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<tr>
<td>THE PAVILION</td>
<td>pavilionhospital.com</td>
<td>217-373-1700</td>
<td>Mon-Sun</td>
<td>24/7</td>
<td>Human Service Agency</td>
<td>contacted</td>
</tr>
<tr>
<td>SALVATION ARMY</td>
<td>usc.salvationarmy.org</td>
<td>217-351-0952</td>
<td>Mon-Sun</td>
<td>24/7</td>
<td>Human Service Agency</td>
<td>contacted</td>
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<tr>
<td>DISABILITY RESOURCE&amp; ED SERVICES</td>
<td>disability.illinois.edu</td>
<td>217-333-1970</td>
<td>Mon-Fri</td>
<td>8:30am-5:30pm</td>
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<td>contacted</td>
</tr>
</tbody>
</table>

2013 Section 5310 CVP Application Hoosier Care, Inc. dba SWANN Special Care Center
B. Local Coordination Activities with Existing Agencies Providing Transportation (add pages if necessary)

Remember to document your efforts to generate written support from other agencies; and show the work done to develop a coordinated service plan with other local agencies. Include communications with agencies serving like-client needs in your service area, as well as those listed in the table above - especially if they are IDOT-funded transit authorities, currently recognized IDOT-Certified Public Providers (CPPs), or agencies who currently operate IDOT program vehicles.

Seek to determine if your clients’ transportation needs could be met through accommodation with these existing services, to add capacity and ensure maximum vehicle utilization.

Please describe existing and proposed group efforts in your area, and the participating agencies. A current list of Certified Public Providers is provided in Appendix D (page 39). You must detail why you feel a separate service is needed in that same service area. Please also include participation in the local Human Services Transportation Plan (HSTP) activities. Be sure to include any letters of support from other local agencies or specialized service providers.

(Note: If you are in the Chicago Metropolitan area, letters of support are required from PACE as applicable to your location.)

In an effort to coordinate services with other local agencies, we regularly attend the HSTP Policy/Technical Committee meetings. This allows us to network with other agencies and be involved in identifying transportation needs for persons with disabilities. Swann has also made personal telephone calls to many of the agencies in our HSTP geographical service area to see how we could combine our services. A few of the agencies we have spoken with include William Volk, Managing Director of Champaign-Urbana Mass Transit District, Amy Marchant, CEO of CRIS Rural Mass Transit District, and Brad Parks of Developmental Services Center. All agree they are unable to provide services to Swann due to the volume and time restraints. We transport approximately 96 residents (most in wheelchairs) per week day to and from school and our work site Page II. We also have numerous medical appointments, and community leisure activities. The taxi companies are not equipped to meet our needs due to the need for wheelchair assessable vehicles. Agencies are also not equipped to except Medicaid as payment for transportation services and 119 of our 121 residents are Medicaid recipients. Many of these agencies, DSC being one, transport their own clients to work and need their vehicles during the same hours we do. In addition, Swann is a not-for-profit facility and our vehicles are licensed as Charitable Vehicles. This means no fares many be charged so our vehicles would not benefit the public transportation companies. We continue to work together with HSTP and other local agencies to ensure maximum vehicle utilization. Now that CRIS has expanded their service population, our future plans are to work with them to offer services to the parents and guardians of our children who are unable to visit their loved ones due to transportation issues.
May 13, 2013

Transportation Department
Jet Cab
205 Paddock Drive
Savoy, IL 61874

Dear Sir/Madam:

Swann Special Care Center (Swann) is a home for 123 individuals with multiple, service and profound intellectual disabilities. We are writing a proposal under the Illinois Department of Transportation's 2013 Consolidated Vehicle Procurement to obtain two light duty vans with a lift. We ask your support in this effort by writing a letter urging the Department of Transportation to grant our proposal.

In accordance with federal grant requirements all public and private transit operators must be given the opportunity to participate in the provision of the proposed services and to submit written comments on the proposed project to the division of public and intermodal transportation.

Swann provides its residents with a sense of normalcy and involvement in activities similar to these experienced by persons without disabilities. Thus, residents attend school, go to work, and participate in area community events and special events for which they qualify for such as the Special Olympics and Challenger Baseball. We take residents to their health appointments. These activities mean transporting approximately 100 residents in wheelchairs back and forth to school and work everyday. It is therefore imperative that a reliable means of transportation is available. The buses and vans we have now are very old and frequently break down causing our residents to miss school, work and other programs.

We hope you will support our proposal and encourage the Department of Transportation to grant our request for these vehicles. Please address your letter of support to Eileen Sierra, Champaign County Regional Planning Commission, 1776 E. Washington St., Urbana, IL 61802

We will attach your letter to our application so please send it in the enclosed self addressed envelope or call us at 217-356-5164 and we will be glad to pick it up. Thanks you for your support.

Sincerely,

Kym Halberstadt
Executive Director
May 13, 2013

Transportation Department
Champaign Taxi Company
183 Paddock Drive
Savoy, IL 61874

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Swann Special Care Center (Swann) is a home for 123 individuals with multiple, service and profound intellectual disabilities. We are writing a proposal under the Illinois Department of Transportation's 2013 Consolidated Vehicle Procurement to obtain two light duty vans with a lift. We ask your support in this effort by writing a letter urging the Department of Transportation to grant our proposal.

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Swann provides its residents with a sense of normalcy and involvement in activities similar to those experienced by persons without disabilities. Thus, residents attend school, go to work, and participate in area community events and special events for which they qualify for such as the Special Olympics and Challenger Baseball. We take residents to their health appointments. These activities mean transporting approximately 100 residents in wheelchairs back and forth to school and work everyday. It is therefore imperative that a reliable means of transportation is available. The buses and vans we have now are very old and frequently break down causing our residents to miss school, work and other programs.

We hope you will support our proposal and encourage the Department of Transportation to grant our request for these vehicles. Please address your letter of support to Eileen Sierra, Champaign County Regional Planning Commission, 1776 E. Washington St., Urbana, IL 61802

We will attach your letter to our application so please send it in the enclosed self addressed envelope or call us at 217-356-5164 and we will be glad to pick it up. thanks you for your support.

Sincerely,

Kym Halberstadt
Executive Director
May 13, 2013

Josh Drake
Champaign County Nursing Home
500 S. Art Bartell Rd
Urbana, IL 61802

Dear Sir/Madam:

Swann Special Care Center (Swann) is a home for 123 individuals with multiple, service and profound intellectual disabilities. We are writing a proposal under the Illinois Department of Transportation's 2013 Consolidated Vehicle Procurement to obtain two light duty vans with a lift. We ask your support in this effort by writing a letter urging the Department of Transportation to grant our proposal.

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Sincerely,

Kym Halberstadt
Executive Director
May 13, 2013

Circle of Friends  
609 W. Washington  
Champaign, IL 61820  

Dear Sir/Madam:  

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Sincerely,  

Kym Halberstadt  
Executive Director
May 13, 2013

Mental Health Center of Champaign County
1801 Fox Drive
Champaign, IL 61820

Dear Sir/Madam:

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Sincerely,

Kym Haiberstadt
Executive Director
May 13, 2013

The Pavilion
809 W. Church Street
Champaign, IL 61820

Dear Sir/Madam:

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Sincerely,

Kym Halberstadt
Executive Director
May 13, 2013

Salvation Army
2212 N. Market
Champaign, IL 61820

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Sincerely,

Kym Halberstadt
Executive Director
May 13, 2013

Disability Resource & Educational Services
1207 S. Oak Street
Champaign, IL 61821

Dear Sir/Madam:

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Sincerely,

Kym Halberstadt
Executive Director
B. Local Coordination Activities with Existing Agencies Providing Transportation

Remember to document your efforts to generate written support from other agencies; and show the work done to develop a coordinated service plan with other local agencies. Include communications with agencies serving like-client needs in your service area, as well as those listed in the table above - especially if they are IDOT-funded transit authorities, currently recognized IDOT-Certified Public Providers (CPPs), or agencies who currently operate IDOT program vehicles.

Seek to determine if your clients’ transportation needs could be met through accommodation with these existing services, to add capacity and ensure maximum vehicle utilization.

Please describe existing and proposed group efforts in your area, and the participating agencies. A current list of Certified Public Providers is provided in Appendix D (page39). You must detail why you feel a separate service is needed in that same service area. Please also include participation in the local Human Services Transportation Plan (HSTP) activities. Be sure to include any letters of support from other local agencies or specialized service providers.

Swann works with C-U MTD to transport residents when possible. C-U MTD also provides door-to-door service to family and relatives of our residents who come to visit. Until recently we had an employee who also used MTD door-to-door service to commute to work.

Unfortunately, there are no providers who are able to transport our residents to school and Page II due to the volume and time restraints. We transport approximately 96 residents per week day to and from school and Page II. Providers are also not equipped to except Medicaid as payment for transportation and 119 of our 121 residents are Medicaid recipients.
C. HSTP Endorsement

As SWANN’s facility is located and operates within the Champaign-Urbana (C-U) Urbanized areas – this Section 5310 application will fall under the C-U Urbanized HSTP, which SWANN has actively participated in the recent updates to this plan facilitated by the Champaign County Regional Planning Commission.

Therefore, this application will go before the Technical and Policy Committees of the Champaign-Urbana Urbanized Area Transportation Study (CUUATS) on June 19th & June 26th, 2013 respectively for review and their endorsement. If awarded, the vehicle award notice will be sent to CUUATS’ Urbanized HSTP Coordinator (Eileen Sierra-Brown) for its addition into the Transportation Improvement Plan (TIP).

- **Anticipated Submission of MPO Endorsement Resolution = June 26th, 2013**

- **CUUATS Meeting Information can be found**

- **Note that IDOT-DPIT’s Radha Hemmige was contact and granted an extension to turn in this resolution before June 30th.**

- **Endorsement resolutions will be pages 66 & 67 for this application.**
Part X - Paratransit Service Financial Plan

A completed provides the Department with a financial overview of the applicants’ transportation current and anticipated needs.

Please detail all revenue and expense associated with funding your transportation services by service type in Table I. Then show your agency’s ability to 1) match federal funds if necessary for the grant and 2) manage the capital asset in Table II. Refer to the introductory section of this application for further guidance on completing this section. Also, please include any additional financial detail, future plans, or special direction that could assist in evaluating the application.

Applicant’s Fiscal Year Budget Period 07/01/13 to 06/30/14.

Table I

<table>
<thead>
<tr>
<th>Activity/Line-Item</th>
<th>Replacement or Service Expansion Requests</th>
<th>NEW SERVICE Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal) Fiscal</td>
<td>Projected Annual Budget for next 12 month period for Transportation Operations</td>
</tr>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passenger Fares</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Operating Income from Service Contracts (see section B on next page)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Operating Income from other Grants (see section B on next page)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Donations</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>General agency funds</td>
<td>126,190</td>
<td>139,522</td>
</tr>
<tr>
<td>Other</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Total Revenues (must equal expenses)</strong></td>
<td>126,440</td>
<td>139,522</td>
</tr>
<tr>
<td><strong>Expenses – Operations:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver Salaries and Fringe Benefits</td>
<td>73,773</td>
<td>91,315</td>
</tr>
<tr>
<td>Dispatch/Supervisor Salaries and Fringe Benefits</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Maintenance (Parts and Labor)</td>
<td>10,330</td>
<td>10,554</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Fuel, Oil, Tires</td>
<td>18,630</td>
<td>13,136</td>
</tr>
<tr>
<td>Insurance</td>
<td>8,497</td>
<td>9,859</td>
</tr>
<tr>
<td>Vehicle Storage</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Other</td>
<td>13,538</td>
<td>12,601</td>
</tr>
<tr>
<td><strong>Total Expenses (must equal revenues)</strong></td>
<td>126,440</td>
<td>139,522</td>
</tr>
<tr>
<td>Funding Sources:</td>
<td>Replacement or Service Expansion Requests</td>
<td>NEW SERVICE or New/Requested Vehicle(s)</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Actual Revenue for previous year for Transportation Services</td>
<td>Projected Annual Revenues for 12 month period for Transportation Services</td>
</tr>
<tr>
<td>Service Contract Funding:</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Other Grant Funding:</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Joint Certification and Assurances for iDOT & FTA Programs Authorization

Please Print or Type: Name of Applicant/Agency:

Hoosier Care, Inc d/b/a Swann Special Care Center

Name and Relationship of Board Authorized Representative:

VP & General Counsel of Manager

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all State and Federal statutes, regulations, executive orders, and Federal requirements applicable to each application it makes to the Federal Transit Administration (FTA) and/or the Illinois Department of Transportation (iDOT) in Federal Fiscal Year 2013.

iDOT and the FTA intend that the certifications and assurances in should apply to each project for which the Applicant seeks now, or may later seek, FTA or iDOT assistance during Federal Fiscal Year 2013.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document, and any other submission made to FTA or iDOT, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801, et seq., and implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR, part 31 apply to any certification, assurance or submission made to iDOT or FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with the Urbanized Area Formula Program, 49 U.S.C. 5307, and may apply to any other certification, assurance, or submission made in connection with any program administered by FTA or iDOT.

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Date: 4/10/13
Authorized Representative of Applicant
Affirmation Of Applicant’s Attorney

For
Hoosier Care, Inc. dba SWANN Special Care Center
(Name of Applicant)

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local or tribal governmental law, as applicable, to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

__________________________
Signature

4/26/13
Date

Attorney for Applicant
Appendix B

CERTIFICATE OF PUBLICATION IN

The News-Gazette

The undersigned, THE NEWS-GAZETTE, INC. by its authorized agent, does hereby certify that said corporation is the publisher of The News-Gazette and that the same is the daily secular newspaper of general circulation published in Champaign, Champaign County, Illinois, and said newspaper is a newspaper as defined by 715 ILCS 5/5 (1992) and 715 ILCS 10/1 (1992); said publisher further certifies that the annexed notice was published in said newspaper, on the following date(s):

04/30/2013

NOTICE OF PUBLIC HEARING

Said publisher further certifies that the date of the first paper containing the said notice was on the first date hereinabove set forth and that the date of the last paper continuing the said notice was on the last date hereinabove set forth.

The News-Gazette, Inc.
Publisher of The News-Gazette

By: [Signature]

Authorized Agent

Publisher's fee $143.33
Ad # 1176139
NOTICE OF
PUBLIC HEARING
SWANN SPECIAL CARE CENTER

RE: State of Illinois Paratransit Vehicle Grant for
Swann Special Care Center, City of Champaign,
Champaign County.

Notice is hereby given that a PUBLIC HEARING will be
held by: Swann Special Care Center;
On: May 14th, 2013, at 10:00 AM;
Where: Swann Special Care Center
Conference Room
109 Kenwood Rd.
Champaign, Illinois 61821

I. For the purpose of considering a project for which
financial assistance is being sought from the Illinois
Department of Transportation, general authority to
make such Grants, and which is generally described as
follows:

A. Description of Project (Brief Description of the Service
to be provided, including the types, capacities and
budgeted costs of vehicles requested),
Swann Special Care Center is applying for a State of
Illinois Paratransit Vehicle Grant to transport its 118
non ambulatory residents to the day training program,
Swann School, health and medical appointments, and
community outings. The vehicles requested are a light
duty paratransit vehicle (three (3) wheelchair
seats) and secured with four passenger seats.
This project will be included in a Consolidated Vehicle
Procurement Program undertaken by the State of
Illinois on behalf of Swann Special Care Center with
State and Federal Funds.
B. Relocation Relocation Assistance will not be required.
C. Environment This project is being implemented to
minimize environmental impact.
D. Comprehensive Planning: This project is in conformance with comprehensive transportation planning in the area.
E. Elderly and Disabled: All new equipment included in
this project will meet ADA accessibility rules for the
elderly and persons with disabilities.
II. At the hearing, Swann Special Care Center will afford
an opportunity for interested persons or agencies to
be heard with respect to the social, economic, and
environmental aspects of the project. Interested
persons may submit orally or in writing, evidence and
recommendations with respect to said project.
III. A copy of the application for a state grant for the
proposed project for the intended service area will be
made available for public inspection at Swann Special
Care Center, 109 Kenwood Road, Champaign, IL
61821.

CONTACT PERSON:
Kym Halberstadt,
Executive Director
Swann Special Care
Center
109 Kenwood Road, Champaign, IL 61821
217-356-5154
1176139 4/30
MINUTES OF PUBLIC HEARING
MAY 14, 2013

IN ATTENDANCE:

Kym Halberstadt
Gale Kirkpatrick
John Lawrence
Cathy Potter
Dan Andres
Troy Smith
Zipura Matias
Max Redmond

Everyone in attendance indicated support of Swann Special Care Center’s request for two (2) light-duty vehicles.

Thank you,

Kym Halberstadt
Executive Director
ATTENDANCE SHEET
MAY 14, 2013

Mike Richardson
Ziggy Martinez
Hal Wright - Maint. Dir.
J. O. - Head Teacher
Dan Andrews - Bus Driver
K. Holmstead - Ex. Director
M. Potter - Dir. Director
D. E. - Bus Driver
Appendix C: Opinion of Counsel

Opinion of Counsel

I, the undersigned, am an attorney, licensed and duly admitted to practice law in the State of Illinois and counsel for and attorney for the HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER. In this capacity, my opinion has been requested concerning the eligibility of the HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER for grant assistance under the provisions of the Civil Administrative Code of Illinois (Act) 20 ILCS 2705-305. You are hereby advised as follows:

1. The HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER is an eligible recipient as defined in state regulations.

2. The HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER'S charter or by-laws or in the statutes of the State, the United States of America, or any other local ordinances that preclude or prohibit HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER from making said application for or contracting with the State for the purpose of receiving a State capital improvement grant.

3. The undersigned has no knowledge of any pending or threatened litigation, in either Federal or State courts which would adversely affect this application, or which seeks to prohibit the HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER from contracting with the State for the purpose of receiving a State capital improvement grant.

Based upon the foregoing, I am of the opinion that the HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER is an eligible recipient under the provision of the Act, and that it is fully empowered and authorized to apply for and to accept the grant from the State.

Attorney for HOOSIER CARE INC DBA SWANN SPECIAL CARE CENTER

Signature: ____________________________

Deborah Frank Feiner
(Print Attorney's Name)

(ARDC Registration Number)
Resolution

Resolution authorizing application for a Public transportation Capital Assistance Grant under the Illinois Department of Transportation's general authority to make such Grants.

WHEREAS, The provision and improvement of public transportation facilities is essential to the development of safe, efficient, functional public transportation system; and

WHEREAS, The Illinois Department of Transportation has the authority to make such Grants and makes funds available to offset certain capital costs of a private non-profit, general public transportation system or an IDOT Certified Public Provider transportation system providing specialized paratransit service; and

WHEREAS, Grants for said funds will impose certain obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF HOOSIER CARE INC., D/B/A SWANN SPECIAL CARE CENTER ("Swann"): 

Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation for the State of Illinois, for a financial assistance grant under the Illinois Department of Transportation's general authority to make such Grants, for the purposes of offsetting certain public transportation facility capital costs of Swann.

Section 2. That Stacie Turner, General Counsel and Designated Agent, of Swann is authorized and directed to execute and file on behalf of Swann such application.

Section 3. That Stacie Turner, General Counsel and Designated Agent, of Swann is authorized to furnish such additional information as may be required by the Division of Public and Intermodal Transportation in connection with the aforesaid application for said Grant.

Section 4. That Stacie Turner, General Counsel and Designated Agent, of Swann is hereby authorized and directed to execute and file on behalf of Swann all required Grant Agreements with the Illinois Department of Transportation.

PRESENTED AND ADOPTED the 9th day of May, 2013

[Signatures]

General Counsel

Attest: [Signature]
Assistant to General Counsel
April 29, 2013

Ms. Eileen Sierra
c/o Swann Special Care Center
2422 West Springfield Avenue
Champaign, IL 61821

Dear Ms. Sierra:

The Champaign-Urbana Mass Transit District supports Swann Special Care Center’s application for two light-duty buses with ramps under the Illinois Department of Transportation’s Grant Program.

The District is unable to provide the services to meet the needs of your agency.

If additional information is needed, please feel free to contact me.

Sincerely,

William L. Volz
Managing Director

rll
May 13, 2013

Ms. Eileen Sierra
c/o Swann Special Care Center
2422 West Springfield Ave
Champaign, IL 61821

Dear Eileen,

Kym Halberstadt and I are both aware of the information and requirements for 5310 vehicle applications. Together we acknowledge that those requirements are rapidly changing due to the new and carefully enforced Federal Standards.

A great deal of time has been spent at the Region 8 HSTP bi-monthly meetings discussing in depth, the conditions an Illinois 5311 public transportation provider such as CRIS Rural Mass Transit District is expected to review before the issuance of an endorsement letter of support.

The primary condition for support of a 58310 vehicle for an agency such as Swann Special Care Center from a 5311 provider such as CRIS is:

Assurance of non-duplication of 5311 service.

CRIS is able to support your application, if your application can clearly outline that the vehicle you are applying for is not being used for a service that CRIS is able to do as a 5311 provider.

Sincerely,

[Signature]

Amy S. Marchant, CEO
April 26, 2013

Eileen Sierra  
Champaign County Regional Planning Commission  
1776 E. Washington Street  
Urbana, IL 61802

Dear Eileen,

I am aware that the Swann Special Care Center is in need of two (2) light duty buses with ramps. The center is home to individuals with developmental disabilities who are given the chance to attend school, work, and various events in the community. Swann is also responsible for transporting their residents to health appointments.

I ask that you please help them to fulfill this request. The center does a wonderful job providing the people who reside there opportunities to participate in activities that they would not otherwise be able to. A vital part of Swann’s ability to do this is having reliable transportation that meets the needs of their disabled residents. I ask you to consider the Swann Special Care Center’s request for two (2) light duty buses with ramps in order to provide them with the dependable transportation they so desperately need. If I can provide you with further information, please contact me.

Sincerely,

Michael Frerichs
Swann Special Care Center  
2422 W. Springfield Ave.  
Champaign, IL 61821

May 15, 2013

Dear Kim:

It was very informative speaking with you at the HSTP bi-monthly meetings. We all face great challenges in our transportation needs due to scarcity of resources. As we all vie for additional resources through the grant process, it has become necessary to work with one another to facilitate transportation to those in need. Since we both serve the disabled population in Champaign county and surrounding areas we must maximize and coordinate all of our transportation services.

Developmental Services Center would recommend action on the Swann special care 5310 or 5311 grant request for additional vehicles. Should you have any questions or concerns regarding this letter please contact Brad Parks at 217-398-7104.

Sincerely,

Brad Parks
Ms. Eileen Sierra  
c/o Swann Special Care Center  
109 Kenwood Road  
Champaign, IL 61821

Dear Ms. Sierra:

Champaign Taxi Company supports Swann Special Care Center’s application for two light duty buses with ramps under the Illinois Department of Transportation's Grant Program.

Due to the need of wheelchair accessible vehicles, Champaign Taxi Company is unable to provide services to meet the needs of Swann's agency.

If additional information is needed, please feel free to contact me.

Sincerely,

Aziz Boulita  
Owner/Champaign Taxi Company
May 14, 2013

Ms. Eileen Sierra
C/o Swann Special Care Center
109 Kenwood Road
Champaign, IL 61821

Dear Ms. Sierra:

Yellow Checker Cab company supports Swann Special Care Center’s application for two light duty buses with ramps under the Illinois Department of Transportation’s Grant Program.

Due to the need of wheelchair accessible vehicles, Yellow Checker Cab is unable to provide services to meet the needs of Swann’s agency.

If additional information is needed, please feel free to contact me.

Sincerely,

Melissa Ewing

Melissa Ewing
Office Manager
Yellow Checker Cab
217-355-3553
Ms. Eileen Sierra  
c/o Swann Special Care Center  
109 Kenwood Road  
Champaign, IL 61821

Dear Ms. Sierra:

Jet Cab Company supports Swann Special Care Center's application for two light duty buses with ramps under the Illinois Department of Transportation's Grant Program.

Due to the need of wheelchair accessible vehicles, Jet Cab is unable to provide services to meet the needs of Swann's agency.

If additional information is needed, please feel free to contact me.

Sincerely,

[Signature]

Abdul Rehi  
Owner/Jet Cab Company
Ms. Eileen Sierra
Champaign County Regional Planning Commission
1776 E. Washington St.
Urbana, IL 61802

Dear Ms. Sierra,

Champaign County Nursing Home supports Swann's Special Care Center's application for two light-duty buses with ramps under the Illinois Department of Transportation's Grant Program.

The skilled nursing facility is unable to provide transportation needs to Swann's and supports the issuance of buses to fulfill the center's needs.

Sincerely,

[Signature]
Joshua Drake BS, MS, LNHA
Admissions/Marketing/Corporate Compliance
Champaign County Nursing Home
May 14, 2013

Ms. Eileen Sierra
c/o Swann Special Care Center
109 Kenwood Road
Champaign, IL 61821

Dear Ms. Sierra:

Circle of Friends Adult Day Center supports Swann Special Care Center’s application for two light duty buses with ramps under the Illinois Department of Transportation’s Grant Program.

Circle of Friends Adult Day Center accepts for admission customers 18 and older and specializes in the senior population with dementia. This is not a resource to serve the population needs of Swann Special Care Center.

If additional information is needed, please feel free to contact me.

Sincerely,

Carol W. Mauck, MSW, LCSW, ACSW
Co-Owner
Circle of Friends Adult Day Center
609 West Washington
Champaign, Illinois 61820
We have received your recent letter; and based on the information you furnished, we believe

HOOSIER CARE INC
MANAGER
535 WEST 2ND ST SUITE 105
LEXINGTON KY 40508

is organized and operated exclusively for charitable purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers’ Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E99869-9984-05. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on January 1, 2014, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services
Illinois Department of Revenue
Appendix H: Score sheet

Applicant Service Scoring

Criteria 1: Level of Existing Services (Maximum 3.0)

a. Inexperienced (new agency, new to transportation services or fleet administration) 0.0 – 1.0 Points
b. Experienced (transportation services offered, new to 5310 program) 1.0 – 2.0 Points
c. Established (current grantee, history of transportation services within the program) 2.0 – 3.0 Points
d. Only available provider for specialized/private services, very active coordination partner 3.0 Points

Comments:

Criteria 2: Application (Maximum 3.0)

a. Incomplete (missing information, difficult to understand, ineligible request) 0.0 – 1.0 Points
b. Effective (new or primary transport services for elderly or disabled riders) 1.0 – 2.0 Points
c. Established (current grantee, history of transportation services within the program) 2.0 – 3.0 Points

Comments:

Criteria 3: Equipment Utilization (Maximum 3.0)

a. Low (less than 5,000 miles per year) INELIGIBLE
b. Poor (5,000 – 8,000 per year) 0.0 – 1.0 Points
c. Fair (8,000 – 15,000 per year) 1.0 – 2.0 Points
d. Excellent (15,000 or more per year) 2.0 – 3.0 Points

Comments:

Criteria 4: Administration/Fleet Control (Maximum 3.0)

a. Poor (incomplete records, lack of detailed recordkeeping) 0.0 – 1.0 Points
b. Limited (planning documents complete, lacking long-term vision) 1.0 – 2.0 Points
c. Excellent (long-term strategic planning, expansion of services planned) 2.0 – 3.0 Points

Comments:

Criteria 5: Vehicle Maintenance/Driver Training (Maximum 4.0)

(Note: Examples of maintenance and training policies should be included with submission)

a. Poor (no maintenance plans, no training policy, no records) 0.0 – 1.0 Points
b. Fair (incomplete maintenance plan and training records) 1.0 – 2.0 Points
c. Satisfactory (following suggested maintenance plan, offers required training) 2.0 – 3.0 Points
d. Excellent (comprehensive maintenance plan and records, periodic refresher training required) 3.0 – 4.0 Points

Comments:

Criteria 6: Coordination Efforts (Maximum 4.0)

a. Inactive (not currently participating in meetings, planning, or service provision) INELIGIBLE
b. Participant (an agency that regularly attends planning meetings only) 0.0 – 2.0 Points
c. Active Participant (an agency that routinely meets committee requests with data, information, and resources in the development of strategy planning) 2.0 – 3.0 Points
d. Leadership Participant (an agency that routinely volunteers leadership, data, and resources to coordination planning and service provision) 3.0 – 4.0 Points

Comments:

Total Score:

Prior Year Score (If Applicable)

General Comments: