

**DART Commission Agenda  
Municipal Service Center  
February 21, 2019**

**Minutes**

- Approval of minutes from April 2018 Meeting Minutes

**Members**

- Welcome to Sandra Bacon our new Citizen at Large Member

**Follow Up From Last Meeting**

- Sunday Service Trial Recap – City Council approved continuation of Sunday Service in July 2018 as recommend by DART Commission at the April 2018 meeting.
  - o During the summer months of July, August, September DART Sunday service averaged 64 rides per Sunday. During the winter DART is averaging approximately 50 rides per Sunday.
  - o See attached flyer created to advertise DART services as requested by DART Commission

**FTA/MDOT Business**

- 2020 Vehicle Accessibility Plan Review and Approval
- Joint purchase of a vehicle maintenance hoist with City of Midland – Installation of vehicle hoist complete May 2018
- Mobile data terminals and computer software – This project continues to be on hold until staff is more confident in product fit for DART setting
- Federal Transportation Authority Triennial Review was conducted in May 2018 to ensure Dial-A-Ride processes and procedures were in compliance with federal requirements. The City of Midland Dial-A-Ride passed this comprehensive audit without any issues.
- Using federal and state funds DART received one replacement bus and has another replacement bus on order.

- Universal Fare Card – DART continues to participate in this MDOT lead program. To date DART has issued 10 cards. DART has not had any passengers from other transit agencies present this card for transportation services.
- **New Business**
- Ridership Recap - DART experienced a 2.5% increase in ridership during calendar year 2018 compared to calendar year 2017. See chart below.
- DART training videos available on website (share with group)
- DART Agency Forum meetings – Group continues to meet quarterly and has developed/discussed:
  - New Passenger Information Form (attached)
  - New Passenger Policies (Attached)
  - Dial-A-Ride Transportation Requirements (Attached)
  - Special Olympics Issues and Concerns
- Participated in Trinity Lutheran's Project Connect November 2018
- In 2018 DART hired approximately 15 new part-time drivers, 1 replacement full-time dispatcher, and 1 replacement full-time administrative assistant
- City of Midland Personnel Policy Manual forms
- Dial-A-Ride will be implementing PASS (Passenger Safety and Service) training for all current and future part-time drivers. This is a 6-hour on-line training that is required by the FTA.

Quarter	Vehicle Miles	Regular Fare	Elderly	Persons W/Dis	Seniors W/Dis	Total
Jan - Mar 2017	113954	9222	2319	15650	3103	30294
Apr - June 2017	108618	8223	2506	14847	3163	28739
Jul - Sept 2017	97107	5270	2183	13996	3237	24686
Oct - Dec 2017	106914	7194	2501	14817	2888	27400
<b>Totals</b>	<b>426953</b>	<b>29909</b>	<b>9519</b>	<b>59320</b>	<b>12391</b>	<b>111119</b>

Quarter	Vehicle Miles	Regular Fare	Elderly	Persons W/Dis	Seniors W/Dis	Total
Jan - Mar 2018	113102	10119	2644	14826	3027	30616
Apr - June 2018	107912	8591	2548	13919	3088	28146
Jul - Sept 2018	100095	6726	2365	13329	3369	25789
Oct - Dec 2018	109758	9700	2232	14272	3171	29375
<b>Totals</b>	<b>430867</b>	<b>35136</b>	<b>9789</b>	<b>56346</b>	<b>12655</b>	<b>113926</b>



**Medical Appointments**



**Recreation Activities**



**Leisure**



**Church**



**Shopping/Work**



**School**



**All Buses are Lift Equipped**

# The City of Midland Dial-A-Ride Offers Curb-to-Curb Transportation 7 Days a Week within the City Limits of Midland 989-837-6940

## BUS SERVICE HOURS

<b>Sunday Bus Service Hours</b>	<b>8:00 am—2:30 pm</b>
<b>Mon—Fri Bus Service Hours</b>	<b>6:30 am—10:30 pm</b>
<b>Saturday Bus Service Hours</b>	<b>9:00 am—8:00 pm</b>

## PHONE SERVICE HOURS

<b>Sunday Phone Service Hours</b>	<b>None (Rides must be prearranged)</b>
<b>Mon—Fri Phone Service Hours</b>	<b>8:00 am—5:00 pm</b>
<b>Saturday Phone Service Hours</b>	<b>8:30 am—1:00 pm</b>

**After Hours Hotline 989-837-6999**

## Who Can Use Dial-A-Ride

**Anyone can ride Dial-A-Ride!** Some examples of our passengers include: children using Dial-A-Ride to travel to school, daycare, sports practices, etc. Persons with disabilities and those needing lift-equipped buses traveling to work, school, sports practices, etc. Seniors traveling to stores, outings, medical appointments, etc. Any person needing reliable transportation within the City of Midland are welcome to travel with Dial-A-Ride.

## Dial-A-Ride Fares

<b>Full Fare 1-Way</b>	<b>1 Yellow Ticket or \$2.00</b>
<b>Senior Citizen (60 and older) and Persons with a Disability</b>	<b>1 Pink Ticket or \$.75</b>
<b>Child (5-11) Riding With Parent or Sibling</b>	<b>1/2 Yellow Ticket or \$1.00</b>
<b>1 Child (Under 5) Riding with Parent</b>	<b>Free</b>
<b>Full Fare Ticket Book (Yellow) Ten 1-Way Rides</b>	<b>\$18.00</b>
<b>Reduced Fare Ticket Book (Pink) Ten 1-Way Rides</b>	<b>\$6.75</b>

**FY 2020 VEHICLE ACCESSIBILITY PLAN UPDATE**

**NOTICE: The Local Advisory Council(LAC) must review and be given the opportunity to comment on this Vehicle Accessibility Plan (VAP). Please attach the signed minutes of the LAC meeting at which this VAP was discussed and approved.**

Name Of Applicant (legal organization name)

City of Midland

1. Total D-R Fleet anticipated for application year (including locally funded vehicles)

14

2.Total Anticipated D-R Fleet Accessible or lift-equipped (including locally funded vehicles)

14

3. Has the agency made any changes in vehicle inventory described in No. 1 and No. 2 above since the last accessibility plan update was submitted?  
(If "yes" explain changes and reasons for those changes below.)

Yes  No

4.Has the agency made any changes in the following since the last accessibility plan update was submitted?

A. Fare structure  Yes  No

B. Service area information  Yes  No

C. Service availability information  Yes  No

D. Service Hours/days of operation  Yes  No

Sunday Service expanded from 8:30 am - 2:30 pm to 8:00 am to 2:30 pm.

E.Local advisory council membership  Yes  No

Citizen at Large Member, Donna Swain was replaced by Sandra Bacon

5.Has the agency made any other changes in its vehicle accessibility plan since last submission of an accessibility plan or annual update?

Yes  No

6. Please indicate the number of times per year the agency's LAC meets

Annually  Quarterly  Monthly  Other

**7. LAC MEMBER LIST (List below the members of your agency LAC. Attach a separate page of additional names if necessary.)**

**NOTICE: The Local Advisory Council (LAC) must review and be given the opportunity to comment on this Vehicle Accessibility Plan (VAP). Please attach the signed minutes of the LAC meeting at which this VAP was discussed and approved.**

**NOTE: MDOT Administrative Rule 202 requires that the applicant agency shall establish a LAC composed of a minimum of three members. No LAC member shall be a staff or board member of the applicant agency. The applicant agency shall ensure all of the following:**

- 1) 50% of the LAC membership represents persons who are 65 years of age or older and persons who have disabilities within the service area;**
- 2) the LAC membership includes people who have diverse disabilities and the elderly who are users of public transportation; and**
- 3) the applicant agency has approved at least one member, or 12% of the membership, jointly with the area agency on aging.**

**Does the list of members reflect the membership in the minutes?**

Yes  No



**1. CHAIR PERSON'S NAME**

Mary LaForet

**Affiliation (Name of organization, if any)**

None

**This member represents**

Persons with Disabilities     Persons 65 years and older     Neither of these groups

**This member is**

Jointly appointed by an area agency on aging     A user of public transportation     None of these groups  
 Age 65 or older     A Person with Disabilities

**2. NAME**

Jenny Marshall

**Affiliation (Name of organization, if any)**

Independent Community Living

**This member represents**

Persons with Disabilities     Persons 65 years and older     Neither of these groups

**This member is**

Jointly appointed by an area agency on aging     A user of public transportation     None of these groups  
 Age 65 or older     A Person with Disabilities

**3. NAME**

Sandra Bacon

**Affiliation (Name of organization, if any)**

None

**This member represents**

Persons with Disabilities     Persons 65 years and older     Neither of these groups

**This member is**

Jointly appointed by an area agency on aging     A user of public transportation     None of these groups  
 Age 65 or older     A Person with Disabilities

**4. NAME**

Dan McGilivray

**Affiliation (Name of organization, if any)**

None

**This member represents**

Persons with Disabilities     Persons 65 years and older     Neither of these groups

**This member is**

Jointly appointed by an area agency on aging     A user of public transportation     None of these groups  
 Age 65 or older     A Person with Disabilities

**5. NAME**

Richard Olson

**Affiliation (Name of organization, if any)**

Midland County Senior Services

**This member represents**

- Persons with Disabilities       Persons 65 years and older       Neither of these groups

**This member is**

- Jointly appointed by an area agency on aging       A user of public transportation       None of these groups
- Age 65 or older       A Person with Disabilities

# City of Midland Dial-A-Ride Passenger Information Form

Date Completed by \_\_\_\_\_ Date received by \_\_\_\_\_  
Passenger: \_\_\_\_\_ Dispatch Office: \_\_\_\_\_

*Please print all information clearly*

## Section 1: Passenger Information

Please Select:  Mr.  Mrs.  Ms.  Miss

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Additional Information to help our drivers identify where you live (apt #, name of building, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***If you have a legal guardian please provide their name and phone number below:***

Guardian Name: \_\_\_\_\_ Guardian Phone  
Number: \_\_\_\_\_

## Section 2: Boarding Needs

Please check if you will be travelling using a mobility device:

Manual wheelchair  Cane

Walker  Guide Dog

Electric Wheelchair  Crutches

Amigo/Power Scooter  Grocery Cart

Will staff be travelling with you? Yes  No

Will you be travelling with oxygen? Yes  No



### Section 2: Boarding Needs Continued

If you need any accommodations while riding with Dial-A-Ride, please check all that may apply:

Prone to seizures	<input type="checkbox"/>	Other	<input type="checkbox"/>	If Other Please Explain Below:
Hearing Impaired	<input type="checkbox"/>			_____
Visually Impaired	<input type="checkbox"/>			_____
Walks Slowly	<input type="checkbox"/>			_____

Do you have staff that assists you in scheduling and cancelling your rides?

Yes  No

If so, list Staffing

Agency Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Please list if there is an After-Hours Staff Number: \_\_\_\_\_

***If there is a problem with your rides who should we contact?***

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 3: Emergency Contact Information

List the names of two people and/or agency (if appropriate) which may be contacted in case of an emergency:

**Contact Name 1:** \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Contact Name 2:** \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Section 4: ADA Verification

*Any passenger (other than senior citizens) who is eligible for the reduced fare (\$.75 or pink tickets) under the American with Disabilities Act (ADA) must verify their eligibility.*

**Do you believe you qualify for reduced fare under the ADA?**

Yes  No

**There are two ways to verify ADA eligibility:**

1) Visit the Dial-A-Ride office at 4811 N. Saginaw Rd. Midland MI 48640 during office hours (Mon-Fri 8am-5pm) and present your red, white and blue Medicare card along with a valid photo I.D.

*Or*

2) Have a medical doctor or mental health professional complete the following information:

I attest that \_\_\_\_\_ (passenger name)

is eligible for the reduced fare based on their ADA qualifications.

Signature: \_\_\_\_\_

Printed Name of Professional: \_\_\_\_\_

Agency/Medical Practice (if applicable): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reminder: A separate form must be completed for each family member**

Mail your completed passenger information form to:

City of Midland  
Dial-A-Ride  
333 W. Ellsworth  
Midland, MI 48640

OR drop off your completed passenger information form to:

Municipal Services Center  
Dial-A-Ride  
4811 N. Saginaw Rd  
Midland, MI 48640

**You can also submit your form via email to [adooley@midland-mi.org](mailto:adooley@midland-mi.org)  
Or via fax to 989-835-5651**

If you have questions please call Amy Dooley at 989-837-6918.



# City of Midland Dial-A-Ride Passenger Policies



Permitted	Not Permitted
<ul style="list-style-type: none"> <li>◆ Mobility Devices: Walkers, canes, wheelchairs, scooters, etc. ***</li> <li>◆ Strollers: Children must be removed from the stroller while the bus is in motion. ***</li> <li>◆ Car seats</li> <li>◆ Travel grocery carts ***</li> <li>◆ ADA service animals ***</li> <li>◆ Pets are allowed if crated and able to fit on the seat next to the passenger.</li> <li>◆ Carry On/Groceries: Riders must be in control of their items at all times. Items must remain in the seat next to the passenger or on the passenger's lap. Items cannot be placed on the floor of the bus.</li> <li>◆ Proper attire including shirt &amp; shoes are required.</li> </ul> <p>***Please inform your call taker when you schedule your ride that you will be taking this on board.</p>	<ul style="list-style-type: none"> <li>◆ Bicycles</li> <li>◆ Weapons of any kind</li> <li>◆ Illegal drugs</li> <li>◆ Drug paraphernalia</li> <li>◆ Open containers of alcohol</li> <li>◆ Smoking (including use of e-cigarettes/vaping)</li> <li>◆ Hazardous/Explosive materials</li> <li>◆ Soliciting</li> <li>◆ Standing while the bus is in motion</li> <li>◆ Obscene gestures/inappropriate language</li> <li>◆ Harassment (physical or verbal)</li> <li>◆ Vandalism/Tampering of the bus or bus equipment</li> <li>◆ Unattended bags or other items outside of the passenger's control</li> </ul> <p>***Please note that the City is not responsible for any lost or stolen items left on the bus.</p>

**Passengers may not inhibit in any way the safe operation of the bus. Failure to comply with the above stated policies could result in disciplinary action up to and including loss of bus privileges.**



## City of Midland

### Dial-A-Ride

#### Transportation Requirements

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An aide **WILL BE REQUIRED** to travel with a passenger if **ANY** of the following apply:

- A passenger cannot walk onto/off of the bus on their own.
- If a passenger is using an electric mobility device or a walker, but they are unable to use that mobility device to independently board/de-board the bus.
- If a passenger is disoriented/confused.

Prearrangements may be made to have an aide travel with a passenger **at no cost to the passenger** if any of the above conditions apply.

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Please Note:

- Dial-A-Ride cannot provide any passenger assistance beyond the curb.
  - Dial-A-Ride cannot operate any electric mobility device.
  - Dial-A-Ride will operate manual wheelchairs from the curb onto the bus and off of the bus at the curb.
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Dial-A-Ride reserves the right to decline transportation services if **ANY** of the following apply:

- The passenger cannot hold themselves upright in a mobility device or seat on the bus.
- The Dial-A-Ride bus driver does not feel a passenger can safely be transported due to illness or lack of self-sufficiency. Please note that Dial-A-Ride will contact 911 to assist as needed.

***If you have questions or concerns regarding the Dial-A-Ride transportation requirements, you may contact the Dial-A-Ride Supervisor, Amy Dooley, at (989) 837-6918.***

**EMPLOYEE ACKNOWLEDGEMENT**

I acknowledge that I have received a copy of the City of Midland Personnel Policies Manual. I understand that I should consult the Director of Human Resources if I have any questions about any of the City's policies. I understand that neither this Manual nor any other policy, practice or procedure of the City of Midland is intended to provide any contractual obligation related to continued employment, compensation, or benefits.

The City Manager has the sole authority to add, delete, or adopt revisions to the policies in this Manual. No written or oral statement by a supervisor or Department Head contrary to the Personnel Policy Manual supersedes or changes any of the policies in the Manual. When a conflict arises between a policy in this Manual and an applicable collective bargaining agreement (CBA), the CBA language supersedes this Manual for that specific occurrence, but all other policies in this Manual remain in effect.

I understand and agree that I will read and comply with the policies contained in this Manual and any revisions, and am bound by the provisions contained therein.

Date: \_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee