

## Human Service Transportation Plan

### Human Service Providers Survey

#### 1. Non-Transportation Provider Contact Information

Name of Organization  
Street Address  
Mailing Address  
City  
State  
Zip Code  
Phone  
Fax  
Contact Person  
Title/Department  
Email  
Website

#### 2. What type of agency do you represent?

- Government Human Services Agency
- Private Non-Profit Human Services Agency
- For Profit Agency
- Other (please specify)

3. On average, how many clients does your agency serve each month?

	Average Monthly
Elderly (60+) Non-Disabled	
Elderly Disabled (mental/physical)	
Non-Elderly Disabled (mental/physical)	
Low Income	
Youth	
General Public	
Other	

4. What type(s) of primary services does your agency provide? Please check all that apply.

- Alcohol, Tobacco or Drug Education and Treatment
- Child Care
- Diagnosis and Early Evaluation
- Community Support Networks
- Education/Training
- Family Support and In-Home Assistance
- Employment Opportunities/Job Placement
- Nutrition
- Health Care
- Life Skills Development and Assistance
- Housing
- Transportation
- Residential Care
- Other (please specify)

5. Please describe the geographic area your agency serves.

6. Which days of the week do your clients regularly need transportation services? Please check all that apply.

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Holidays |

7. What are your hours of operation?

8. How many employees does your agency employ?

Full-time Employees \_\_\_\_\_

Part-time Employees \_\_\_\_\_

Administrative Employees \_\_\_\_\_

Transportation Employees \_\_\_\_\_

Volunteers \_\_\_\_\_

9. People with what types of mobility limitations does your agency serve? Please check all that apply.

- Age Related
- Physical
- Cannot Afford a Vehicle
- Lack of a Vehicle (reasons other than income)
- Cognitive
- Vision
- Remote Location
- We do not usually serve people with mobility limitations
- Other (please specify)

10. Which of the following transportation methods do your clients use to access your services?

- We provide transportation
- Fixed-Route Bus Service
- Dial-a-Ride Service
- Van Services for Specific Participants (for veterans, church members, senior centers, etc.)
- Private Taxi
- Medical Transportation (i.e.: ambulance)
- Private Vehicle Driven by Agency Employee or Volunteer
- Family
- Friend or Neighbors
- Drive Themselves
- Other (please specify)

11. Does your agency coordinate with outside transportation providers?

- No
- Yes- please describe those coordination efforts with each provider.

12. What are the most common reasons for your clients not being able to use public transportation?

Please check all that apply.

- Our clients do not have difficulties using public transportation
- No existing service
- No service to our location
- Services do not run during hours when rides are needed
- Accessing the services is too difficult (i.e.: waiting, reservation requirements, etc.)
- Do not qualify for the services available
- Lack of money for fares
- Do not know how to access the systems
- Live too far away
- They have been turned away in the past and have given up trying
- Other (please specify)

13. Which of the following possible strategies for improving the coordination among transportation providers would your agency be interested in? Please check all that apply.

- Providing transportation services, or more transportation services, under contract to another agency.
- Purchasing transportation services from another agency, assuming the price and quality would meet your needs.
- Coordinating schedules and vehicle operations with nearby transit providers so that riders can transfer from one service to another.
- Joining together with another municipality or agency to consolidate the operations of transportation services.
- Joining together with another municipality or agency to consolidate the purchase (or contracting) of transportation services.
- Highlighting connections to other fixed-route or demand-response services on your schedules or other informational materials.
- Adjusting hours or frequency of service.
- Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.
- Participating in an organized area wide transportation marketing program.

14. Which of the following service improvements for public transportation do you believe are the most important? Please select all that apply.

- Greater number of door-to-door transportation providers
- More fixed-route service
- Service easier to use for seniors and people with disabilities
- Longer hours of operation
- More days in operation
- More reliable service
- Vehicles cleaner and more reliable
- Lower fares
- Easier trip scheduling over the phone
- Printed schedules easier to read and understand
- Website reservations and route schedules
- More reliable on-time pick-ups
- Easier to identify vehicles
- More wheelchair accessible vehicles
- Better/easier wheelchair securements within the vehicles
- Better/more convenient connections with other transit services
- Other:

15. What are the major transportation needs of your agency in the next 10 years?

Specific projects?

Additional Routes?

Additional Vehicles?

Brand New Venue?