

Sample Survey

Surveys collected from agencies that serve people with Special Needs

Yakima County

PROGRAM PROFILE SURVEY Transportation Needs

Name of Organization _____
Name of Program _____
Street Address, City, State, Zip _____
Telephone _____ Contact Name _____
Email _____
Days/Hours of Operation _____
Description of Services _____

Thank you for completing this survey. It will be used to gather information about the transportation needs in our area.

Submit form to:

Amy Neal
People For People
302 W Lincoln Ave
Yakima, WA 98902
Fax: 509-457-7897
Questions? 509-895-8249

Or on-line at

<http://www.surveymonkey.com/s/8GXSGDF>

Approximate number of clients that need transportation services _____

Client characteristics that needs transportation services: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Elder or Senior | <input type="checkbox"/> No Driver's License |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Too ill to drive |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> No auto insurance |
| <input type="checkbox"/> No Car | |

Clients need transportation for: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Medical Appointments |
| <input type="checkbox"/> Court Appointments | <input type="checkbox"/> Elder/Senior Services |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Social Service Appointments |
| <input type="checkbox"/> Education | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Dental | <input type="checkbox"/> WorkSource Appointments |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Grocery Shopping | |

Where do you see the greatest need for transportation? (Check your top 3 choices)

- | | |
|---|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Medical Appointments |
| <input type="checkbox"/> Court Appointments | <input type="checkbox"/> Elder/Senior Services |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Social Service Appointments |
| <input type="checkbox"/> Education | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Dental | <input type="checkbox"/> WorkSource Appointments |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Grocery Shopping | |

What general locations (city, town, area) do your clients need transportation from and to?

When do your clients need transportation? (Days, times, frequency)

What transportation is available to your clients? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Public Transit | <input type="checkbox"/> Private/Agency Bus Service |
| <input type="checkbox"/> People For People | <input type="checkbox"/> Gas Voucher |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Bus Voucher |
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Taxi Service |
| <input type="checkbox"/> Private/Agency Van Shuttle | <input type="checkbox"/> Other _____ |

Does your agency provide transportation?

If your agency or program provides transportation or support for transportation, please complete the following questions. If your agency or program doesn't provide transportation or support for transportation, you have completed this survey.

Check the type of services you provide:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Public Transit | <input type="checkbox"/> Gas Voucher |
| <input type="checkbox"/> Door to Door | <input type="checkbox"/> Bus Voucher |
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Taxi Service |
| <input type="checkbox"/> Van Shuttle | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bus Service | |

Rider Eligibility Criteria: _____

Riders Served:

- | | |
|---|---|
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Children/Students |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Limited/Low-income |

Service Fee:

- | | |
|--|--|
| <input type="checkbox"/> No Fee to Client | <input type="checkbox"/> Mileage Rate |
| <input type="checkbox"/> Discounts Available | <input type="checkbox"/> Sliding Scale |
| <input type="checkbox"/> Flat Rate | |

Purpose of the Rides:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Medical/health care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Volunteer Activities | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social/Recreational | |