Introduction

As a member of the Human Services Transportation Stakeholder Group, you are receiving this Program Profile Survey to help better identify transportation needs with in the Peninsula Regional Transportation Planning Organization (RTPO).

The Peninsula RTPO is required to update the Human Services Transportation (HSTP) to reflect changes in the region since the last update in 2010.
Please help us better determine needs by completing this survey by May 15, 2014.

Stakeholder Program Profile

* 1. Please fill out the following information:

Contact Name:

Company:

Address:

Name of Program:

City/Town:

ZIP:

Contact Email Address:

Contact Phone Number:

2. What are your organization's days/hours of operation? Select all that apply.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ 8 a.m. to 5 p.m.
- ☐ 24 hours

Other (please specify)

* 3. Please state your Agency's mission and purpose:

4. Identify the type of agency that best describe your services. Select one.

- ○ Private non-profit
- ○ Public agency (directly operates all transportation services)
- ○ Public agency (contracts for transportation services)
- ○ Private carrier under contract to a public agency
- ○ Private carrier under contract to a private non-profit

Other (please specify)

5. In a given month, what is the approximate number of clients that need transportation services?

- ◯ 1-25
- ◯ 25-50
- ◯ 50-100
- ◯ Over 100

Other (please specify)

6. What characteristics cause your clients to need transportation services? Select all that apply.

- ☐ Elder or Senior
- ☐ Disabled
- ☐ Homeless
- ☐ No access to vehicle
- ☐ Veteran
- ☐ No driver's license
- ☐ Unable to drive
- ☐ No auto insurance
- ☐ Cannot drive due to illness, injury, or medical condition

Other (please specify)

7. Please indicate how often you provide transportation services to your clients for each of the following activities:

	Never	Occasionally	Frequently	Always
Banking	◯	◯	◯	◯
Childcare	◯	◯	◯	◯
Community Events	◯	◯	◯	◯
Court appointments	◯	◯	◯	◯
Drug or alcohol treatment	◯	◯	◯	◯
Education	◯	◯	◯	◯
Dental	◯	◯	◯	◯
Food bank	◯	◯	◯	◯
Grocery shopping	◯	◯	◯	◯
Job training	◯	◯	◯	◯
Employment	◯	◯	◯	◯
Medical appointments	◯	◯	◯	◯
Elder or Senior Services	◯	◯	◯	◯
Social service appointments	◯	◯	◯	◯
Vocational rehabilitation	◯	◯	◯	◯
Work Source appointments	◯	◯	◯	◯
Recreation	◯	◯	◯	◯
Veteran Services	◯	◯	◯	◯

Other (please specify activity and frequency)

8. Please select the county or counties in which your clients need transportation services.

- ☐ Clallam
- ☐ Jefferson
- ☐ Kitsap
- ☐ Mason

9. What are the days that your clients need transportation? Select all that apply.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

10. What time of day do you provide your clients with transportation? Select all that apply.

- [ ] Mornings
- [ ] Afternoons
- [ ] Evenings

Other (please specify)

11. On average, how many times a week do your clients use transportation services?

- [ ] Once a week
- [ ] Twice a week
- [ ] Three-times a week
- [ ] Four-times a week or more
- [ ] Seven days a week

Other (please specify)

12. How often do you provide transportation services to clients during after-office hours?

- ◯ Never
- ◯ Occasionally
- ◯ Frequently
- ◯ Always

13. What gaps or unmet needs does your organization see in current transportation services provided? Select all that apply.

- [ ] Hours of service
- [ ] Timely response
- [ ] Door-to-door service
- [ ] Funding
- [ ] Frequency of services
- [ ] Qualified Drivers
- [ ] Number of vehicles available

Other (please specify)

14. Does your organization encounter regulations or restrictions that lower your efficiency in providing services to your clients?

- ◯ Yes
- ◯ No

15. If Yes, please explain.

16. Do you receive capital and operating funds for your transportation system that involve Federal Government and funds received from the Federal Transit Administration? Select all that apply.

- [ ] 5310 (Capital)
- [ ] 5310 (3rd Party Operating)
- [ ] 5311 (Operating)
- [ ] 5316 (Job Access Reverse Commute - Operating)
- [ ] 5317 (New Freedoms – Operating)

Other (please specify)

17. Do you receive capital and operating funds for your transportation system from State Government? Select all that apply.

- [ ] Funds received from WSDOT for vehicle purchases
- [ ] Funds received from other state agency

Other (please specify)

18. Do you receive capital and operating funds for your transportation system from local sources? Select all that apply

- [ ] Funds received from County
- [ ] Funds received from City
- [ ] Other local funds (i.e. in-kind, etc.)
- [ ] Dedicated taxes

Other (please specify)

19. Do you receive additional revenue? From where? Select all that apply.

- [ ] Donations
- [ ] Contracts
- [ ] Farebox

Other (please specify)

20. Are your capital funds adequate to meet your needs?

- ( ) Yes
- ( ) No

21. Are your operating funds adequate to meet your needs?

- ◯ Yes
- ◯ No

22. What transportation is available to your clients? Please check all that apply.

- ☐ Public transit - Fixed
- ☐ Public transit - Demand Service
- ☐ Private/agency van shuttle
- ☐ Private agency bus service
- ☐ Volunteer drivers or coordination of drivers
- ☐ Gas voucher reimbursement
- ☐ Bus pass tickets
- ☐ Taxi service
- ☐ School bus
- ☐ My agency or program provides support for transportation.
- ☐ My agency or program does not provide transportation or support for transportation

Details of Transportation Services Provided

23. What types of service do you provide? Select all that apply.

- [ ] Public transit
- [ ] Public bus voucher
- [ ] Paratransit
- [ ] Door-to-door demand service
- [ ] Volunteer driver
- [ ] Private bus service
- [ ] Private bus voucher
- [ ] Charter bus
- [ ] Taxi service
- [ ] Guaranteed ride home
- [ ] Reservations
- [ ] Mileage reimbursement
- [ ] Gas voucher
- [ ] School bus
- [ ] Van pool
- [ ] Prescription
- [ ] Dial-a-ride
- [ ] Fixed Route
- [ ] Deviated Fixed Route
- [ ] Medical w/o Special Needs Equipment
- [ ] Medical w/Special Needs Equipment

Other (please specify)

24. Do you coordinate your services with other transportation providers?

- ( ) Yes
- ( ) No

25. What opportunities do you have to increase your coordination efforts with other providers?

26. How do you inform the public about your services?

- [ ] Website
- [ ] Email
- [ ] Brochure
- [ ] Social Media (Twitter, Facebook)
- [ ] Newspaper
- [ ] Radio
- [ ] T.V.
- [ ] Direct Mail
- [ ] Community Meetings

Other (please specify)

27. Do any other providers serve in the same area?

- ◯ Yes
- ◯ No

28. If yes, please list names of other service providers, including volunteer services:

29. What are your rider eligibility criteria?

- [ ] Income
- [ ] Veteran
- [ ] Age
- [ ] Membership or Residency
- [ ] Physical Disability

Other (please specify)

30. Please estimate the number of riders your agency or program serves per month. Select all that apply.

	Monthly Number of Riders
Seniors	
People with disabilities	
Children or students	
Limited or low income	

Other (please specify)

31. What service fee does your program or agency charge? Select all that apply.

- [ ] No fee to client
- [ ] Sliding scale
- [ ] Discounts Available
- [ ] Flat scale
- [ ] Mileage Rate

Other (please specify)

32. Please elaborate on your discounts, mileage rate, flat or sliding scale.

33. What is the purpose of the ride service offered? Select all that apply.

- [ ] Medical or health care
- [ ] Employment
- [ ] Volunteer activities
- [ ] Education and training
- [ ] Childcare
- [ ] Grocery shopping
- [ ] Non-grocery shopping
- [ ] Religious activities
- [ ] Social
- [ ] Recreational
- [ ] Veteran Services
- [ ] Community or Senior Center

Other (please specify)

34. What is the frequency of the ride service offered?

- ( ) Daily
- ( ) Weekly
- ( ) Monthly

Other (please specify)

35. Please choose the top transportation service delivery gaps your agency or organization faces. Select all that apply.

- [ ] Funding
- [ ] Insurance Needs
- [ ] Policy
- [ ] Resources

Other (please specify)

36. What other relevant issues not presented in this survey do you believe need to be addressed in the 2014 update?

Thank You!

Thank you for your valuable input. The 2014 plan update will report on progress made on the strategies identified in the 2010 plan and highlight the positive impacts that coordination efforts have made in the local communities. The strategies continue to focus on making the most of the available resources in the region.

WSDOT Olympic Region Transportation Planning Office staff will lead the Human Services Transportation Plan update through the following phases:

1. Data Collection
2. Documenting Emergency Management collaboration
3. Need Identification
4. Strategic Development

The draft report will become available in late 2014.