



Transportation User Survey

Return by 2/3/2017

Please tell us a little about yourself

Contact Information

Name _____

Phone _____

Do you have a valid drivers license? Yes No

Are you able to drive yourself to desired destinations?

Email _____

Yes No

I live:

Inside the City Limits Outside the City Limits

_____ *General Location, i.e Northern Christian County*

Zip code _____

*Or
Name of City*

Please check the statements you identify with

A person with a disability: Physical Cognitive Visual

A person over 65

At or below the Federal poverty line

None of these

2015-2016 Federal Poverty Guidelines

Size of Family Unit	Annual	Monthly
1	11,880	990
2	16,020	1,335
3	20,160	1,680
4	24,300	2,025

Please check the statements you identify with

Full time job Part time job Unable to work

Retired Part time Volunteer Full time Volunteer

Student

Please tell us a little about your transportation needs

Where do you go on a regular basis?
(Check all that apply)

Work School/College Child Care

Senior Center Medical Facilities Shopping Centers

Restaurants Bank or other Businesses Religious Services

Food Pantry Visiting (family/friends) Recreation

Other Destinations: _____

I am unable to leave my home on a regular basis

Where do you find it difficult to visit
(Check all that apply)

Work School/College Child Care

Senior Center Medical Facilities Shopping Centers

Restaurants Bank or other Businesses Religious Services

Food Pantry Visiting (family/friends) Recreation

Other Destinations: _____

I am unable to leave my home on a regular basis



What means of transportation do you use most?
(pick one)

- Personal Vehicle
- City Bus (Springfield)
- Friend or family vehicle
- Walk
- Other _____
- I am unable to leave my home on a regular basis
- Taxi
- OATS
- Van or Bus provided by my agency
- Bike



How well does your primary means of transportation meet your needs?

- Very Well
- Well
- Neutral
- Poorly
- Very poorly
- I am not able to leave my home



What other type of transportation do you rely on?
(pick one)

- Personal Vehicle
- City Bus (Springfield)
- Friend or family vehicle
- Other _____
- I am unable to leave my home on a regular basis
- Taxi
- Walk
- Van or Bus provided by my agency
- OATS
- Bike



How well does this type of transportation meet your needs?

- Very Well
- Well
- Neutral
- Poorly
- Very poorly
- I am not able to leave my home



How do you pay for your transportation?

- Earned Income
- Government Assistance
- I don't have to pay for transportation
- I am unable to leave my home on a regular basis
- Help from family or friends
- Social Agency Assistance

Please tell us about how to improve your transportation options

What can be changed to better meet your transportation needs
(Choose 3)

- Evening service
- Affordability
- Inter-agency coordination
- Handicapped-accessible service
- Shopping Destinations
- Through-the-door service/personal assistance with travel
- Weekend service
- Frequency
- Door to door service
- Next/same day service
- Eligibility requirements
- Medical Destinations
- Employment Destinations



