Inventory of Transportation Resources for People with Disabilities and Older Adults in the Greater Dallas Area

Medical Appointment  ●  Work  ●  Pharmacy  ●  Human Services Agency  ●  Place of Worship  ●  Visit a Friend

Dentist  ●  Community Meeting  ●  Volunteer Activity  ●  Shopping  ●  Community Center  ●  Restaurant

TO BE COMPLETED BY:

PUBLIC, PRIVATE, NONPROFIT & FAITH-BASED ORGANIZATIONS THAT PROVIDE TRANSPORTATION SERVICES IN DALLAS COUNTY

This survey is being conducted by the Community Transportation Network, a project of the Community Council of Greater Dallas/Dallas Area Agency on Aging funded by the Federal Transit Administration through the North Central Texas Council of Governments.
ORGANIZATIONAL CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with your organization and the services you provide.

1. Provider/Organization:
   a. Name: ____________________________
   b. Known as: ____________________________
   c. Street address: ____________________________
      City, zip code: ____________________________
   d. Website: ____________________________
   e. Telephone number(s): ____________________________
   f. Fax number: ____________________________
   g. Contact person: ____________________________
   h. Contact person’s title: ____________________________
   i. Contact person’s telephone number: ____________________________
   j. Contact person’s e-mail address: ____________________________

2. Organization Type
   ☐ 1 Public
   ☐ 2 Private
   ☐ 3 Nonprofit

3. Main Funding Type(s), i.e. name of grant, fares, donations
   ☐ 1 Federal: ____________________________
   ☐ 2 State: ____________________________
   ☐ 3 Local: ____________________________

4. Number of employees: __

5. What are the major functions/services of your organization? (Check all that apply)
   ☐ 1 Transportation
   ☐ 2 Health care
   ☐ 3 Social services
   ☐ 4 Nutrition
   ☐ 5 Housing
   ☐ 6 Education
   ☐ 7 Job training/job placement
   ☐ 8 Employment
   ☐ 9 Counseling
   ☐ 10 Religious services
   ☐ 11 Companion/respite
   ☐ 12 Financial assistance
   ☐ 13 Rehabilitation services
   ☐ 14 Recreation/social
   ☐ 15 Information/referral
   ☐ 16 Other: ____________________________

6. Do you provide, coordinate or purchase transportation services?
   ☐ 1 Yes
   ☐ 2 No  ► GO TO QUESTION 52.
Community Transportation Network
TRANSPORTATION RESOURCES SURVEY

7. Please tell us how you provide transportation services. (Check all that apply)
☐ 1 You provide transportation services in vehicles that you own or lease.
☐ 2 You coordinate transportation services using volunteers in vehicles owned by volunteers.
☐ 3 You provide financial assistance to clients for other transportation resources (for example, taxi vouchers, bus tickets).
☐ 4 You purchase transportation services from another organization.
☐ 5 You sell transportation and transportation-related services (for example, vehicle maintenance) to another organization.

TRANSPORTATION SERVICE CHARACTERISTICS

These questions have to do with transportation services that you directly provide to the general public, seniors or people with disabilities. Please do not include meal deliveries or other transportation services that do not transport passengers.

8. Type(s) of clients served (Check all that apply)
☐ 1 General public
☐ 2 Students
☐ 3 Welfare to Work
☐ 4 Job Access
☐ 5 Medicaid
☐ 6 Clients/members of your organization
☐ 7 Clients/members of other organizations (please specify): ________________________________

☐ 8 Senior citizens (please specify 50+, 55+, 60+, 65+, etc.): ________________________________

☐ 9 People with disabilities (defined as): ________________________________________________

☐ 10 People with medical conditions (please specify): ________________________________

☐ 11 Other (please specify): ________________________________________________________

9. Types of trips made (Please check all that apply)
☐ 1 General (trips for any purpose) ☐ 7 Medical
☐ 2 School ☐ 8 Pharmacy
☐ 3 Social/Recreational ☐ 9 Volunteering
☐ 4 Nutrition ☐ 10 Religious purpose
☐ 5 Work ☐ 11 Other (please specify): ________________________________
☐ 6 Shopping

10. Are trips prioritized? (for example, medical appointments get priority over shopping trips)
☐ 1 Yes
☐ 2 No ► GO TO QUESTION 12.
Community Transportation Network
TRANSPORTATION RESOURCES SURVEY

11. How are trips prioritized? ________________________________________________________
    _______________________________________________________________________________
    _______________________________________________________________________________

12. Describe your service area. Please be specific indicating street, city and/or county
    boundaries: _______________________________________________________________________
    _______________________________________________________________________________
    _______________________________________________________________________________

13. Specify any SPECIAL LIMITS to the areas you checked off above (for example, your service
    area is South Dallas County but only certain zip codes, neighborhoods and/or destinations):
    _______________________________________________________________________________
    _______________________________________________________________________________

14. What service models do you operate? (Check all that apply)
    □ 1  Informal (volunteer drivers provide rides as needed)
    □ 2  Fixed route (operate along the same route to fixed stops)
    □ 3  Fixed schedule (operate according to a set schedule)
    □ 4  Flexible route/route deviation (operate along a route but can deviate off that route within limits)
    □ 5  Demand response (operate point-to-point trip)
    □ 6  Paratransit
    □ 7  Subscription service (prearranged standing order trip requests)
    □ 8  Ridesharing (arrange for people to travel together – for example, carpool)
    □ 9  Provide financial assistance to clientele such as taxi vouchers and bus tickets.
    □10  Other (Specify): _____________________________________________________________

15. Define the level of passenger assistance you provide. (Check all that apply)
    □ 1  Curb-to-curb (drivers will assist passengers in and out of the vehicle only)
    □ 2  Door-to-door (drivers will assist in and out of the vehicle and to and from the door of pick up and
drop off locations)
    □ 3  Door-through-door (drivers will assist in the ways above and through the door of the passenger’s
pick up and drop off locations)
    □ 4  You provide personal care attendants to assist passengers.
    □ 5  You do not provide personal care attendants, but you allow attendants to ride with passengers.
    □ 6  You assist passengers with any mobility device, an unlimited number of packages and luggage of
any weight.
    □ 7  You assist passengers with certain mobility devices and a limited amount of packages and
luggage. (Please specify): _______________________________________________________________________
    _______________________________________________________________________________
    □ 7  No assistance is provided.
16. Who drives your vehicles? (Check all that apply)
- ☐ 1 Volunteer drivers who drive vehicles that they own.
- ☐ 2 Volunteer drivers who drive vehicles that you provide.
- ☐ 3 Volunteer drivers who drive vehicles that clients provide.
- ☐ 4 Paid drivers who drive vehicles that they own.
- ☐ 5 Paid drivers who drive vehicles that you provide.
- ☐ 6 Paid drivers who drive vehicles that clients provide.

17. Are your drivers trained in the following? (Check all that apply)
- ☐ 1 Operating vehicles
- ☐ 2 CPR
- ☐ 3 Other emergency assistance
- ☐ 4 Customer service
- ☐ 5 Sensitivity
- ☐ 6 Other: ________________________________

SERVICE DELIVERY

18. Are there certain days and hours of operation for your transportation services?
- ☐ 1 Yes
- ☐ 2 No  ► GO TO QUESTION 21.

19. What are the hours and days of operation for your transportation services? (Check the days and list hours of operation)

<table>
<thead>
<tr>
<th>Days</th>
<th>Time Service Begins</th>
<th>Time Service Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Monday</td>
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<tr>
<td>☐ 2 Tuesday</td>
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<tr>
<td>☐ 3 Wednesday</td>
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<td>☐ 4 Thursday</td>
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<tr>
<td>☐ 5 Friday</td>
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<td>☐ 6 Saturday</td>
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<tr>
<td>☐ 7 Sunday</td>
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<tr>
<td>☐ 8 Holidays</td>
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</tr>
</tbody>
</table>

20. Do you make adjustments to your hours and days of operation when needed?
- ☐ 1 Yes
- ☐ 2 No

21. Are reservations required?
- ☐ 1 Yes
- ☐ 2 No  ► GO TO QUESTION 24.

22. How are reservations made? (Check all that apply)
- ☐ 1 Telephone  Reservations Telephone # (If not listed above): _____________________________
- ☐ 2 Fax
- ☐ 3 Website  (If not listed above): ________________________________
- ☐ 4 Mail
- ☐ 5 Through a third party  (Describe): ____________________________
23. Who may make reservations on behalf of clients?
   ☐ 1  There are no restrictions on who may make reservations on behalf of clients.
   ☐ 2  Only certain people (please specify): ____________________________________________

24. Is advance notice required?
   ☐ 1  Yes
   ☐ 2  No  ► GO TO QUESTION 26.

25. If so, how much? (Check all that apply)
   ☐ 1  Same day reservations accepted
   ☐ 2  Need to reserve trip a day in advance
   ☐ 3  Need to reserve trip 24 hours in advance
   ☐ 4  Need to reserve trip 2-3 days in advance
   ☐ 5  Need to reserve trip more than three days in advance

26. In the last year, what notice have you encouraged clients to provide? (For example, you tell clients to try to book 2 weeks in advance to ensure availability): ____________________________

27. Annual Passenger Statistics.
   Note: A “person” is a count of individuals receiving service. A person riding the vehicle 200 trips per year is counted as one person. A “trip” is one person getting on a vehicle one time. Most riders make two or more trips a day to travel to and from a destination.

<table>
<thead>
<tr>
<th>Annual Passenger Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total number of persons provided transportation annually: ______ people</td>
</tr>
<tr>
<td>b. Total annual passenger trips: ______ trips</td>
</tr>
<tr>
<td>c. Check all that apply:</td>
</tr>
<tr>
<td>☐ 1  Annual statistics are exact.</td>
</tr>
<tr>
<td>☐ 2  Annual statistics are estimates.</td>
</tr>
<tr>
<td>☐ 3  We do not keep track of how many people are served or how many trips are made.</td>
</tr>
</tbody>
</table>

28. When is the demand for your transportation services generally the greatest?
   ☐ 1  Winter       ☐ 2  Spring       ☐ 3  Summer       ☐ 4  Fall       ☐ 5  Not Sure

29. How often does your organization have more clients requesting transportation than it can serve?
   ☐ 1  Always       ☐ 2  Sometimes       ☐ 3  Never       ☐ 4  Not Sure

30. Do you maintain two-way communication with your drivers?
   ☐ 1  Yes
   ☐ 2  No  ► GO TO QUESTION 32.
31. What types of communications do you use? (Check all that apply)
☐ 1 Cellular phones
☐ 2 Mobile radio requiring FCC license
☐ 3 Mobile data terminals
☐ 4 Text pagers
☐ 5 Other (Specify): ____________________________________________________________

32. Do you use any of the following technologies to assist in planning or delivering services? (Check all that apply)
☐ 1 Computer-assisted dispatching
☐ 2 Automated vehicle routing/scheduling
☐ 3 Automated trip reservation by phone
☐ 4 Automated trip reservation by internet
☐ 5 Automated vehicle location
☐ 6 “Smart” fare technology
☐ 7 Other (please specify): _______________________________________________________

33. Fare Structure.
Does your organization charge a fare or fee for providing transportation services?
☐ 1 Yes
☐ 2 No ► GO TO QUESTION 36.

34. What is your basic fare structure?
Adult:___________________________________________________________________________
Child ________________________________ (Defined as under): ____________________________
Student:__________________________________________________________________________
Senior: __________________________________________________________________________
Person with disability: _____________________________________________________________
Personal care attendants and escorts assisting seniors and individuals with disabilities:
________________________________________________________________________________
Guest policy: _____________________________________________________________________
Reimbursements: __________________________________________________________________
Other discounts: ___________________________________________________________________

35. Please describe any other fare instruments or structures (e.g. monthly passes, smart cards):
________________________________________________________________________________
________________________________________________________________________________

36. Does your organization accept any donations or tips from passengers to offset the cost of providing transportation services?
☐ 1 Yes       ☐ 2 No
37. Does your organization own or lease one or more vehicles?

☐ 1 Yes
☐ 2 No ► GO TO QUESTION 40.

38. All Texas registered vehicles are required to receive an annual inspection. All inspections include a comprehensive safety inspection; however, some vehicles are required to have an emissions test in addition to the safety inspection. Designated emissions test counties include: Collin, Dallas, Denton, Ellis, Kaufman, Rockwall and Tarrant. In the table below, please provide information on vehicles you use to provide services that have passed an annual inspection in the last 12 months. If you have 3 vans that are in compliance and 1 bus that is not, do not include information on the bus.

<table>
<thead>
<tr>
<th>Vehicle type</th>
<th># of vehicles</th>
<th># of wheelchair accessible vehicles</th>
<th>Average age (in years)</th>
<th>Average # of seats per vehicle</th>
<th>Average # of wheelchair tie-down locations per vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Sedans &amp; station wagons</td>
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<tr>
<td>☐ 2 Minivans and SUVs (sport utility vehicles)</td>
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<td>☐ 3 Standard 15-passenger vans</td>
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<td>☐ 4 Converted 15-passenger vans (e.g., raised roof, wheelchair lift)</td>
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<tr>
<td>☐ 5 Minibus (seats between 16-24 passengers)</td>
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<td>☐ 6 Standard bus (seats over 22 passengers with dual rear wheel axle)</td>
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<tr>
<td>☐ 7 Small school bus (seats between 9 and 24 passengers)</td>
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<td>☐ 8 Large school bus (seats between 25 and 60 passengers)</td>
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<td>☐ 9 Over-the-road coaches (like Greyhound coaches)</td>
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<td>☐ 10 Other (Describe):</td>
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</table>

________________________________________________
39. Do you plan to retire any vehicles within the next year?
   ☐ 1 Yes  ☐ 2 No

   If yes, please describe planned retirements (number of vehicles by type and reason for
   retirement):
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

40. Do you plan to buy any vehicles within the next year?
   ☐ 1 Yes  ☐ 2 No

   If yes, please describe planned vehicle acquisition (number and types of vehicles, whether
   replacing old vehicles or expanding service)
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

41. Do you have any other short- or long-range plans to expand or contract your services?
   ☐ 1 Yes  ☐ 2 No

   If yes, please explain:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

42. Are you looking for ways to accommodate more of your clients’ transportation needs?
   ☐ 1 Yes  ☐ 2 No  ► GO TO QUESTION 45.
   ☐ 3 Not sure.

43. Do you need additional resources to expand your services?
   ☐ 1 Yes  ☐ 2 No

44. What expansion of services would you like to deliver if funding weren’t an obstacle?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
Community Transportation Network
TRANSPORTATION RESOURCES SURVEY

45. Please check every box that aligns to your organization’s needs and opportunities to coordinate.

<table>
<thead>
<tr>
<th>Service</th>
<th>We have/ do this service</th>
<th>We could provide this service to others</th>
<th>We ALREADY provide this service for others</th>
<th>We need this assistance from others</th>
<th>We do NOT need this service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling</td>
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<tr>
<td>Dispatching</td>
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<tr>
<td>Scheduling/dispatch training</td>
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<td>Driver training</td>
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<tr>
<td>Sensitivity/customer service training</td>
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<tr>
<td>Client information management</td>
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<tr>
<td>Preventive maintenance</td>
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<td>Routine repairs</td>
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<td>Major repairs</td>
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<td>Parts purchasing</td>
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<tr>
<td>Information/referral services</td>
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<td>Information technology support</td>
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<td>Billing</td>
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<td>Marketing</td>
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<tr>
<td>Planning &amp; programming</td>
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</table>

46. Are there any other needs or opportunities that you would like to coordinate with others? Please explain.

____________________________________________________________________________________________________________________________________________________________

47. Are there any barriers or constraints that keep your organization from coordinating with others? Please explain.

____________________________________________________________________________________________________________________________________________________________
48. How would you like us to keep in touch with you in the future?
☐ 1  E-mail       ☐ 2  Telephone       ☐ 3  Mail

49. May we include your contact information in a transportation provider inventory, a directory of transportation providers serving Dallas County residents? The inventory will contain a brief description of your services and your contact information.
☐ 1  Yes       ☐ 2  No       ☐ 3  Not sure, please send more information first

50. Would you like us to share the results of the survey with you?
☐ 1  Yes       ☐ 2  No

51. Would you like information about acquiring a clean air vehicle?
☐ 1  Yes       ☐ 2  No

52. Do you know of any other transportation resources in Dallas County that we should contact?
☐ 1  Yes       ☐ 2  No

If yes, please fill in as much information as you can.

Transportation Resource 1
a. Name: ________________________________
b. Known as: ________________________________
c. Street address, city, zip code: ________________________________
   _________________________________________________________
d. Website: ________________________________
e. Telephone number: ________________________________
f. Fax number: ________________________________
g. Contact person: ________________________________
h. Contact person’s title: ________________________________
i. Contact person’s telephone number: ________________________________
j. Contact person’s e-mail address: ________________________________

Transportation Resource 2
a. Name: ________________________________
b. Known as: ________________________________
c. Street address, city, zip code: ________________________________
   _________________________________________________________
d. Website: ________________________________
e. Telephone number: ________________________________
Community Transportation Network
TRANSPORTATION RESOURCES SURVEY

f. Fax number: ________________________________
g. Contact person: ________________________________
h. Contact person’s title: ________________________________
i. Contact person’s telephone number: ________________________________
j. Contact person’s e-mail address: ________________________________

Transportation Resource 3

a. Name: ________________________________
b. Known as: ________________________________
c. Street address, city, zip code: ________________________________
   __________________________________________
d. Website: ________________________________
e. Telephone number: ________________________________
f. Fax number: ________________________________
g. Contact person: ________________________________
h. Contact person’s title: ________________________________
i. Contact person’s telephone number: ________________________________
j. Contact person’s e-mail address: ________________________________

This concludes the survey. Thank you for participating!

Please return the survey as soon as possible to:

Community Council of Greater Dallas
Attn: Mary Grinsfelder
1349 Empire Central Drive, Suite 400
Dallas, TX 75247