



APPENDIX B
PUBLIC AND NONPROFIT
ORGANIZATION SURVEY FORM

**Cuyahoga County Strategic Plan for Senior Transportation
Public/Nonprofit Senior Adult Paratransit Provider/Purchaser Survey**

Instructions to Survey Respondent – The Senior Transportation Working Group is updating an inventory of all existing providers of senior transportation in Cuyahoga County as part of a strategic plan for senior transportation. The Working Group comprised of the: Board of Cuyahoga County Commissioners, City of Cleveland, Greater Cleveland Regional Transit Authority (GCRTA), Northeast Ohio Areawide Coordinating Agency (NOACA), Senior Success Vision Council, Transportation Consortium Coordinating Committee (TC³), and the Western Reserve Area Agency on Aging (WRAAA). The Working Group is leading development of the long-range strategic plan for meeting the transportation needs of Cuyahoga County senior.

Specifically, the plan will:

- Increase the quality and quantity of transportation services to seniors;
- Recommend a management plan to coordinate the delivery of these services; and
- Identify the activities, facilities, and funding required.

Please complete this survey if your organization:

- Directly operates a senior transportation service; or
- Purchases senior transportation services from another organization.

For purposes of this survey, seniors are identified as persons aged 60 years or older.

Please direct questions to Ms. Nancy Coburn at (216) 932-2414. Return the completed survey questionnaire by April 26, 2002 to:

Mr. Todd Lenz
RLS & Associates, Inc.
3131 South Dixie Highway, Suite 545
Dayton, OH 45439
Phone: (937) 299-5007 FAX: (937) 299-1055
E-mail: rlsasc@mindspring.com

I. ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

- a. Name: _____
- b. Address: _____
- c. Telephone: _____ Fax: _____
- d. E-mail: _____

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e. Name of Individual Who Can Answer or Respond to Questions Posed in the Survey:

f. Title: _____

g. Agency Website: _____

2. Please check the box that best describes your organization. (Check only one.)

- | | |
|---|---|
| <input type="checkbox"/> a. Adult Day Care | <input type="checkbox"/> k. Church/Synagogue |
| <input type="checkbox"/> b. MR/DD Board | <input type="checkbox"/> l. Other Faith Based Organization |
| <input type="checkbox"/> c. Hospital | <input type="checkbox"/> m. Publicly Sponsored Transit Agency |
| <input type="checkbox"/> d. Medical Center | <input type="checkbox"/> n. Private Transportation Company |
| <input type="checkbox"/> e. Nursing Home | <input type="checkbox"/> o. Ambulance Company |
| <input type="checkbox"/> f. Municipal Office on Aging | <input type="checkbox"/> p. Private School |
| <input type="checkbox"/> g. Senior Center | <input type="checkbox"/> q. Neighborhood Center |
| <input type="checkbox"/> h. Nutrition Site | <input type="checkbox"/> r. YMCA/YWCA |
| <input type="checkbox"/> i. Social Service Agency – Public | <input type="checkbox"/> s. Other: _____ |
| <input type="checkbox"/> j. Social Service Agency – Nonprofit | |

3. What are the major functions/services of your organization? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> j. Diagnosis/Evaluation |
| <input type="checkbox"/> b. Health Care | <input type="checkbox"/> k. Job Placement |
| <input type="checkbox"/> c. Social Services | <input type="checkbox"/> l. Residential Facilities |
| <input type="checkbox"/> d. Nutrition | <input type="checkbox"/> m. Income Assistance |
| <input type="checkbox"/> e. Counseling | <input type="checkbox"/> n. Screening |
| <input type="checkbox"/> f. Day Treatment | <input type="checkbox"/> o. Information/Referral |
| <input type="checkbox"/> g. Job Training | <input type="checkbox"/> p. Recreation/Social |
| <input type="checkbox"/> h. Employment | <input type="checkbox"/> q. Homemaker/Chore |
| <input type="checkbox"/> i. Rehabilitation Services | <input type="checkbox"/> r. Other _____ |

4. Under what legal authority does your organization operate?

- a. Local government department or unit
- b. Private nonprofit organization
- c. Transportation authority
- d. Private, for-profit (If checked, STOP here and contact RLS & Associates at (937) 299-5007 and request the “For-Profit Provider Survey Form”)
- e. Other (Specify) _____

5. What is the geographic service area for the organization? If you have a map of the service area, please attach a copy to this survey.

- Countywide
 - Specific Municipalities (Specify): _____
 - Other (Specify): _____
-

6. If your organization imposes, or is obligated to impose eligibility requirements due to funding source requirements, on those persons who are provided transportation, define those requirements below (e.g., Medicaid only, low-income only, etc).

7. Is your organization involved in the direct operation of transportation services for seniors or the general public (without age restrictions) in any manner? (*Check only one.*)

- Yes No

If "Yes," please answer all remaining questions in the survey.

8. Does your organization purchase transportation on behalf of seniors or the general public (without age restrictions) from other service providers?

- Yes No

If the answer to Question 7 is "No," and the answer to Question 8 is "Yes," Skip to Question 23 and continue the survey.

If the answer to both questions is "No," Skip to Question 25 and continue the survey.

II. MODES OF TRANSPORTATION SERVICES PROVIDED

Service Providers Only. In this section, explain the various types of transportation services that your organization directly provides on behalf of seniors or for the general public (that may include seniors). Exclude meal deliveries or other non-passenger transportation services that may be provided.

9. In what manner does your organization directly provide, purchase, operate, or arrange transportation for seniors or the general public (that may include seniors)? (Check all that apply.)

Mode of Transportation	Services for the General Public	Dedicated Senior Services
	<i>(Check All That Apply)</i>	
a) Personal vehicles of agency staff		
b) Agency staff using agency owned fleet vehicles		
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
d) Reimbursement of mileage or auto expenses paid to clients, families, or friends		
e) Volunteers		
f) Information and referral about other community transportation resources		
g) Operate own transportation program using agency owned vehicles and staff		
h) Other (Describe):		

III. TRANSPORTATION SERVICES

The following questions seek information about your organization's transportation services.

10. Indicate the following trip purposes can your organization is authorized to provide to seniors. Estimate what percentage of your total transportation services each trip purpose represents?

Trip Purpose	Organization is Authorized to Provide This Trip Purpose (Check All That Apply)	Estimated Percent of Total Trips
a) Health/medical (e.g., single or periodic trips to doctor, clinic, drug store, treatment center)		
b) Health maintenance (e.g., dialysis or other recurring and frequent trips that require regular transport)		
c) Nutrition (e.g., trips to a congregate meal site)		
d) Income maintenance (e.g., trips to food stamp or social security office)		
e) Social (e.g., visit to friends/relatives)		
f) Recreation (e.g., trips to cultural, athletic events, etc.)		
g) Education/training (e.g., trips to schools, adult education centers, continuing education, etc.)		
h) Employment (e.g., trips to work, including job interviews, welfare-to-work trips, etc.)		
i) Shopping		
j) Social services (e.g., trips to meet with counselors, social workers, and other staff related to the receipt of social services (except nutrition)		
k) Residential (e.g., trips supporting activities of group residences and group home residents)		
l) Other (specify)		

11. Please provide the following information regarding the vehicle fleet used in the provision of transportation services provided directly by your agency. The vehicle type(s) used include the following:

Vehicle Type	Number	Owned	Leased	No. Accessible
a) Sedans				
b) Station wagons				
c) Minivans				
d) Standard 15-passenger vans				
e) Converted 15-passenger vans (e.g., raised roof, wheelchair lift)				
f) Light-duty bus (body-on-chassis type construction seating between 16-24 passengers)				
g) Medium duty bus (body-on- chassis type construction seating over 22 passengers with dual rear wheel axle)				
h) Small school bus (yellow school bus seating between 9 and 24 students)				
i) Large school bus (yellow school bus seating between 25 and 60 students)				
j) Other (Describe):				

12. Are your vehicles equipped with two-way radio communications or do your drivers carry any type of communication device?

Yes No

If “Yes,” what type of communications system is used? (Check all that apply.)

- Cellular phones
- Two-way mobile radios requiring FCC license
- Pagers
- Mobile data terminals
- Other (describe): _____

13. Define the level of passenger assistance provided for senior users of your transportation service. (Check all that apply.)

- Curb-to-curb (*i.e.*, drivers will assist seniors in and out of vehicle only).
- Door-to-door (*i.e.*, drivers will assist passengers to the entrance of their origin or destination).
- Drivers are permitted to assist senior passengers with a limited number of packages.
- Drivers are permitted to assist senior passengers with an unlimited number of packages.
- Provide personal care attendants or escorts to those passengers who require such services.
- Passengers are permitted to travel with personal care attendants or escorts.

14. What are the daily hours and days of operation for your transportation services? Check days and list hours of operation in the space provided.

- Weekdays _____
- Saturday _____
- Sunday _____
- Holidays _____

15. How do clients/customers access your transportation services?

- There are no advance reservation requirements.
- Clients/customers must make an advance reservation (*e.g.*, by telephone, facsimile internet, arrangement through a third party, etc).

16. If advance reservations are required, what notice must be provided?

- We use a real-time reservation policy.
- Customers/clients must call for a reservation the day before travel.
- Customers/Clients must call for a reservation 24 hours before travel.
- Customers/Clients must call for a reservation two days before travel.
- Other (Define): _____

IV. RIDERSHIP

The following questions have to do with client/patron caseload and/or client ridership.

17. Please provide your organization’s annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available. Complete questions (a) through (f).

Unduplicated Persons/Passenger Trips	Services for the General Public	Dedicated Senior Services
a) Total number of persons ¹ provided transportation		
b) Total number of passenger trips ² (most recent fiscal year)		
c) Estimated number of trips ² which the riders use a wheelchair		

In the above table, use the following definitions:

¹ A "person" is an unduplicated count of individuals receiving service (a person riding the vehicle 200 trips per year is counted as one person).

² A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

Answer the following questions about figures provided in the table above:

- d) Are ridership figures exact? _____
- e) Are ridership figures estimates? _____
- f) Time period for counts or estimates: _____

V. ANNUAL EXPENDITURES AND REVENUES

The following questions concern your **transportation** funding sources and annual revenues and expenditures.

18. Does your organization charge a fare or fee for providing transportation services?

- Yes
- No

If yes, what is the fare structure? _____

19. Does the organization provide any discounts for the elderly?

Yes No

If yes, what is the discount? _____

20. Does your organization accept any donations from seniors to offset the cost of providing transportation services?

Yes No

If yes, what is the suggested donation amount? _____

21. What are the beginning and ending dates of your organization's fiscal year?

Beginning: _____ Ending: _____

22. What are your transportation expenses and revenues? Please complete the two (2) columns: Actual FY 2001 and Projected or Year-to-Date FY 2002.

Transportation Operating Expenses and Revenues		
Category	Actual, FY 2001	Projected, FY 2002
Transportation Expenses – Total		
Transportation Revenues		
a. Fares Collected from Passengers Through Cash, or Tickets/Tokens Purchased by Passengers (Include Client Fees and/or General Public Fares Here)		
b. Revenues Collected From Cash or Ticket/Tokens Purchased by Third Parties on Behalf of Passengers		
c. Reimbursements for Services Obtained from Third Parties (e.g., Medicaid Reimbursements)		
d. Local Government Appropriations		
e. Grants Directly Received by the Organization		
f. Other: Explain:		
Total Transportation Revenues		

VII. SHORT AND LONG RANGE PLANS FOR SENIOR TRANSPORTATION

25. Does your agency have any short- or long-range plans to decrease or increase services that would impact on the need to provide transit services to seniors (e.g., development of new facilities, program expansion/contraction, etc.)?

Yes No

If yes, please explain.

VIII. SUBJECTIVE ASSESSMENT OF SENIOR TRANSPORTATION NEEDS

26. What do you see as the greatest barrier to senior mobility in Cuyahoga County?

27. What elements of the existing transportation network provide the most useful mobility options for seniors in Cuyahoga County?

28. In your assessment, what enhancements are most needed to improve senior transportation in Cuyahoga County?

29. If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.

Thank you for your cooperation. Please submit your completed survey to the address listed on page 1 of this questionnaire.