



**APPENDIX C**  
**PRIVATE SECTOR ORGANIZATION**  
**SURVEY FORM**



## **Cuyahoga County Strategic Plan for Senior Transportation Private Sector Paratransit Provider Survey**

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**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 (TC<sup>3</sup>), 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.

We recognize that private sector transportation services fulfill a substantial demand for transportation for older adults and our objective is to ensure that the private sector is afforded a full opportunity to participate in any new services established in the strategic plan.

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

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### **I. ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED**

The first set of questions has to do with the general characteristics of your company 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. Company Website: \_\_\_\_\_

h. Trade name of the company or companies (d/b/a) that provide passenger transportation:

\_\_\_\_\_

\_\_\_\_\_

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

a. Taxi Service

f. Tour Bus Service

b. Limousine Service

g. Intercity Bus Service

c. Medi-car Service

h. School Bus Service

d. Ambulance Service

i. Paratransit Service

e. Charter Bus Service

j. Other: \_\_\_\_\_

**3. 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): \_\_\_\_\_

\_\_\_\_\_

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

Yes

No

**If "No," please stop here and return the survey to the address shown on page 1.**

**II. TYPE OF TRANSPORTATION SERVICES PROVIDED**

**5. What type of transportation does your company provide for seniors or the general public (that may include seniors)? (Check all that apply.)**

Mode of Transit Services	Services for the General Public	Dedicated Senior Services
	<i>(Check All That Apply)</i>	
a) On-demand paratransit service (taxi)		
b) Advance reservation paratransit service		
c) Pre-arranged group transportation		
d) Contract transportation under agreement with a specific organization		
e) Charter and/or tour service		
f) Limousine/airport shuttle services		
g) ADA complementary paratransit		
h) Medical transportation		
i) Emergency medical transportation (EMS)		
j) School transportation		
k) Other (Describe):		

**III. TRANSPORTATION SERVICES**

6. Please provide the following information regarding the vehicle fleet used to provide transportation services directly by your company. If the vehicle has been specially modified to meet the needs of disabled passengers (e.g., equipped with a wheelchair lift, etc.), please indicate the number of such vehicles in the last column.

Vehicle Type	Total 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):				

7. 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): \_\_\_\_\_

**8. 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.

**9. 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 \_\_\_\_\_

**10. How do clients/customers access your transportation services?**

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

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

- We use a real-time reservation policy.
- Customers must call for a reservation the day before travel.
- Customers must call for a reservation 24 hours before travel.
- Customers must call for a reservation two days before travel.
- Contracting agency provides all trip requests in advance of travel
- Customers must execute contract in advance of travel
- Other (Define): \_\_\_\_\_

**12. How do you charge customers for the service provided?**

- Meter. List rate: \_\_\_\_\_
- Mileage. If checked, is there a standard rate? \_\_\_\_\_
- Hourly. If checked, is there a standard rate? \_\_\_\_\_
- Contract rates, negotiated per contract. \_\_\_\_\_
- Other. Explain: \_\_\_\_\_

**13. Does your company provide any contract services to seniors on behalf of Cuyahoga County or local government within Cuyahoga County?**

- Yes       No

If yes, list the organization(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. LEVEL OF SERVICE**

**14. Please provide an estimate of the approximate volume of service, for all customers and provide an estimate the percent of seniors passengers transported by your company. If possible, use data for the most recently completed fiscal year. Complete questions (a) through (f).**

<b>Unduplicated Persons/Passenger Trips</b>	<b>Services for the General Public</b>	<b>Dedicated Senior Services</b>
a) Total number of <b>passenger trips</b>		
b) Vehicle <b>miles</b> of service		
c) Vehicle <b>hours</b> of service		

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. SUBJECTIVE ASSESSMENT OF SENIOR TRANSPORTATION NEEDS**

**15. What do you see as the biggest barrier to senior mobility in Cuyahoga County?**

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

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

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

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

