

2020 INDIANA PUBLIC & HUMAN SERVICE TRANSPORTATION NEEDS SURVEY

Please complete this survey about your transportation needs and preferences. This information will be used in your local area's Coordinated Public Transit-Human Service Transportation Plan. For more information please contact RLS & Associates at (937) 299-5007. Thank you!

1. What forms of transportation do you use? Select all that apply.

- Public transit that serves your city or county, including bus systems, rail lines, ADA paratransit, or general public demand response/dial-a-ride
- Rely on family/friends for rides
- Medicaid Non-emergency medical transportation (NEMT)
- Carpool or vanpool to work
- Demand response/dial-a-ride services that are for specific groups only – for example, older adults or people with disabilities (this excludes ADA complementary paratransit provided by public transit systems)
- Uber/Lyft
- Taxi
- Transportation offered by volunteer or faith-based groups
- Inter-city bus, such as Greyhound or Megabus
- Drive your own vehicle
- Other (please specify) _____

2. If you use any transportation services, such as public transit or demand response/dial-a-ride, please tell us the name(s) of the services you use:

Name of Service 1: _____

Name of Service 2: _____

Name of Service 3: _____

3. What changes could be made to your local transportation options to make using them more appealing to you?

- If I could ride to other parts of the state (such as Indianapolis or other cities/towns)
- Lower the cost to ride
- Start earlier in the morning
- End later at night
- Operate on Saturdays
- Operate on Sundays
- Pick me up at my home and take me directly to my destination
- Increase health and safety precautions
- Run fixed route service more frequently (for example, make a bus route run every 30 minutes instead of every 60 minutes)
- Increase the amount of demand response/dial-a-ride service available (for example, operate more vehicles so there are fewer turn-downs for trip requests)
- Make scheduling demand response/dial-a-ride service more convenient (for example, allow for same-day or on-demand trip requests)
- Make it easier, or add the option, for children, spouses and/or caregivers to ride along

Other (please specify) _____

4. Do you have difficulty getting the transportation you need to any of the following types of destinations?

	No difficulty	Sometimes difficult	Frequently difficult	Always difficult	Not applicable to me
Your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical offices, clinics or hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies or government offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other trip purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you need to travel to destinations outside of your county for work, medical care, shopping, or other reasons?

- No
- Yes, for work
- Yes, for medical care
- Yes, for shopping
- Yes, for other reasons (please specify) _____

6. Is it difficult for you to travel outside of your county? If yes, please indicate what makes it difficult.

- Yes
- No
- Not applicable (No need to travel outside my county)

If yes, please provide more information: _____

7. What is your age group?

- Under 18
- 18-54
- 55-59
- 60-64
- 65+

8. Do you have a disability which requires you to use a cane, walker, wheelchair, and/or another device, or a service animal, to help you get around?

- Yes
- No

9. What county do you live in? _____

10. What is your ZIP code? _____

11. Do you have other comments about transportation services in your community?
