

Questions marked with a * are required

Transit Coordination Plan: Human Service Agency Survey

You are invited to participate in the *Southwest Missouri Council of Government's* Transit Coordination Plan: Human Service Agency Survey. This survey will provide insights into how area human service agencies serve the transportation needs of seniors and individuals who have disabilities or who are impoverished. The results of this survey will be combined with the results of a *transportation provider* survey and a *transportation user* survey to provide information for an updated Transit Coordination Plan. It will take approximately 15 to 20 minutes to complete the questionnaire.

This survey is intended for human service agencies that do NOT provide transportation services for their clientele. If your agency owns and operates vehicles for the purposes of transporting seniors and individuals who have disabilities or who are impoverished, please take our transportation provider survey.

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. It is very important for us to learn your opinions. If you have questions at any time about the survey or the procedures, you may contact Megan Clark (MeganClark@missouristate.edu) or by phone at (417)836-6901.

Thank you very much for your time and support.

Return completed surveys to:

CRPM/SMCOG
901 S National Ave.
Springfield, MO 65897

The following questions will ask for basic information about your organization, including contact information, clientele served, and geographic service area.

Contact Information

Name of Organization * :

Person Completing Survey * :

Phone :

Email Address * :

What type of organization are you? *

- Government Human Service Agency
- Private Non-Profit Human Service Agency
- Other

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As a human service agency, what type of clientele do you primarily serve (Select all that apply)?

- Elderly (65+)
- People with physical disabilities
- People with cognitive disabilities
- People with visual impairments
- People with limited incomes
- Other


Please describe your geographic service area (Please include names of cities and counties). *

Please provide a mission statement for your agency or general description of services provided. *

The following questions will ask about how you assist your clientele, your clientele's transportation needs, and how you coordinate with other area agencies.

How do you help your clients obtain transportation (Select all that apply)?

- We do not provide assistance with obtaining transportation
- Reserve/schedule transportation
- Refer clients to transportation providers
- Coordinate transportation connections
- Coordination with other agencies to schedule transportation
- Cover part of the cost for transportation
- Purchase transportation from a provider
- Other

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If you purchase transportation services, from what sources do the funds come (Select all that apply)? *

- State funds
 - Federal funds
 - Donations/Fundraising/Volunteers
 - City/County/Special transportation district funding
 - Other
-

What type of mobility limitations do your clientel have (Select all that apply)? *

- Age-Related
 - Physical
 - Cognitive
 - Visual
 - Remote location
 - Financial limitations
 - Lack of transit for reasons other than financial
 - Other
-

What types of trips do your clients make? *

What type of transportation services do your clients utilize (Select all that apply)? *

- Fixed Route with Fixed Schedule
 - Door-to-door
 - Thru-the-door
 - Demand response/on-demand
 - Same-day service
 - Other
-

When do your clients need services (Select all that apply)? *

- Weekdays
- Weekends
- Evenings
- 24/7
- Holidays
- Other

What destination are needed/most often requested by your clients that are not served? Please include names of cities or specific destinations. *

How many of your clients rely on transportation services in an average week? *

The following questions will ask about your organization's short-term and long-term needs.

What do you think the needs of your agency are in the short term (1-6 years)? Please be as specific as possible. *

What do you think the needs of your agency are in the long term (7-15 years)? *

In what ways would you consider coordinating with other agencies in providing transportation services for your clientele? *

Please provide any additional information you deem relevant to the transportation needs of seniors and individuals with disabilities.

Human Service Agency Survey
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Springfield, MO

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