



Pierce County Coordinated Transportation Coalition

Program Profile Survey—Transportation Needs

Name of organization: _____

Name of program: _____

Address: _____

Description of service: _____

Days/hours of service: _____

Contact person: _____

Phone number: _____ E-mail address: _____

Approximate number of clients that need transportation services: _____

1. Characteristics of clients who need services:

- | | |
|---|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> No car |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> No driver's license |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> No auto insurance |
| <input type="checkbox"/> Too ill to drive | <input type="checkbox"/> Too young to drive |
| <input type="checkbox"/> Other _____ | |

2. Client's need for transportation: (Check the top three destinations.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Family or friends | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Food bank | <input type="checkbox"/> Recreational facilities |
| <input type="checkbox"/> Community events | <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> School |
| <input type="checkbox"/> Court appointments | <input type="checkbox"/> Job training | <input type="checkbox"/> Social service appointments |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Meal sites | <input type="checkbox"/> Vocational rehabilitation |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Medical appointments | <input type="checkbox"/> Work |
| <input type="checkbox"/> Drug/alcohol treatment | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> WorkSource appointments |
| <input type="checkbox"/> Other _____ | | |

3. What general locations do your clients need transportation to and from? _____

4. Does your agency provide transportation? Yes No

5. Check the services you provide:

- | | |
|---|--|
| <input type="checkbox"/> Bus tickets or passes for public transit | <input type="checkbox"/> Taxi service |
| <input type="checkbox"/> Gas vouchers | <input type="checkbox"/> Van service |
| <input type="checkbox"/> Staff provides rides in individual cars | <input type="checkbox"/> Volunteer drivers |
| <input type="checkbox"/> Other _____ | |
-

6. Service fee:

- Discounts available
- Flat rate
- Mileage rate
- No fee to client
- Sliding fee scale

7. Purpose of the rides:

- | | |
|---|--|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Recreational or social activities |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Religious activities |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Health or medical care | <input type="checkbox"/> Volunteer activities |
| <input type="checkbox"/> Other _____ | |
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8. Comments: _____

Please return survey to:

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253.798.7658