



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. Approximately how many clients do you work with that need transportation?

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

5. Does your agency provide transportation? Yes No

6. Check the services you provide:

Bus tickets or passes for public transit

Taxi service

Gas vouchers

Van service

Staff provides rides in individual cars

Volunteer drivers

Other (please specify)

7. If your agency has vehicles for client transportation, please list the number and type of vehicle.

8. Does your agency receive funding that could be used to provide client transportation?

Yes

No

Please return survey to:

Penny O'Connell
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