



Pierce County Coordinated Transportation Coalition

Transportation Survey

1. I need transportation because: (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> I am a senior citizen or elderly and don't drive | <input type="checkbox"/> I do not have a car |
| <input type="checkbox"/> I am disabled | <input type="checkbox"/> I do not have a driver's license |
| <input type="checkbox"/> I am homeless | <input type="checkbox"/> I do not have auto insurance |
| <input type="checkbox"/> I am too ill to drive | <input type="checkbox"/> I am not old enough to drive |
| <input type="checkbox"/> Other | |

2. I currently use the following means of transportation: (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Medical Transportation (coupon) | <input type="checkbox"/> My own vehicle |
| <input type="checkbox"/> Pierce Transit bus | <input type="checkbox"/> Family or friends |
| <input type="checkbox"/> Pierce Transit Shuttle | <input type="checkbox"/> Volunteer driver (Catholic Community Services) |
| <input type="checkbox"/> Taxi service | <input type="checkbox"/> Beyond the Borders |
| <input type="checkbox"/> Road to Independence (TANF) | <input type="checkbox"/> Other service provider |
| <input type="checkbox"/> Other | |

3. I need transportation to: (Check your 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 | | |

4. I need to go to: (Check your top three locations.)

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Ashford | <input type="checkbox"/> Home | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Buckley | <input type="checkbox"/> Kapowsin | <input type="checkbox"/> Spanaway |
| <input type="checkbox"/> Burnett | <input type="checkbox"/> Key Center | <input type="checkbox"/> South Prairie |
| <input type="checkbox"/> Carbonado | <input type="checkbox"/> McKenna | <input type="checkbox"/> Tacoma |
| <input type="checkbox"/> Eatonville | <input type="checkbox"/> Olympia | <input type="checkbox"/> Wilkeson |
| <input type="checkbox"/> Elbe | <input type="checkbox"/> Orting | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gig Harbor | <input type="checkbox"/> Roy | |

5. Please provide the address for your top three destinations:
- a.
 - b.
 - c.
6. Do you know what transportation choices are available for you? Yes No
7. If you currently use transportation services, do they meet your needs? Yes No
- If no, how can they be improved?
8. Would transportation improve your ability to meet your medical or health care needs? Yes No
9. Would transportation improve your employment opportunities?..... Yes No
10. Would transportation improve your ability to shop and accomplish daily activities?... Yes No
11. Would transportation improve your ability to participate in social or community events?..... Yes No
12. Comments
13. For mapping purposes only, please provide your pickup location. (Street address, city and zip code)

Please return survey to:

Penny O'Connell
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