

Instructions for completing the Transportation Provider Survey.

Please review the following instructions for successfully completing the fillable pdf form.

- Use only the latest version of Adobe Acrobat or Reader to complete the fillable PDF survey. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at: <http://get.adobe.com/reader>.
- **Do not complete the form online within your web browser; your data will not be saved. Before taking the survey, save the form (PDF format) to a location on your computer. (Examples: Desktop or Documents).**
- To save the survey, **right click** on the file and click “Save link as”.
- **Save** to your Desktop or Documents.
- Once you have saved the form to your computer, you are ready to take the survey.
- **Open** the survey and fill it out.
- After you have completed it, **Save** it.
- If you are not able to complete it all at once, simply save it. When you do have the time to complete it, simply reopen it and continue filling it out.
- Email your completed survey to APC at dpoad@tippecanoe.in.gov. Do this by attaching it to an email.
- Again, before sending your email, don't forget to attach your completed survey.
- Thank you for taking the time to complete our survey.

Transportation Provider Survey

- 1) Agency Name:
- 2) Contact Name:
- 3) Contact Email:
- 4) Telephone:
- 5) Street Address:
- 6) Please provide a mission statement for your agency or general description of services provided.

- 7) Who are the clients you serve? Please check all that apply.
 - Elderly
 - People with physical disabilities
 - People with mental disabilities
 - Low-income
 - Other (please specify)

- 8) Please describe your geographic service area.

9) When do your clients need service? Please check all that apply.

Weekdays

Weekends

Evenings

24/7

Other (please specify)

10) Type of service provided. Please check all that apply.

Fixed route/scheduled

Door to door

Through the door

Demand response

Same day

Next day

11) Please tell us the eligibility requirements for your specialized transportation service.

12) Do you charge or accept a fare for your transportation services?

Yes

No

No, but accept donations.

If yes, what is it?

13) How many one-way trips for specialized transportation users do you provide per month?

14) Type of trips provided. Please check all that apply.

Transit agency

Residential/home service

Nursing home, retirement center, senior center

Social service agency/organization

Medical transportation

Adult day care

Places of employment

Job training

Grocery shopping

Other life maintenance: shopping, post office, banking, etc.

Social or entertainment

School

15) What specific destinations are most often requested by your clients?

Examples: Pay Less Market Square, Ivy Tech, Unity Healthcare

16) How many and what types of vehicles do you own?