

Appendix H

Illinois DOT: Inventory of Services



Downstate Illinois– Human Services Transportation Plan

Inventory of Services for Region _____ (include Region #)

Spring 2007

Reason for the Survey– The Safe, Accountable, Flexible, Efficient Transportation Act, a Legacy for Users (SAFETEA-LU) was enacted in August 2005 and provides guaranteed funding for Federal surface transportation programs through FY 2009. SAFETEA-LU requires the establishment of a locally-developed, coordinated public transit – human services transportation plan (HSTP) for projects that receive funding through the following programs: Section 5310 Elderly and Individuals with Disabilities, Section 5316 Job Access Reverse Commute (JARC), and Section 5317 New Freedom.

In response to this requirement, the Illinois Department of Transportation-Division of Public and Intermodal Transportation is overseeing the development of the HSTP on a regional scale for areas across the state outside of the northeast region and in non-urbanized areas with a population less than 200,000.

The purpose of these plans is to identify strategies that encourage a more efficient use of available services that bring enhanced mobility to the region’s older adults, persons with disabilities and individuals with lower incomes, as well as the general public.

As part of developing the plan, an inventory of available of transportation services for the region must be administered. Surveys must be completed by <date>. For more information, or to forward on completed survey, please contact the person below.

<return name, address, phone, fax, etc>

I. ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

- a. Organization Name: _____
- b. Address: _____
- c. City: _____ State: _____ Zip: _____
- d. Telephone: _____ Fax: _____
- e. Name and Title of Individual Responding to Survey: _____
- f. E-mail of Respondent Contact: _____
- g. Agency Website: _____

2. Please check the box that best describes your organization. (Check only one.)

- | | |
|---|---|
| <input type="checkbox"/> a. Publicly Sponsored Transit Agency | <input type="checkbox"/> i. University |
| <input type="checkbox"/> b. Social Service Agency – Public | <input type="checkbox"/> j. Faith Based Organization |
| <input type="checkbox"/> c. Social Service Agency – Nonprofit | <input type="checkbox"/> k. YMCA/YWCA |
| <input type="checkbox"/> d. Medical Center/Health Clinic | <input type="checkbox"/> l. Red Cross |
| <input type="checkbox"/> e. Nursing Home | <input type="checkbox"/> m. Private School |
| <input type="checkbox"/> f. Adult Day Care | <input type="checkbox"/> n. Neighborhood Center |
| <input type="checkbox"/> g. Municipal Office on Aging | <input type="checkbox"/> o. Taxi/Wheelchair/Stretcher Service |
| <input type="checkbox"/> h. Nonprofit Senior Center | <input type="checkbox"/> p. Other: _____ |

3. What are the *primary* and *secondary* functions/services of your organization? (PLEASE READ—Check box for primary and shade in box for secondary.)

- | | |
|---|--|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> j. Diagnosis/Evaluation |
| <input type="checkbox"/> b. Health Care | <input type="checkbox"/> k. Job Placement |
| <input type="checkbox"/> c. Social Services | <input type="checkbox"/> l. Residential Facilities |
| <input type="checkbox"/> d. Education | <input type="checkbox"/> m. Income Assistance |
| <input type="checkbox"/> e. Counseling | <input type="checkbox"/> n. Screening |
| <input type="checkbox"/> f. Day Treatment | <input type="checkbox"/> o. Information/Referral |
| <input type="checkbox"/> g. Job Training | <input type="checkbox"/> p. Recreation/Social |
| <input type="checkbox"/> h. Employment | <input type="checkbox"/> q. Homemaker/Chore |
| <input type="checkbox"/> i. Rehabilitation Services | <input type="checkbox"/> r. Other _____ |

4. Who is the legal authority to receive the funds (i.e. who is the grantee)?

- a. Local government department or unit (city or county)
- b. Private nonprofit organization
- c. Mass Transit District
- d. Private, for-profit
- e. Other (Specify) _____

5. What is the geographic service area for the organization? If you have a map of the service area, please attach a copy to this survey.

Countywide only (Specify County or Counties): _____

Citywide only (Specify):

Both city and countywide (Specify):

Other (Specify):

6. Does your organization impose eligibility requirements on those persons who are provided transportation? (Check one.)

Yes No

If yes, please define those basic requirements below (e.g., Medicaid only, low-income only, destination purpose, etc).

DRAFT 1.0 HSTP Inventory Survey

Page 4

7. Is your organization involved in the *direct operation* of transit for the general public and/or transportation services for human service agency clients? (*Check one.*)

Yes No

8. Does your organization *purchase transportation* on behalf of clients or the general public from other service providers? (*Check one.*)

Yes No

If the answer to Question 7 is “No,” and the answer to Question 8 is “Yes,” Skip to Question 28 and continue the survey.

If the answer to both questions is “No,” Skip to Question 30 and continue the survey.

II. TRANSPORTATION SERVICES PROVIDED

Service Providers Only. In this section, explain the various methods by which your organization delivers public transit or human service agency transportation. Exclude meal deliveries or other non-passenger transportation services that may be provided.

9. Which mode of transit service delivery best describes your methods of service delivery? (Check all that apply.)

- a. Fixed route (fixed path, fixed schedule, with designated stops)
- b. Demand response (includes casual appointments and regular clients attending daily program activities)
- c. Route and/or point deviation
- d. Taxi
- e. Other (Specify) _____

10. In what manner does your organization directly provide, purchase, operate, or arrange transportation? (Check all that apply.)

Mode of Transportation	Services for the General Public	Client Only Services
	<i>(Check All That Apply)</i>	
a) Personal vehicles of agency staff		
b) Agency employees using agency owned fleet vehicles		
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
d) Reimbursement of mileage or auto expenses paid to clients, families, or friends		
e) Volunteers		
f) Information and referral about other community transportation resources		
g) Operate own transportation program using agency owned vehicles and staff		
h) Other (Describe in space provided below)		

Please describe any other methods in which your organization delivers transportation services not previously checked in Question 10a through 10g.

11. Please provide the following information regarding the vehicle fleet used in the provision of transportation services provided directly by your agency. The vehicle type(s) used include the following:

Vehicle Type	Total Number	Total Capacity	Number Owned	Number Leased	No. Owned or Leased: Wheelchair Accessible
a) Sedans					
b) Station wagons					
c) Minivans					
d) Standard 15-passenger vans					
e) Converted 15-passenger vans (e.g., raised roof, wheelchair lift)					
f) Light-duty bus (body-on-chassis type construction seating between 16-24 passengers)					
g) Medium duty bus (body-on-chassis type construction seating over 22 passengers with dual rear wheel axle)					
h) School bus (yellow school bus seating between 25 and 60 students)					
i) Medium or heavy duty transit bus					
j) Other (Describe):					

Note: "Number Owned" and "Number Leased" should add to equal "Total Number."

12. What type of communications device/system is used? (Check all that apply.)

- Cellular phones
- Two-way mobile radios requiring FCC license
- Pagers
- Mobile data terminals
- Other (describe): _____
- None

12. Define the level of passenger assistance provided for users of your transportation service. (Check all that apply.)

- Curb-to-curb (i.e., drivers will assist passengers in and out of vehicle only).
- Door-to-door (i.e., drivers will assist passengers to the entrance of their origin or destination).
- Door-through-door (i.e., driver will assist passengers to inside destination).
- Drivers are permitted to assist passengers with a limited number of packages.
- Drivers are permitted to assist passengers with an unlimited number of packages.
- We provide personal care attendants or escorts to those passengers who require such services.
- Passengers are permitted to travel with their own personal care attendants or escorts.

13. What are the daily hours and days of operation for your transportation services? Check days and list hours of operation in the space provided.

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Transportation service begins:	_____	_____	_____	_____	_____	_____	_____
Transportation service ends:	_____	_____	_____	_____	_____	_____	_____

14. How do clients/customers access your transportation services?

- There are no advance reservation requirements.
- Clients/customers must make an advance reservation (*e.g.*, by telephone, facsimile internet, arrangement through a third party, etc).

15. If advance reservations are required, what notice must be provided?

- We use a real-time reservation policy.
- Customers/clients must call for a reservation 24 hours before travel.
- Customers/clients must call for a reservation two days before travel.
- Customers/clients must call for a reservation three days before travel.
- Customers/clients must call for a reservation four days before travel.
- Customers/clients must call for a reservation five days before travel.
- Customers/clients must call for a reservation one week before travel.
- Other (Define): _____

16. Will you accommodate a same day or late reservation if space is available?

- Yes No

Explain _____

III. RIDERSHIP

The following questions have to do with client/patron caseload and/or client ridership.

17. Please provide your organization’s annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available. Complete questions (a) through (f).

Unduplicated Persons/Passenger Trips	Services for the General Public	Client Only Services
a) Total number of persons ¹ provided transportation		
b) Total number of passenger trips ² (most recent fiscal year)		
c) Estimated number of trips ² which the riders use a wheelchair		

In the above table, use the following definitions:

¹ A "person" is an unduplicated count of individuals receiving service (a person riding the vehicle 200 trips per year is counted as one person).

² A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

Answer the following questions about figures provided in the table above:

- d) Are ridership figures exact? _____
- e) Are ridership figures estimates? _____
- f) Time period for counts or estimates: _____

IV. ANNUAL EXPENDITURES AND REVENUES

The following questions concern your **transportation** funding sources and annual revenues and expenditures.

18. Does your organization charge a fare or fee for providing transportation services?

Yes No

If yes, what is the fare/fee? _____

19. Does the organization provide any discounts for the elderly or persons with disabilities?

Yes No

If yes, what is the discount? _____

20. Does your organization accept any donations from seniors to offset the cost of providing transportation services?

Yes No

If yes, what is the suggested donation amount? _____

21. What are the beginning and ending dates of your organization's fiscal year?

Beginning: _____ Ending: _____

22. What are your transportation operating revenues? (see fact sheets on fares and revenues for further explanation)

Category	Actual, FY 2006
Transportation Operating Revenues – List Individually	
a) Fares Collected from Passengers Through Cash, or Tickets/Tokens Purchased by Passengers (Include Client Fees and/or General Public Fares Here)	
b) Revenues Collected From Cash or Ticket/Tokens Purchased by Third Parties on Behalf of Passengers	
c) Reimbursements for Services Obtained from Third Parties (e.g., Medicaid Reimbursements)	
d) City Government Appropriations	
e) County Government Appropriate	
f) State Government Appropriation (e.g., DOAP)	
g) Federal Grants: DOT-FTA	
1) FTA Section 5307	
2) FTA Section 5311	
3) FTA Section 5310	
4) FTA Section 5316 (JARC)	
5) FTA Section 5317 (New Freedom)	
h) Federal Grants: non-DOT	
1) Temporary Assistance for Needy Families (TANF)	
2) Title IIIB-(Older Americans Act)	
3) Medicaid-Title XIX	
4) Social Services Block Grant-Title XX	
5) DOL Welfare to Work	
6) Workforce Investment Act	
7) Community Services Block Grant	
8) Community Development Block Grant	
9) Administration on Developmental Disabilities	
10) Mental Health Programs	
11) Vocational Rehabilitation Programs	
12) Other (List)	
g) Advertising	
h) Contributions (specify)	
i) Donations (specify)	
j) Other, not listed above (Explain)	
Total Transportation Revenues – Total	

Other comments on organization revenues?

23. Did you receive any capital revenues during FY 2006 for transportation (e.g., facilities, vehicles, technology, etc.)?

Category	Actual, FY 2006
Transportation Capital Revenues – List Individually	
a) DOT-FTA	
1) FTA Section 5307	
2) FTA Section 5309	
3) FTA Section 5311	
4) FTA Section 5310	
5) FTA Section 5316 (JARC)	
6) FTA Section 5317 (New Freedom)	
7) FTA Other (list)	
b) Non-DOT (please see previous list under operating and specify)	
8)	
9)	
10)	
b) Taxes	
c) Funds received from:	
1) State	
2) County (list county)	
3) City (list city)	
d) Fundraising	
e) Contributions from Charitable Foundations, etc.	
f) Other, not listed above (Explain)	
Total Transportation Capital Revenues – Total	

Other comments on organization capital revenues?

24. What are your transportation operating and capital expenses?

Category	Actual, FY 2006 (or most recent)
Transportation Operating Expenses – List Individually	
1) Transportation administration (non-operating personnel)	
2) Transportation operations (drivers, mechanics, fuel, etc.)	
3) Transportation maintenance (facilities and equipment) Note: If you have included these expenses under #2, do not include them again.	
Total Operating Expenses	
b) Transportation Capital Expenses	
Total Transportation Operating and Capital Expenses	

Other comments on organization expenses?

25. Does your agency make any payments to or have contracts with third parties to pay for transportation of the general public or for clients of your agency?

Yes No

If No, Go to Question 30.

26. If your agency purchases client transportation services from third parties, please complete the following table. If the third party or parties are private individuals, do not list individual names; sum all such entries in one line labeled as “private individuals.”

Transportation Payments Made to Third Parties for the Purchase of Transportation Services			
Name of Third Party	Total Number of Trips Purchased	Rate and Basis of Payment (e.g., Per Mile, Per Trip, etc.)	Total Amounts Paid Last Fiscal Year _____

Note: If different rates apply to different types of trips (e.g., ambulatory trips vs. non-ambulatory trips), please specify each rate and ridership separately). Also, if rate structure incorporates more than one structure (e.g., a base rate plus a mileage-based rate), please specify accordingly.

V. ASSESSMENT OF NEEDS/COORDINATION

27. What are the top five trip demand generators for your customers or clients, that is, to which five destinations do your customers or clients travel most often?

Place of Destination	Town/City	Weekday Ridership					Saturday Ridership	Sunday Ridership	Weekly Ridership
		AM peak	Mid day	PM Peak	Evening	Over night			

28. What do you see as the greatest barriers to mobility in your service area? (Check all that apply).

- Having to plan ahead
 - Lack of service
 - Lack of vehicles
 - Lack of operating dollars
 - Hours of operation
 - Service boundaries
 - Do not prefer to mix populations (i.e. disabled with non-disabled)
 - Funding restrictions to provide service
 - Turf issues
 - Other (please specify below)
-
-

29. What elements of the existing transportation network provide the most useful mobility options in your service area? (Check all that apply).

- Accessible vehicles
 - Coordination efforts
 - Mass Transit District (ability to cross county lines)
 - Volunteers/someone who can provide transportation
 - Information and referral service
 - Toll-free number
 - Other (please specify below)
-
-

30. What issues, if any, have your coordination efforts encountered? (*Check all that apply*).

- Billing and payment
- Insurance
- Driver qualifications
- Policies
- Different vehicles
- Other

Please give further detail on the boxes checked above.

31. In your opinion, what do you see is the *greatest obstacle* to coordination and mobility in your service area?

32. In your opinion, what *enhancement is most needed* to improve the coordination of public transit and human service transportation in your service area?

33. In your community, do you know if an organized group has been formed to look at coordination among transit providers, human service agencies and riders of public transit?

Yes No

If yes to Question 36, has your organization actively participated in this group?

Yes No

Please give the name of the group and/or contact information if available.

34. In your opinion, is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?

Yes No

If yes, please identify persons and/or contact information, if available.

35. In your opinion, do you and members of the governing board perceive there to be real and tangible benefits to be realized if local organizations worked together to better coordinate the delivery of services?

Yes No

If yes, what are the potential benefits in your opinion?

If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.

Thank you for your cooperation!