

PROGRAM PROFILE SURVEY



Name of Organization: _____

Name of Transportation Program: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Website: _____

Contact Name: _____ Title: _____

Days/Hours of Operation: _____

Description of Service: _____

Reservations:

- same day service available must schedule 2 days in advance
 must schedule 24 hours in advance must schedule more than 2 days in advance

Type of Service: transit stop door-to-door curb-to-curb door-through-door

Service Area: _____

Type of Route: fixed route demand response

Route: _____

Type Vehicles: auto bus taxi van other _____

Accessible Services: wheelchair access lowfloor buses talking signs
 other _____

Escort Availability: escorts are provided escorts are NOT provided
 escorts ride for free escorts must pay fare \$ _____ (amount)

Service Fee:

- sliding scale \$ _____ no rider fees and/or rider donations accepted
 flat rate \$ _____ discounts available
 mileage rate \$ _____ other _____

Riders Served: seniors people w/ disabilities children teens adults

Rider Eligibility Criteria: _____

Purpose of Rides: medical/health care religious events childcare
 employment social/recreational activities shopping
 volunteer activities other _____

Informational/Instructional Materials Available: yes no

List Materials: _____