

Questions marked with a * are required

Transit Coordination Plan: User Survey

You are invited to please take our survey regarding the transportation needs of SENIORS, PERSONS WITH A DISABILITY, and PERSONS OF LIMITED INCOME.

For questions, go to www.SMCOG.org or contact Megan Clark at meganclark@missouristate.edu or 913-731-6301.

Please return completed surveys to:

SW Mo Council of Governments
901 S National Ave.
Springfield, MO 65897

Contact Information

First Name :

Last Name :

Phone :

Email Address :

Please provide your 5-digit Zip Code.

*

Please indicate where you live:

*

Within a City (i.e. Monett, Greenfield, Rogersville, etc.) _____

Not within a City (northern Stone County, west of Buffalo, etc)_____

Please check the statements you identify with (Select all that apply).

2015-2016 Federal Poverty Guidelines		
Size of Family Unit	Annual	Monthly
1	11,880	990
2	16,020	1,335
3	20,160	1,680
4	24,300	2,025

- A person with a disability
- A person over 65
- A person at or below the Federal poverty line
- None of the above

What types of disabilities do you have (Select all that apply)?

- Physical
- Cognitive
- Visual
- N/A

Please check the statements you identify with (Select all that apply).

*

- Full-time Employee
- Retired
- Student
- Part-time Worker
- Full-time Volunteer
- Part-time Volunteer
- Unable to Work

Where do you go on a regular basis (Select all that apply)?


- *
- | | |
|--|--|
| <input type="checkbox"/> Work | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> School/College | <input type="checkbox"/> Medical Facilities |
| <input type="checkbox"/> Bank or other local businesses | <input type="checkbox"/> Visiting (family/friends) |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Shopping Centers |
| <input type="checkbox"/> Religious Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> I am unable to leave my home on a regular basis | <input type="checkbox"/> Other |

Where do you find it difficult to visit (Select all that apply)?

- *
- | | |
|--|--|
| <input type="checkbox"/> Work | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> School/College | <input type="checkbox"/> Medical Facilities |
| <input type="checkbox"/> Bank or other local businesses | <input type="checkbox"/> Visiting (family/friends) |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Shopping Centers |
| <input type="checkbox"/> Religious Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> I am unable to leave my home on a regular basis | <input type="checkbox"/> Other |

Please rank your top three most-used modes of transportation.

- *
- | | |
|--|---|
| <input type="radio"/> Personal Vehicle | <input type="radio"/> Friend or Family Vehicle |
| <input type="radio"/> OATS | <input type="radio"/> Van or Bus provided by my agency |
| <input type="radio"/> Taxi | <input type="radio"/> Walk |
| <input type="radio"/> Bike | <input type="radio"/> I am unable to leave my home on a regular basis |
| <input type="radio"/> Other | |

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Please indicate how well your ranked top three modes of transportation serve your needs.

	Very Poorly	Poorly	Neutral	Well	Very Well	Do Not Use
Personal Vehicle *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and Family *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OATS *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency Vehicle *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you pay for your transportation (Select all that apply)?

*

- Earned Income
- Government Assistance
- Help from Family and Friends
- I don't have to pay for transportation


What can be changed to better meet your transportation needs (select up to three)?

- Evening Service
- Door to Door Service
- Through the door service
- Frequency
- Inter-agency Coordination
- Medical Destinations
- Employment Destinations
- Other
- Weekend Service
- Next/Same day service
- Affordability
- Eligibility Requirements
- Handicapped-accessible Service
- Shopping Destinations
- Guaranteed Ride Home Service

What destinations would you like improved access to? *

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What other comments would you like to make about transportation choices in the Ozarks?

User Survey
Southwest Missouri Council of Governments
Springfield, MO
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