

Contact Information
Berrien County Coordinated Transportation Coalition

Please note any changes to your contact information!

Name:	
Agency / Title: Role in Transportation?	
Contact Address: PO Box: City: Zip:	
Contact Address is: (Please circle)	Work / Home
Phone:	
Email Address:	
Preferred method of contact: (Please circle)	Mail / Email

Your input is invaluable and will be used as a means of collecting input from our stakeholders. Thanks for taking the time to complete this important form!

We are in the process of updating the 2009 Coordination Plan and will need your assistance in developing *new* strategies or goals in an effort to increase coordination in the region. Your input will also help us determine new or unresolved issues that exist in our region.

Please complete sections A-D on the following pages. Let us know if you have we can be of any assistance in helping you fill out the questionnaire

SECTION A

Are you having any problems with your current method of getting clients to your site or service?

Please describe transportation needs specific to your agency or community, that you feel are not being adequately met. Please be as specific as you can. (Include any special needs or requirements your clients or passengers may have)

Are there activities or destinations which need more transportation services (Please be specific – destination, city, day, time)

What plans do you have during the next five years to expand (or reduce) agency programs or services? What impacts will these changes have on your client transportation issues?

What are the major barriers to service coordination that your agency/system has encountered?

What are your suggestions to increase the current coordination efforts in Berrien County?

SECTION B

Please indicate if you **AGREE** or **DISAGREE** with the following statements by placing an **A** for **AGREE** or a **D** for **DISAGREE**. Consider all of the transportation options in Berrien County.

___ Transportation systems for persons with special needs are not operated as efficiently as possible. In some case, programs established by federal, state and local governments to assist people with special needs can not be accessed due to inefficiencies and coordination barriers.

___ Require documented coordination efforts between public transportation agencies, pupil transportation programs, private nonprofit transportation providers, and other public agencies sponsoring programs that require transportation.

___ Coordination could improve transportation efficiency and effectiveness to maximize the use of community resources so that more people can be served within available funding levels.

Definition: "Persons with special transportation needs" means those person, including their personal attendants, who because a physical or mental disability, income status, or age are unable to transport themselves or purchase transportation.

SECTION C

Please rank the statements below using the following:

- 1 Very Important
- 2 Important
- 3 Somewhat important
- 4 Not important

___ Organizations serving persons with special transportation needs share responsibility for ensuring that customers can access services.

___ There is a single entry process for customers to use to have trips arranged and scheduled, so the customer does not have to contact different locations based on which sponsoring agency or program is paying for trip.

___ There are processes in place so that when decisions or changes (Facility location or policy changes) are made by service agencies, the potential effects (Costs access, travel time) on client transportation are considered.

___ There is flexibility in using the available vehicles in a community so that the ability to transport people is not restricted by specific program claims to vehicles.

___ There is a maximum sharing of operating facilities and administrative services, to avoid duplication of costly program elements.

___ There are transportation performance goals and an evaluation process that leads to continuous system improvements.

SECTION D

Please indicate your interest in the following programming:

___ I would be interested in working with the Berrien County Senior Centers to develop strategies to improve seniors’ access to life sustaining and life enhancing services in Berrien County and the region.

___ I would be interested in participating in a workshop to learn about the challenges people with disabilities face when accessing different types of transportation and the best practices for addressing those challenges.

___ I would be interested in finding out more about how my organization could help improve veteran transportation to medical appointments in and out of the county.

What three (3) outcomes would you like to see accomplished?

___ Improve mobility for the residents of your community

___ Increase accessibility of transportation services

___ Improve the mobility skills of your current/future users

___ Reduce demand on Door-to-Door services

___ Provide alternatives to Door-to-Door services

___ Others:

THANK YOU!