

**APPENDIX: COASTAL BEND PUBLIC TRANSPORTATION NEEDS
ASSESSMENT (SURVEY)**



TCN stakeholders from the 12-county Coastal Bend area (Aransas, Bee, Brooks, Duval, Kenedy, Kleberg, Jim Wells, Live Oak, McMullen, Nueces, Refugio, & San Patricio), work cooperatively to promote transportation coordination for the region. The TCN website is www.TCNCB.org

Please give us your input about public transportation needs in the Coastal Bend Region

The Transportation Coordination Network of the Coastal Bend Region (TCN) is conducting a survey to document the needs for public transportation in the region.

The survey will also identify the transportation resources that are available. That is, some churches or community organizations have vans or cars that are made available to transport their members to medical appointments, to buy groceries, or to go to senior day care facilities. We need to find out about these resources.

The survey is short and designed to collect your information quickly. We appreciate if you can give us a few minutes of your time to complete the survey. You can find the survey by clicking on this link or you may copy the link and paste it into your web browser.

www.surveymonkey.com/s/cbend

**Survey will remain open until August 10
If possible, please complete the survey by Friday, July 23**

Please share this information with your networks so that we may gather the most comprehensive data possible in order to develop a plan that will effectively and efficiently serve all of the residents of the Coastal Bend.

Contact Sara Salvide at (361-853-9200; ssalvide@ccrta.org) if you would like a copy mailed to you or if you have any other questions/requests.

If you complete this survey in writing, please
U.S. Mail to: Linda Cherrington, P.O. Box 16169, Galveston, TX 77552

2010 Coastal Bend Public Transportation Needs Assessment

1. Contact information, please share the following:

- a. Organization _____
- b. Website _____
- c. Street address _____
- d. City _____
- e. Zip code _____
- f. Mailing address (if not the same) _____
- g. City _____
- h. Zip code _____
- i. Contact person _____
- j. Title/Department _____
- k. Email _____
- l. Office phone _____
- m. Fax _____
- n. Cell phone _____

2. What types of services does your organization provide to your clients in the Coastal Bend?

Please circle the letter for all that apply.

- a. Transportation
- b. Medical/health services
- c. Education/training
- d. Head Start
- e. Employment/workforce development
- f. Senior services
- g. Services for children
- h. Economic assistance
- i. Rehabilitation services
- j. Housing
- k. Other social or human service – please specify

3. Who are the clients that you serve?

Please circle the letter for all that apply.

- a. General public
- b. Seniors or older adults
- c. People with disabilities. Disability under the American with Disabilities Act (ADA) includes a physical or mental impairment that substantially limits a major life activity
- d. Low-income families
- e. Individuals with medical appointments
- f. Veterans
- g. Students
- h. Head Start
- i. Children (less than 14 years of age)
- j. Youth (ages 14-21)
- k. Other – please specify _____

4. What counties does your organization serve?

Please circle the letter for all that apply.

- a. Aransas
- b. Bee
- c. Brooks
- d. Duval
- e. Jim Wells
- f. Kenedy
- g. Kleberg
- h. Live Oak
- i. McMullen
- j. Nueces
- k. Refugio
- l. San Patricio
- m. Other – please specify _____

5. Where do your clients need to go to receive the services that your agency provides?

Please list up to five locations. If this does not apply, go to Question 6.

- a. Street address, City, Zip: _____
- b. Street address, City, Zip: _____
- c. Street address, City, Zip: _____
- d. Street address, City, Zip: _____
- e. Street address, City, Zip: _____

- 6. Do your clients use public transportation to travel to use your services?**
- a. No – Go to Question 7.
 - b. Sometimes
 - c. Yes

6.A. If Yes or Sometimes, what is the public transportation provider or providers that your clients ride to use your services?

Please circle the letter for all that apply.

- a. Bee County Community Action Council (Bee Transit)
- b. Community Action Council of South Texas
- c. Corpus Christi Regional Transportation Authority (RTA)

Please circle all that apply.

- i. Fixed Route
- ii. B-Line Paratransit
- d. Kleberg County Human Services (Paisano Express Rural Transit)
- e. Rural Economic Assistance League, Inc. (REAL Transit)
- f. LeFleur Transportation (Medical Transportation Program)
- g. Other – please specify _____

6.B. Does your agency help your clients to pay the fare for public transportation by providing a bus pass, card, voucher or other form of payment?

- a. No. Our clients must pay for their own fare for public transportation
- b. Sometimes
- c. Yes

6.C. Does your agency work directly with the public transportation provider to schedule transportation services for your clients?

- a. No
- b. Sometimes
- c. Yes

7. Does your organization directly operate transportation services for your clients?

- a. No
- b. Yes. If Yes, we would like to ask some additional questions at the end of this survey.

8. Does your organization purchase transportation services for your clients from another organization or company?

- a. No – Go to Question 9.
- b. Sometimes
- c. Yes

8.A. If Yes or Sometimes, from what transportation provider does your organization purchase transportation services?

Please circle the letter for all that apply.

- a. Bee County Community Action Council (Bee Transit)
- b. Community Action Council of South Texas
- c. Corpus Christi Regional Transportation Authority (RTA)
- d. Kleberg County Human Services (Paisano Express Rural Transit)
- e. Rural Economic Assistance League, Inc. (REAL Transit)
- f. LeFleur Transportation
- g. Other – please specify _____

9. Does your organization reimburse clients for personal transportation to travel to use your services?

- a. No
- b. Sometimes
- c. Yes

10. What are the most common transportation related issues that you or your clients or constituents face?

- a. Lack of any public transportation service in the areas needed
- b. Public transportation services not available on the days needed
- c. Public transportation services not available at the times needed
- d. Public transportation does not go to the places needed
- e. Public transportation requires advance reservation
- f. Lack of accessible transportation for people with disabilities
- g. Cost of transportation for my organization
- h. Cost of transportation to the rider
- i. Our clients need transportation specifically to meet their travel needs
- h. Other – please specify _____

11. Please tell us more about the transportation related issues that your organization or your clients or constituents must address.

12. Have you or your organization prepared any written documentation or collected data about transportation needs of your clients or constituents?

- a. No – Go to Question 13.
- b. Yes

12.A. If Yes, we would very much like to receive a copy of the documentation or data. *Please circle the letter for the most convenient way for us to gather the documentation:*

- a. Electronic file
- b. Available on website
- c. U.S. Mail
- d. Fax
- e. Pick-up a copy
- f. See a copy at your office
- i. Other – please specify _____

13. Can you think of any other source for a report or data that will help us to document transportation needs in the Coastal Bend?

We will appreciate any suggested contacts or references so that we can follow-up.

14. Does your organization coordinate with other organizations or agencies to meet the current transportation needs of your clients or constituents?

- a. No – Go to Question 15.
- b. Sometimes
- c. Yes

14.A. If Yes or Sometimes, we would like to learn more about your coordination. Please tell us how you coordinate to meet transportation needs.

14.B. How is coordination for transportation a benefit to your organization and to your clients or constituents?

Please go to Question 16.

15. How is the lack of coordination a problem or obstacle for your organization or your clients or constituents?

16. How do you think public transportation providers in the Coastal Bend could increase coordination?

17. TCN wants to reach out to as many organizations that provide health and human services or transportation services and those who advocate for people who need public transportation in the Coastal Bend so that we can learn more about transportation needs and opportunities to coordinate transportation services.

TCN welcomes any suggestion you make for another agency or person you recommend that TCN contact:

**Thank you very much for taking the time to complete the
Transportation Needs Assessment.**

**If your organization provides transportation services
(you answered “Yes” to Question 7),
please answer a few more questions.**

2010 Coastal Bend Transportation Inventory

*The following questions are only for organizations that provide transportation
(answered Question 7 "Yes")*

18. For which type(s) of clients do you provide transportation?

Please circle the letter for all that apply.

- a. General population
- b. Seniors
- c. People with disabilities. Disability under the ADA includes a physical or mental impairment that substantially limits a major life activity.
- d. Students
- e. Children
- f. Employees going to work
- g. Persons from low income families
- h. Clients of your agency only
- i. Clients of other agencies – please specify _____
- j. Other – please specify _____

19. Are there specific requirements for your riders to be eligible for your transportation services?

Please describe briefly.

20. What trip purposes do you serve?

Please circle the letter for all that apply.

- a. Work/seeking employment
- b. Medical/health services
- c. Education/training
- d. Shopping/personal business
- e. Social/recreational
- f. Senior activities
- g. Congregate meals/nutrition
- h. Other – please specify _____
- i. All trip purposes

21. In what counties do you provide transportation?

Please circle the letter for all that apply.

- a. Aransas
- b. Bee
- c. Brooks
- d. Duval
- e. Jim Wells
- f. Kenedy
- g. Kleberg
- h. Live Oak
- i. McMullen
- j. Nueces
- k. Refugio
- l. San Patricio
- m. Other – please specify _____

22. What category of transportation services do you provide?

Please circle the letter for all that apply.

- a. Client transportation: transportation as needed for the clients of your organization or another organization
- b. Demand response: operate point-to-point for trips scheduled by the rider in advance
- c. Regularly scheduled trips: operate point-to-point trips at the same times and at regular intervals, for example every week
- d. Fixed route: operate along the same routes and serve specific stops at specific times
- e. Flexible route or route deviation: operate along a route but can deviate off that route within limits
- f. Other – please specify _____

23. What days do you operate transportation?

Please circle the letter for all that apply.

- a. Monday
- b. Tuesday
- c. Wednesday
- d. Thursday
- e. Friday
- f. Saturday
- g. Sunday

24. What times is your transportation available?

A general indication of begin/end times is OK.

- a. Time service begins: ____:____ AM/PM
- b. Time service ends: ____:____ AM/PM

25. What are the sources of funds to operate your transportation service?

Please circle the letter for all that apply.

- a. Passenger fares or fare equivalents
- b. Federal funds for public transportation
- c. State of Texas funds for public transportation
- d. Other specific grants for transportation
- e. Donations or private foundations
- f. Agency operating funds
- g. Local government funds
- h. Other – please specify _____

26. How many of each of these types of vehicles do you operate?

Please complete all that apply.

- a. Sedans, station wagons, and SUVs: _____
How many are wheelchair accessible? _____
- b. Vans: _____
How many are wheelchair accessible? _____
- c. Minibuses (less than 30 feet): _____
How many are wheelchair accessible? _____
- d. Standard (typically 35 to 40 feet): _____
How many are wheelchair accessible? _____
- e. Over-the-road coaches: _____
How many are wheelchair accessible? _____
- f. Specialty vehicles (e.g. trolley): _____
How many are wheelchair accessible? _____
- g. Other – please specify type and number: _____
How many are wheelchair accessible? _____

27. Are you interested in RECEIVING assistance from another agency in any of the following areas?

Please circle the letter for all that apply.

- a. Delivery of transportation services
- b. Routing/scheduling
- c. Dispatching
- d. Routing/dispatch training
- e. Driver training
- f. Vehicle preventive maintenance
- g. Routine vehicle repairs
- h. Major repair/component rebuild for vehicles
- i. Vehicle parts purchasing
- j. Parts inventory management
- k. Customer information/ referral services
- l. Information technology support
- m. Billing/accounting
- n. Marketing
- o. Planning and programming
- p. Grant writing/grant applications
- q. Performance data collection/reporting
- r. Other - please specify _____

28. Are you interested in PROVIDING assistance to another agency in any of the following areas?

Please circle the letter for all that apply.

- a. Delivery of transportation services
- b. Routing/scheduling
- c. Dispatching
- d. Routing/dispatch training
- e. Driver training
- f. Vehicle preventive maintenance
- g. Routine vehicle repairs
- h. Major repair/component rebuild for vehicles
- i. Vehicle parts purchasing
- j. Parts inventory management
- k. Customer information/ referral services
- l. Information technology support
- m. Billing/accounting
- n. Marketing
- o. Planning and programming
- p. Grant writing/grant applications
- q. Performance data collection/reporting
- r. Other - please specify _____

29. What was your 2010 approximate annual agency cost to provide transportation (in dollars)? _____

THANK YOU for taking the time to complete this inventory.

If you complete this survey in writing, please
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If you have any questions, please contact Sara Salvide at
361-853-9200 or ssalvide@ccrta.org