

# Appendix A: Provider Surveys

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# North Country Transportation Provider Survey

Please fill in the green highlighted cells

## Agency Information

**Organization:** Appalachian Mountain Club  
**Address:** Tr. 16, PO Box 298, Gorham, NH 03581  
**Contact Person:** Chris Thayer  
**Title/Dept.:** White Mountain Facilities Director  
**Phone:** 603-466-2721 x127

1. Is your agency:

- Public
- Private nonprofit
- Private for-profit
- Other (please specify)

2. What type of primary services does your agency provide? (check all that apply)

- Alcohol, Tobacco, or Drug Education and Treatment
- Diagnosis and Early Evaluation
- Education/Training
- Employment Opportunities/Job Placement
- Health Care
- Housing
- Child Care
- Community Support Networks
- Family Support and In-home Assistance
- Family Safety and Protection Housing
- Nutrition
- Life Skills Development and Assistance
- Transportation
- Residential Care
- Other (please specify)

3. What age groups are your services designed for? (check all that apply)

- Under 18
- 18 to 54
- 55 to 59
- 60 to 64
- 65 to 74
- 75 and older
- Any age

4. Does your agency supply any type of transportation to its participants?

- Yes, agency provides transportation
- Yes, agency pays for transportation
- Yes, agency contracts transportation services

5. Are clients or employees reimbursed for mileage when using personal vehicles for agency sponsored programs?

- Yes. If yes, please indicate the rate per mile:----->
- No

6. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

- |   |                   |    |
|---|-------------------|----|
| <input checked="" type="checkbox"/> Provide ride from agency vehicle                  | # of weekly rides | 14 |
| <input type="checkbox"/> Provide bus pass   | # of weekly rides |    |
| <input type="checkbox"/> Provide cash to participants specifically for transportation | # of weekly rides |    |
| <input type="checkbox"/> Other (please specify)                                       | # of weekly rides |    |

7. Please indicate the number of vehicles used for client transportation. Also, please include a vehicle inventory showing vehicle capacity and number of wheelchair positions.

2 - 14 passenger  
Buses  
Van  
Car  
Truck/SUV  
Other

8. Does your agency own its own vehicles and/or do its own maintenance? (check all that apply)

- Agency owns vehicles
- Agency does not own our vehicles
- Agency leases vehicles through ----->
- Agency does its own vehicle maintenance
- Agency contracts out for maintenance services

9. How many days per week/month do you provide transportation service?

Days per week 7  
 Days per month 31  
 Hours of operation 8:00 AM to 4:00 PM

10. Agency's annual transportation operating cost? ----->

11. Does your agency charge participants for transportation services?

- Yes, participant pays a fee. If yes, how much? -----> \$14/\$16
- No, participant does not pay a fee
- No, prohibited from charging for services

12. Other than charging participants, how are transportation services funded at your agency and how much? (check all that apply)

	Annual Amount
<input type="checkbox"/> City, county or special district (describe)	\$0
<input type="checkbox"/> Donations, United Way, fundraising, volunteer	\$0
<input type="checkbox"/> Federal funds Title III B	\$0
<input type="checkbox"/> Federal funds Section 5309 (discretionary capital)	\$0
<input type="checkbox"/> Federal funds Section 5310 (elderly and disabled)	\$0
<input type="checkbox"/> Federal funds Section 5311 (rural)	\$0
<input type="checkbox"/> Medicaid	\$0
<input type="checkbox"/> Head Start	\$0
<input type="checkbox"/> State funds (what category)----->	\$0
<input type="checkbox"/> Other funds (what category)----->	\$0

13. Is your transportation funding limited to specific groups of participants?

- Yes
- No, (please skip to question 14)

13a. How are the *funds limited*? (check all that apply)

- People with disabilities only
- Veterans only
- Seniors only
- Low income/means tested
- Children
- Students
- Program clients
- Other (please specify) ----->

13b. Is the limited funding an agency policy or a source restriction?

- Agency Policy
- Funding Source Restriction

14. Are the transportation trips for participants limited in any way?

- Yes
- No, (please skip to question 15)

14a. How are the *trips limited*? (check all that apply)

- Emergency only
- Job training only
- Medical visits only
- Low income/means tested
- School only
- Nutrition only
- Veterans services only
- Program clients
- Other (please specify) ----->

14b. Are the trips limited by agency policy or a funding source restriction?

- Agency Policy  
 Funding Source Restriction

15. Do your clients have transportation needs that your agency cannot serve?

None - focused system

16. What are the transportation needs of your agency?

None - Focused system

17. Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services under contract to another agency or agencies.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Joining together with another agency to consolidate the operation of transportation services.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Adjusting hours or frequency of service.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Centralized scheduling and dispatching	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h. Participating in an organized countywide transportation marketing program.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify)				

18. If you provide transportation, please attach a map highlighting your service area and provide a written description of your service area. Tell us the geographic areas you serve and the approximate boundaries of the service area and location of regular service. For example: Service area is mainly in Littleton and extends west to Sugar Mills and east to the Grafton County boundary, etc.

**THANK YOU FOR YOUR HELP!**



LSC Transportation Consultants, Inc.  
 516 North Tejon Street  
 Colorado Springs, CO 80903  
 (719) 633-2868  
 (719) 633-5430 (fax)

# North Country Transportation Provider Survey

Please fill in the green highlighted cells

## Agency Information

Organization: Carroll County RSVP  
Address: PO Box 1182 N. Conway, NH 03860  
Contact Person: Jesseman Bernadine  
Title/Dept.: Executive Director  
Phone: 603-356-9331

1. Is your agency:

- Public
- Private nonprofit
- Private for-profit
- Other (please specify)

2. What type of primary services does your agency provide? (check all that apply)

- Alcohol, Tobacco, or Drug Education and Treatment
- Diagnosis and Early Evaluation
- Education/Training
- Employment Opportunities/Job Placement
- Health Care
- Housing
- Child Care
- Community Support Networks
- Family Support and In-home Assistance
- Family Safety and Protection Housing
- Nutrition
- Life Skills Development and Assistance
- Transportation
- Residential Care
- Other (please specify) Provide volunteers to non-profits throughout Carroll County

3. What age groups are your services designed for? (check all that apply)

- Under 18
- 18 to 54
- 55 to 59
- 60 to 64
- 65 to 74
- 75 and older
- Any age

4. Does your agency supply any type of transportation to its participants?

- Yes, agency provides transportation
- Yes, agency pays for transportation
- Yes, agency contracts transportation services

5. Are clients or employees reimbursed for mileage when using personal vehicles for agency sponsored programs?

- Yes. If yes, please indicate the rate per mile:-----> \$41.00
- No

6. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

Method	# of weekly rides
<input type="checkbox"/> Provide ride from agency vehicle	
<input type="checkbox"/> Provide bus pass	
<input type="checkbox"/> Provide cash to participants specifically for transportation	
Pay volunteers weekly for driving <input checked="" type="checkbox"/> Other (please specify)	

7. Please indicate the number of vehicles used for client transportation. Also, please include a vehicle inventory showing vehicle capacity and number of wheelchair positions.

Volunteer	Buses	Van	Car	Truck/SUV	Other

8. Does your agency own its own vehicles and/or do its own maintenance? (check all that apply)

- Agency owns vehicles
- Agency does not own our vehicles
- Agency leases vehicles through ----->
- Agency does its own vehicle maintenance
- Agency contracts out for maintenance services

9. How many days per week/month do you provide transportation service?

Days per week 5  
 Days per month 20  
 Hours of operation to

10. Agency's annual transportation operating cost? ----->

11. Does your agency charge participants for transportation services?

- Yes, participant pays a fee. If yes, how much? ----->
- No, participant does not pay a fee
- No, prohibited from charging for services

12. Other than charging participants, how are transportation services funded at your agency and how much? (check all that apply)

	Annual Amount
<input checked="" type="checkbox"/> City, county or special district (describe)	\$0
<input type="checkbox"/> Donations, United Way, fundraising, volunteer	\$0
<input checked="" type="checkbox"/> Federal funds Title III B	\$0
<input type="checkbox"/> Federal funds Section 5309 (discretionary capital)	\$0
<input type="checkbox"/> Federal funds Section 5310 (elderly and disabled)	\$0
<input type="checkbox"/> Federal funds Section 5311 (rural)	\$0
<input checked="" type="checkbox"/> Medicaid	\$0
<input type="checkbox"/> Head Start	\$0
<input type="checkbox"/> State funds (what category) ----->	\$0
Fund Raising <input checked="" type="checkbox"/> Other funds (what category) ----->	\$0

13. Is your transportation funding limited to specific groups of participants?

- Yes
- No, (please skip to question 14)

13a. How are the *funds limited*? (check all that apply)

- People with disabilities only
- Veterans only
- Seniors only
- Low income/means tested
- Children
- Students
- Program clients
- Other (please specify)

13b. Is the limited funding an agency policy or a source restriction?

- Agency Policy
- Funding Source Restriction

14. Are the transportation trips for participants limited in any way?

- Yes
- No, (please skip to question 15)

14a. How are the *trips limited*? (check all that apply)

- Emergency only
- Job training only
- Medical visits only
- Low income/means tested
- School only
- Nutrition only
- Veterans services only
- Program clients
- Other (please specify)

14b. Are the trips limited by agency policy or a funding source restriction?

- Agency Policy  
 Funding Source Restriction

15. Do your clients have transportation needs that your agency cannot serve?

Depends on the day of the week and how many requests are received for the same day.

16. What are the transportation needs of your agency?

More volunteers

17. Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services under contract to another agency or agencies.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Joining together with another agency to consolidate the operation of transportation services.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adjusting hours or frequency of service.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g. Centralized scheduling and dispatching	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Participating in an organized countywide transportation marketing program.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify)				

18. If you provide transportation, please attach a map highlighting your service area and provide a written description of your service area. Tell us the geographic areas you serve and the approximate boundaries of the service area and location of regular service. For example: Service area is mainly in Littleton and extends west to Sugar Mills and east to the Grafton County boundary, etc.

VA services to Manchester, Boston area and White River Jct throughout Carroll County into Main and the rest of NH. Local as needed.

**THANK YOU FOR YOUR HELP!**



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 (719) 633-5430 (fax)

# North Country Transportation Provider Survey

Please fill in the green highlighted cells

## Agency Information

Organization: Common Ground-NHS  
 Address: P.O. Box 299  
 Contact Person: Mark J. Vincent  
 Title/Dept.: Director  
 Phone: 837-9547

1. Is your agency:

- Public
- Private nonprofit
- Private for-profit
- Other (please specify)

2. What type of primary services does your agency provide? (check all that apply)

- Alcohol, Tobacco, or Drug Education and Treatment
- Diagnosis and Early Evaluation
- Education/Training
- Employment Opportunities/Job Placement
- Health Care
- Housing
- Child Care
- Community Support Networks
- Family Support and In-home Assistance
- Family Safety and Protection Housing
- Nutrition
- Life Skills Development and Assistance
- Transportation
- Residential Care
- Other (please specify)

Student Services

3. What age groups are your services designed for? (check all that apply)

- Under 18
- 18 to 54
- 55 to 59
- 60 to 64
- 65 to 74
- 75 and older
- Any age

4. Does your agency supply any type of transportation to its participants?

- Yes, agency provides transportation
- Yes, agency pays for transportation
- Yes, agency contracts transportation services

5. Are clients or employees reimbursed for mileage when using personal vehicles for agency sponsored programs?

- Yes. If yes, please indicate the rate per mile:-----> \$38.50
- No

6. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

Method	# of weekly rides
Provide ride from agency vehicle	
Provide bus pass	
Provide cash to participants specifically for transportation	
Other (please specify)	
Staff's vehicles	Approx. 1200

7. Please indicate the number of vehicles used for client transportation. Also, please include a vehicle inventory showing vehicle capacity and number of wheelchair positions.

30 Staff Vehicles

Buses  
 Van  
 Car  
 Truck/SUV  
 Other

8. Does your agency own its own vehicles and/or do its own maintenance? (check all that apply)

- Agency owns vehicles
- Agency does not own our vehicles
- Agency leases vehicles through ----->
- Agency does its own vehicle maintenance
- Agency contracts out for maintenance services

9. How many days per week/month do you provide transportation service?

Days per week 7  
 Days per month 30  
 Hours of operation As needed to

10. Agency's annual transportation operating cost? ----->

Approx. \$90,000

11. Does your agency charge participants for transportation services?

- Yes, participant pays a fee. If yes, how much? ----->
- No, participant does not pay a fee
- No, prohibited from charging for services

12. Other than charging participants, how are transportation services funded at your agency and how much? (check all that apply)

	Annual Amount
<input type="checkbox"/> City, county or special district (describe)	\$0
<input type="checkbox"/> Donations, United Way, fundraising, volunteer	\$0
<input type="checkbox"/> Federal funds Title III B	\$0
<input type="checkbox"/> Federal funds Section 5309 (discretionary capital)	\$0
<input type="checkbox"/> Federal funds Section 5310 (elderly and disabled)	\$0
<input type="checkbox"/> Federal funds Section 5311 (rural)	\$0
<input checked="" type="checkbox"/> Medicaid	?
<input type="checkbox"/> Head Start	\$0
<input type="checkbox"/> State funds (what category) ----->	\$0
<input type="checkbox"/> Other funds (what category) ----->	\$0

13. Is your transportation funding limited to specific groups of participants?

- Yes
- No, (please skip to question 14)

13a. How are the *funds limited*? (check all that apply)

- People with disabilities only
- Veterans only
- Seniors only
- Low income/means tested
- Children
- Students
- Program clients
- Other (please specify) ----->

13b. Is the limited funding an agency policy or a source restriction?

- Agency Policy
- Funding Source Restriction

14. Are the transportation trips for participants limited in any way?

- Yes
- No, (please skip to question 15)

14a. How are the *trips limited*? (check all that apply)

- Emergency only
- Job training only
- Medical visits only
- Low income/means tested
- School only
- Nutrition only
- Veterans services only
- Program clients
- Other (please specify) ----->

14b. Are the trips limited by agency policy or a funding source restriction?

- Agency Policy  
 Funding Source Restriction

15. Do your clients have transportation needs that your agency cannot serve?

Yes

16. What are the transportation needs of your agency?

They are individualized, thus challenging to schedule.

17. Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services under contract to another agency or agencies.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Joining together with another agency to consolidate the operation of transportation services.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Adjusting hours or frequency of service.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g. Centralized scheduling and dispatching	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h. Participating in an organized countywide transportation marketing program.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i. Other (please specify)				

18. If you provide transportation, please attach a map highlighting your service area and provide a written description of your service area. Tell us the geographic areas you serve and the approximate boundaries of the service area and location of regular service. For example: Service area is mainly in Littleton and extends west to Sugar Mills and east to the Grafton County boundary, etc.

From Lancaster (north) to Lincoln and over to Warren and up along the Vermont boarder.

**THANK YOU FOR YOUR HELP!**



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# North Country Transportation Provider Survey

Please fill in the green highlighted cells

## Agency Information

Organization: Littleton Area Senior Center  
Address: POBox 98 Littleton NH 03561  
Contact Person: Kate Vaughan  
Title/Dept.: Director  
Phone: 603 444 6050

1. Is your agency:

- Public
- Private nonprofit
- Private for-profit
- Other (please specify)

2. What type of primary services does your agency provide? (check all that apply)

- Alcohol, Tobacco, or Drug Education and Treatment
- Diagnosis and Early Evaluation
- Education/Training
- Employment Opportunities/Job Placement
- Health Care
- Housing
- Child Care
- Community Support Networks
- Family Support and In-home Assistance
- Family Safety and Protection Housing
- Nutrition
- Life Skills Development and Assistance
- Transportation
- Residential Care
- Other (please specify)

3. What age groups are your services designed for? (check all that apply)

- Under 18
- 18 to 54
- 55 to 59
- 60 to 64
- 65 to 74
- 75 and older
- Any age

4. Does your agency supply any type of transportation to its participants?

- Yes, agency provides transportation
- Yes, agency pays for transportation
- Yes, agency contracts transportation services

5. Are clients or employees reimbursed for mileage when using personal vehicles for agency sponsored programs?

- Yes. If yes, please indicate the rate per mile:-----> \$0.41
- No

6. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

- |   |                   |     |
|---|-------------------|-----|
| <input checked="" type="checkbox"/> Provide ride from agency vehicle                  | # of weekly rides | 200 |
| <input type="checkbox"/> Provide bus pass   | # of weekly rides |     |
| <input type="checkbox"/> Provide cash to participants specifically for transportation | # of weekly rides |     |
| <input type="checkbox"/> Other (please specify)                                       | # of weekly rides |     |

7. Please indicate the number of vehicles used for client transportation. Also, please include a vehicle inventory showing vehicle capacity and number of wheelchair positions.

2 nine passenger lift equipped  
Buses  
Van  
Car  
Truck/SUV  
Other

8. Does your agency own its own vehicles and/or do its own maintenance? (check all that apply)

Agency owns vehicles  
 Agency does not own our vehicles  
 Agency leases vehicles through ----->  
 Agency does its own vehicle maintenance  
 Agency contracts out for maintenance services

9. How many days per week/month do you provide transportation service?

Days per week five  
 Days per month  
 Hours of operation 8 am to 3:30 pm to

10. Agency's annual transportation operating cost? ----->

\$86,227.00

11. Does your agency charge participants for transportation services?

Yes, participant pays a fee. If yes, how much? ----->  
 No, participant does not pay a fee  
 No, prohibited from charging for services

12. Other than charging participants, how are transportation services funded at your agency and how much? (check all that apply)

	Annual Amount
<input type="checkbox"/> City, county or special district (describe)	\$0
<input type="checkbox"/> Donations, United Way, fundraising, volunteer	\$0
<input type="checkbox"/> Federal funds Title III B	\$0
<input type="checkbox"/> Federal funds Section 5309 (discretionary capital)	\$0
<input checked="" type="checkbox"/> Federal funds Section 5310 (elderly and disabled)	\$0
<input type="checkbox"/> Federal funds Section 5311 (rural)	\$0
<input type="checkbox"/> Medicaid	\$0
<input type="checkbox"/> Head Start	\$0
<input type="checkbox"/> State funds (what category) ----->	\$0
<input type="checkbox"/> Other funds (what category) ----->	\$0

13. Is your transportation funding limited to specific groups of participants?

Yes  
 No, (please skip to question 14)

13a. How are the *funds limited*? (check all that apply)

People with disabilities only  
 Veterans only  
 Seniors only  
 Low income/means tested  
 Children  
 Students  
 Program clients  
 Other (please specify)

13b. Is the limited funding an agency policy or a source restriction?

Agency Policy  
 Funding Source Restriction

14. Are the transportation trips for participants limited in any way?

Yes  
 No, (please skip to question 15)

14a. How are the *trips limited*? (check all that apply)

Emergency only  
 Job training only  
 Medical visits only  
 Low income/means tested  
 School only  
 Nutrition only  
 Veterans services only  
 Program clients  
 Other (please specify) grocery shopping

14b. Are the trips limited by agency policy or a funding source restriction?

- Agency Policy
- Funding Source Restriction

15. Do your clients have transportation needs that your agency cannot serve?

yes

16. What are the transportation needs of your agency?

long distance medical

17. Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services under contract to another agency or agencies.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Joining together with another agency to consolidate the operation of transportation services.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Adjusting hours or frequency of service.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Centralized scheduling and dispatching	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Participating in an organized countywide transportation marketing program.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify)				

18. If you provide transportation, please attach a map highlighting your service area and provide a written description of your service area. Tell us the geographic areas you serve and the approximate boundaries of the service area and location of regular service. For example: Service area is mainly in Littleton and extends west to Sugar Mills and east to the Grafton County boundary, etc.

**THANK YOU FOR YOUR HELP!**



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 (719) 633-5430 (fax)

# North Country Transportation Provider Survey

Please fill in the green highlighted cells

## Agency Information

Organization: NHS - Vershire Center  
Address: 24 Depot Street  
Contact Person: Ann Champagne  
Title/Dept.: Program Coordinator  
Phone: 603-237-5721

1. Is your agency:

- Public
- Private nonprofit
- Private for-profit
- Other (please specify) Non-profit - state funded

2. What type of primary services does your agency provide? (check all that apply)

- Alcohol, Tobacco, or Drug Education and Treatment
- Diagnosis and Early Evaluation
- Education/Training
- Employment Opportunities/Job Placement
- Health Care
- Housing
- Child Care
- Community Support Networks
- Family Support and In-home Assistance
- Family Safety and Protection Housing
- Nutrition
- Life Skills Development and Assistance
- Transportation
- Residential Care
- Other (please specify) This includes our Mental Health facility as well

3. What age groups are your services designed for? (check all that apply)

- Under 18
- 18 to 54
- 55 to 59
- 60 to 64
- 65 to 74
- 75 and older
- Any age

4. Does your agency supply any type of transportation to its participants?

- Yes, agency provides transportation
- Yes, agency pays for transportation
- Yes, agency contracts transportation services

5. Are clients or employees reimbursed for mileage when using personal vehicles for agency sponsored programs?

- Yes. If yes, please indicate the rate per mile:-----> .34 w/out consumer
- No

6. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

Method	# of weekly rides
<input type="checkbox"/> Provide ride from agency vehicle	
<input type="checkbox"/> Provide bus pass	
<input type="checkbox"/> Provide cash to participants specifically for transportation	
Private autos and one handicap access van <input checked="" type="checkbox"/> Other (please specify)	

7. Please indicate the number of vehicles used for client transportation. Also, please include a vehicle inventory showing vehicle capacity and number of wheelchair positions.

Buses  
9 seats and 1 wheelchair position  
At Vershire alone, 21+ cars  
At Vershire alone, 5+ trucks/suvs  
Van  
Car  
Truck/SUV  
Other

8. Does your agency own its own vehicles and/or do its own maintenance? (check all that apply)

- Agency owns vehicles
- Agency does not own our vehicles
- Agency leases vehicles through -----> Van through DOT
- Agency does its own vehicle maintenance
- Agency contracts out for maintenance services

9. How many days per week/month do you provide transportation service?

- Days per week 7 days per week
- Days per month All
- Hours of operation 10 plus hrs per day to

10. Agency's annual transportation operating cost? ----->

Unknown

11. Does your agency charge participants for transportation services?

- Yes, participant pays a fee. If yes, how much? ----->
- No, participant does not pay a fee
- No, prohibited from charging for services

12. Other than charging participants, how are transportation services funded at your agency and how much? (check all that apply)

	Annual Amount
<input type="checkbox"/> City, county or special district (describe)	\$0
<input type="checkbox"/> Donations, United Way, fundraising, volunteer	\$0
<input type="checkbox"/> Federal funds Title III B	\$0
<input type="checkbox"/> Federal funds Section 5309 (discretionary capital)	\$0
<input checked="" type="checkbox"/> Federal funds Section 5310 (elderly and disabled)	\$0
<input type="checkbox"/> Federal funds Section 5311 (rural)	\$0
<input checked="" type="checkbox"/> Medicaid	\$0
<input type="checkbox"/> Head Start	\$0
<input type="checkbox"/> State funds (what category)----->	\$0
<input type="checkbox"/> Other funds (what category)----->	\$0

13. Is your transportation funding limited to specific groups of participants?

- Yes
- No, (please skip to question 14)

13a. How are the *funds limited*? (check all that apply)

- People with disabilities only
- Veterans only
- Seniors only
- Low income/means tested
- Children
- Students
- Program clients
- Other (please specify)

13b. Is the limited funding an agency policy or a source restriction?

- Agency Policy
- Funding Source Restriction

14. Are the transportation trips for participants limited in any way?

- Yes
- No, (please skip to question 15)

14a. How are the *trips limited*? (check all that apply)

- Emergency only
- Job training only
- Medical visits only
- Low income/means tested
- School only
- Nutrition only
- Veterans services only
- Program clients
- Other (please specify)

**14b. Are the trips limited by agency policy or a funding source restriction?**

- Agency Policy  
 Funding Source Restriction

**15. Do your clients have transportation needs that your agency cannot serve?**

Yes, especially for clients who live independently and wish to attend special community events.

**16. What are the transportation needs of your agency?**

Consumers need to get to worksites that are not limited to being w/in walking distance. Also, community events, shopping, etc.

**17. Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.**

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services under contract to another agency or agencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Joining together with another agency to consolidate the operation of transportation services.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adjusting hours or frequency of service.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Centralized scheduling and dispatching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
h. Participating in an organized countywide transportation marketing program.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify)				

**18. If you provide transportation, please attach a map highlighting your service area and provide a written description of your service area. Tell us the geographic areas you serve and the approximate boundaries of the service area and location of regular service. For example: Service area is mainly in Littleton and extends west to Sugar Mills and east to the Grafton County boundary, etc.**

Pittsburg down to Lancaster and over to Stark. Our primary transportin is in the Colebrook, West Stewartstown, North Stratford and Groveton area.

**THANK YOU FOR YOUR HELP!**



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