Appendix I
*Public Survey*

![ALCATS Logo]

**Do you believe public transportation is important in Licking County?**

Please take a moment to answer a few questions to help build a foundation for a Coordinated Public-Transit Human Services Transportation Plan.

A “Coordinated Plan” may help Licking County receive additional federal and state transportation funds.

**About You: (Check what applies to you)**

I am:

- _____ Age 0-18
- _____ Age 19-30
- _____ Age 31-64
- _____ Age 65+

I am:

- _____ Single
- _____ Married

I live: (Check what applies to you)

- _____ in Alexandria
- _____ in Granville
- _____ in Gratiot
- _____ in Hanover / Marne
- _____ in Hartford
- _____ in Hebron / Buckeye Lake
- _____ in Johnstown
- _____ in Kirksville
- _____ in Millersport
- _____ in Newark / Heath
- _____ in Pataskala
- _____ in Reynoldsburg
- _____ in St Louisville
- _____ in Utica
- _____ None of the above,
  I live in the Township of

---

A Coordinated Public-Transit Human Services Transportation Plan ~ Public Survey

November 2006
Public Survey ~ Page 2

I (Check what applies to you)
- own my home
- rent
- live in assisted living
- live in a nursing home
- live with family
- live ________________

Places I need to go (Check all that apply to you)
- to work
- to school
- to the doctor
- to the hospital
- to therapy
- to daycare
- to a grocery store
- to a drug store
- to a department store
- to get a haircut
- to a restaurant
- to a public park
- to visit friends and family
- to get out of the house
- to a fun event
- to the Social Security Office
- to a Social Service Agency
- other, please list

How I get there. (Check what applies to you)
- call public transportation
- drive my own car
- call a family member
- call a friend
- walk or bicycle
- use a social service transportation provider

How often I need a ride from someone else. (Check what applies to you)
- every day
- one time a week
- two times a week
- once a month
- two times a month
- other, please list

Licking County has public transportation services.

- The Newark-Heath Taxi-Token Program serves the Newark/Heath area
- The Licking County Transit Board serves the remaining Licking County area

Did you know that? _____ Yes _____ No

Do you use public transportation? _____ Yes _____ No
Public Survey ~ Page 3

Do you need an accessible vehicle? _____ Yes _____ No

If public transportation is not available, whom do you call next?

Have you been denied a ride from a public transportation agency? _____ Yes _____ No

If yes, please explain__________________________________________

Are there times when you can’t get a ride from public transportation?

_____ Monday........from _______ .... to _______

_____ Tuesday........from _______ .... to _______

_____ Wednesday ....from _______ .... to _______

_____ Thursday.......from _______ .... to _______

_____ Friday ............from _______ .... to _______

_____ Saturday.......from _______ .... to _______

_____ Sunday .........from _______ .... to _______

How far ahead do you call to make an appointment for public transportation service? ________________________________

What would you like to see improved in public transportation in Licking County? (If you need more room for your comments, please use the back of this document) ____________________________________________

We welcome your opinion and appreciate your time to complete this survey.

THANK YOU!

THIS SURVEY IS CONSIDERED A PUBLIC DOCUMENT, AND UPON REQUEST, IS AVAILABLE FOR INSPECTION

About You (Optional)

Name ________________________________ Phone: ______________________

Address ______________________________ Email: ______________________

City, State, ZIP ________________________________

Please return this survey to LCATS, 20 South Second Street, Newark OH 43055
Agency Survey

A "Coordinated Plan" is a unified, comprehensive strategy for public transportation service delivery that identifies the transportation needs of individuals with disabilities, older adults, individuals with limited income and lays out the strategies for meeting these needs and prioritizes services.

A "Coordinated Plan" may assist Licking County in receiving additional federal and state transportation funds. Please take a moment to help build the foundation for a "Coordinated Plan".

Does your agency wish to be involved in the "Coordinated Plan"? _____ Yes _____ No
How do you believe the "Coordinated Plan" could benefit your agency?

About Your Agency
Name ______________________________ Phone ____________________________
Address ___________________________ Fax _____________________________
City, State, ZIP _____________________ Email __________________________
Transportation Director Name ____________________________
Agency Type (Check one) _____ Government _____ Non-Profit _____ For-Profit

Are you a member of the Licking County Transit Board's (LCTB) * Coordinated Services
Subcommittee? _____ Yes _____ No

Describe your agency's MOST COMMON origins to destinations? (add lines as needed)

<table>
<thead>
<tr>
<th>Example</th>
<th>ORIGIN</th>
<th>to</th>
<th>DESTINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOST Common</td>
<td>Newark</td>
<td>to</td>
<td>Newark Industrial Park</td>
</tr>
<tr>
<td>2nd Most Common</td>
<td></td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>3rd Most Common</td>
<td></td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>4th Most Common</td>
<td></td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>5th Most Common</td>
<td></td>
<td>to</td>
<td></td>
</tr>
</tbody>
</table>

What are your agency's normal hours of transportation operation?
Monday ....... from _______ to _______
Tuesday ....... from _______ to _______
Wednesday .... from _______ to _______
Thursday ....... from _______ to _______
Friday .......... from _______ to _______
Saturday ....... from _______ to _______
Sunday ....... from _______ to _______

* LCTB is the lead agency in Licking County for coordination of transportation services. For more information, call 670-5180.

A Coordinated Public-Transit Human Services Transportation Plan ~ Agency Survey November 2006
Agency Survey ~ Page 3

How much does your agency spend annually on transportation services? ____________

What % of your overall budget is spent on transporting your CLIENTS?
_____ 25%  _____ 50%  _____ 75%  _____ 100%  ____ other %

How much do you charge your client for a transportation trip? ________________

What is the average fully allocated cost of your agency’s transportation trip? _______

How do you calculate the cost of your agency’s transportation trips? ________________

______________________________________________

Is transportation the only service your agency provides?  _____ Yes  _____ No

If not, what other services does your agency provide?  _____________________________

We value any additional comments you may have. (If you need more room for your comments, please use the back of this document)

______________________________________________

______________________________________________

DON’T FORGET TO COMPLETE THE

VEHICLE INVENTORY REPORT

THIS SURVEY IS CONSIDERED A PUBLIC DOCUMENT, AND UPON REQUEST, IS AVAILABLE FOR INSPECTION

Thank you for your participation!

Please return this survey to LCATS, 20 South Second Street, Newark OH 43055

A Coordinated Public-Transit Human Services Transportation Plan ~ Agency Survey  November 2006
**Agency Name:**

Check here if your agency does not have any vehicles _____

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Vehicle</td>
<td>Vehicle Make</td>
<td>Passenger Capacity (Ambulatory + Wheelchair) + Total Capacity</td>
<td>Does the vehicle have a lift or a ramp?</td>
<td>Current Mileage</td>
<td>Miles this vehicle traveled in 2005</td>
<td>Total One Way Passenger Trips in this vehicle in 2005</td>
<td>Number of Days per Year Vehicle was Used</td>
</tr>
<tr>
<td>Example: 2003 Ford</td>
<td>5 + 2 = 7</td>
<td>LIF</td>
<td>86,392</td>
<td>23,365</td>
<td>2,222</td>
<td>260</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Places your agency transports clients (Check all that apply to your agency)

- ___ to work
- ___ to school
- ___ to the doctor
- ___ to the hospital
- ___ to therapy
- ___ to daycare
- ___ to a grocery store
- ___ to a drug store
- ___ to a department store
- ___ to get a haircut
- ___ to a restaurant
- ___ to a public park

- ___ to visit friends and family
- ___ to get out of the house
- ___ to a fun event
- ___ to the Social Security Office
- ___ to a Social Service Agency
- ___ other, please list

A transportation trip is defined as a one-way trip in a transit vehicle in revenue service starting at one point and ending at another point. A round trip is counted as two separate trips. A passenger is counted each time they board a vehicle even though they may be on the same journey several different times. (Defined by the North Carolina Department of Transportation)

How many trips does your agency provide to your clients who are:

- ___ Age 0-18
- ___ Age 18-30
- ___ Age 30-65
- ___ Age 65+
- ___ TOTAL Trips

How many one-way transportation trips does your agency provide to your clients who are:

- ___ Elderly
- ___ Disabled
- ___ Other, Please list type(s)
- ___ TOTAL Trips

How many requests for transportation service does your agency receive each month that your agency could not provide?

If your agency cannot fill a request for a transportation trip, do you refer that trip to

- the LCTB Coordinated Services Subcommittee? ___ Yes ___ No
- a public transportation provider? ___ Yes ___ No
- a private transportation provider? ___ Yes ___ No
- a social service provider? ___ Yes ___ No

If yes, are they able to provide transportation for that referral?

If no, what do you do with that request?

Funding Sources

From where does your agency receive funding? Please write as a % of your funding.

- ___ Passenger Fares
- ___ Title XX
- ___ Community Service Block Grant Funds
- ___ Urban Transit Funds
- ___ United Way Funds
- ___ Donations
- ___ Title III-B
- ___ Medicaid
- ___ Workforce Investment Act (WIA)
- ___ Other, Please list source(s)

A Coordinated Public-Transit Human Services Transportation Plan ~ Agency Survey

November 2006