

# HIGHLAND COUNTY COORDINATED PUBLIC TRANSIT – HUMAN SERVICES TRANSPORTATION PLAN

## Rural Transportation Needs Survey: Public Survey

Highland County is in the process of updating their Coordinated Public Transit – Human Services Transportation Plan. This Plan will help the County identify gaps and unmet needs for their residents in the transportation services they offer. **Transportation may include any method people use to get from one place to another, such as car, bus, bicycle, walking, train, or other forms of public transit. Thank you for taking the time to complete this survey!**

1. Mark **ALL** of the transportation you or your family have used during the past 12 months to travel to work/appointments/shopping/social activities/etc.: **(select all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Fixed route public transit (with bus stops and time schedule)   | <input type="checkbox"/> Private taxi, Uber, Lyft (or similar)   |
| <input type="checkbox"/> Flexible public transit routes (vehicles operate on a fixed route and time schedule but can make deviations off the route)  | <input type="checkbox"/> Car share (Zipcar)  |
| <input type="checkbox"/> Demand response public or agency/program-sponsored transportation services (requires an advance reservation and the vehicle comes to your house for pick-up and drop-off) | <input type="checkbox"/> Faith-based organization (such as a church bus or van to go to services or activities)                |
| <input type="checkbox"/> Carpool or vanpool  | <input type="checkbox"/> Ambulette Service (non-emergency medical transportation provided by a medical transportation company) |
| <input type="checkbox"/> Public transportation systems or human service/senior agencies in neighboring counties  | <input type="checkbox"/> Personal vehicle or ride with a friend/family member  |
| <input type="checkbox"/> Private inter-city bus (such as Greyhound or Megabus)   | <input type="checkbox"/> Bicycle or Walk (other than for exercise)   |
| <input type="checkbox"/> Other (please specify below)  | <input type="checkbox"/> Volunteer transportation  |
|  | <input type="checkbox"/> Amtrak (originating in Ohio)  |

2. If transportation was easy to use and available to you and/or your family, which of the following would cause you to use the service? **(select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> If it would save money (ex. save on gas or car maintenance) | <input type="checkbox"/> If it is provided with wheelchair accessible vehicles        |
| <input type="checkbox"/> If I do not have another transportation option              | <input type="checkbox"/> I would not use public transportation under any circumstance |
| <input type="checkbox"/> If it is better for the environment                         | <input type="checkbox"/> It is available and I do not use it                          |
| <input type="checkbox"/> Other (please specify below)                                |   |

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3. What changes could be made to your local transportation options to make using them a more appealing to you? **(select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> If I could ride to other parts of the state (such as to Columbus or other cities and towns) | <input type="checkbox"/> No shared rides with others                                      |
| <input type="checkbox"/> Lower the cost to ride  | <input type="checkbox"/> If vehicles operate on a fixed route and schedule with bus stops |
| <input type="checkbox"/> Start earlier in the morning  | <input type="checkbox"/> Smaller vehicles   |
| <input type="checkbox"/> End later at night  | <input type="checkbox"/> Larger vehicles  |
| <input type="checkbox"/> Operate on Saturdays  | <input type="checkbox"/> Wheelchair accessible vehicles                                   |
| <input type="checkbox"/> Operate on Sundays  | <input type="checkbox"/> More reliable/on-time for picking me up and dropping me off      |
| <input type="checkbox"/> Other (please specify below)  |   |

4. Which of the following are your most commonly visited destinations or places you most often need to visit when transportation is available to you? **(select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> My employer                  | <input type="checkbox"/> Senior program or human service agency activities and appointments |
| <input type="checkbox"/> Medical clinics or hospitals | <input type="checkbox"/> Social/Recreation activities/Parks                                 |
| <input type="checkbox"/> Medical/dental offices       | <input type="checkbox"/> Church/Faith-based organizations and activities                    |
| <input type="checkbox"/> Shopping/Grocery/Pharmacy    |   |
| <input type="checkbox"/> School                       |   |
| <input type="checkbox"/> Other (please specify below) |   |

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5. When do you need transportation most often for each of the following general purposes? **(select all that apply)**

	Medical/ Health Care	Nutrition	Employment	Shopping	Recreation/ Social	Other
12 AM – 6 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 AM – 8 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 AM – 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 PM – 3 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 PM – 6 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 PM – 9 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 PM – 12 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Other (please specify below)

6. What City/Town or County/Counties are the locations from QUESTION 5 located in?

Medical/Health Care	
Nutrition	
Employment	
Shopping	
Recreation/Social	
Other	

7. Do you or a family member need transportation outside of your County but sometimes or never have it?

☐ Yes    ☐ No

If yes, how often do you need it and to what city/town?

8. How old are you?

☐ 15-24

☐ 45-54

☐ 75-84

☐ 25-34

☐ 55-64

☐ 85+

☐ 35-44

☐ 65-74

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9. Is English your first language?

☐ Yes    ☐ No

10. What City/Town do you live in (or what is the nearest city or town to your home)?

11. What County do you live in?

12. Which of the following BEST applies to you? Are you presently:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Employed outside your home   | <input type="checkbox"/> Retired    |
| <input type="checkbox"/> Employed in your home        | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Homemaker                    | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other (please specify below) |                                     |

13. If you work outside of your home, who is your employer(s)?

14. What City/Town or County is your employer(s) located?

15. Do you have a disability which requires you to use a cane, walker, wheelchair, and/or another device to help you get around?

☐ Yes    ☐ No

16. Are you or a family member currently using any transportation services that are available to you through the Medicaid program?

- ☐ Yes    ☐ No
- ☐ Other (please specify below)

Please return completed surveys to the location you received the survey or to Joe Adray, Mobility Manager, HARTS/Highland County: PO Box 823, Hillsboro, Ohio 45133