RIDER/BENEFICIARY SURVEY

Staff making call: _____ County: Lee

Date of Call: / / Funding Source: _____

1) Did you receive transportation service on 2/6/14? ☒ Yes or ☐ No

2) Where you charged an amount in addition to the co-payment? ☐ Yes or ☒ No

If so, how much?

3) How often do you normally obtain transportation?

☐ Daily 7 Days/Week ☒ Other ☐ 1-2 Times/Week ☐ 3-5Times/Week

4) Have you ever been denied transportation services?

☐ Yes

☒ No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

☐ None ☐ 3-5 Times

☐ 1-2 Times ☐ 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

☐ Ineligible ☐ Space not available

☐ Lack of funds ☐ Destination outside service area

☐ Other _____

5) What do you normally use the service for?

☐ Medical ☐ Education/Training/Day Care

☐ Employment ☐ Life-Sustaining/Other

☐ Nutritional

6) Did you have a problem with your trip on 2/6/14?

☐ Yes. If yes, please state or choose problem from below

☒ No. If no, skip to question # 6

What type of problem did you have with your trip?

☐ Advance notice ☐ Cost

☐ Pick up times not convenient ☐ Late pick up-specify time of wait

☐ Assistance ☐ Accessibility

☐ Service Area Limits ☐ Late return pick up - length of wait

☐ Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.
10_____

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

_____

_____

_____

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