RIDER/BENEFICIARY SURVEY

Staff making call: _____ County: Hendry
Date of Call: / / Funding Source: NA

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 Ronald Stephens for use in publications.)

Additional Comments:

1) Personal freedom and independence. 2) Enhances my ability to assist in my care. 3) Provides access to medical care specific to my needs.