



TRANSPORTATION PROVIDER SURVEY



Does your organization provide transportation? If so, please take a moment to complete our Transportation Provider Survey and help us know more about who provides transportation and how we can coordinate with you. We will be using the information gathered from these surveys in Tyler Transit's 2010 Paratransit Plan update and to create a regional disaster preparedness plan.

Name of Person Completing Profile

Agency/Company Name (Full Legal Name)

Address

City

State

Zip

Agency/Company Contact Person/ Title

(____) _____

(____) _____

Telephone

Fax

Email

1. Describe in general terms the mission of your organization.

- Public/government Private non-profit Private for-profit Other

2. Does your agency/company provide transportation either directly or indirectly to your clients or customers?

- Yes No

3. Please describe the type of transportation services your agency/company provides:

- Fixed Route (Service provided on a repetitive, fixed schedule along a fixed route.)
- Demand Response for Elderly and Disabled customers (Passenger cars, vans or buses operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle. May pick up more than one passenger before reaching the final destination. Also called dial-a-ride or paratransit service)
- Taxi
- Medical transportation
- Transportation for nursing care facilities

Other (please describe)

4. How does your organization provide transportation to your clients?

- Use your own vehicles or volunteers
- Contract with other transportation providers for services
- Provide funding directly for your clients to receive transportation service
- Public transportation provider

5. Are you engaged in special arrangements to collaborate with other organizations or to share or barter for services? Please describe.

6. What are the primary destinations of your agency’s transit operation? (e.g., medical, nutrition, social services, retail, visiting, other).

7. Describe the transit service that is currently provided by your organization or agency. In general, is this provided on a daily, weekly or occasional basis? What are your hours of operation? (Start: ____am. – End: ____pm.). Do you provide service on the weekends?

What is your Service Area? _____

8. Does your agency/company own or lease vehicles for transporting clients or customers? Please enter the number in each space below:

- Own Lease Both Neither

9. Please enter the number of each type of vehicle in your fleet:

Type of Vehicle	No. in Fleet
Bus	
12 to 15 Passenger Paratransit Van	
6 to 12 passenger ADA Accessible Van	
ADA Accessible Mini Van	
Non ADA Accessible Sedan	

10. Are there eligibility requirements for your riders? Yes No
If yes, what are your requirements?

11. Indicate the total number of one-way passenger trips provided directly or indirectly by your agency/company during the past year. (A “passenger trip” is one person traveling in one direction. If a passenger completes a round trip, record this as 2-one-way trips.)

12. How many of these one-way trips require lift-equipped vehicles? _____

13. Please describe the unmet demand (approximate number of trips being turned down; days/hours of service when transportation is unavailable, etc.)

14. Is your agency or company interested in participating in a coordinated transportation program? Yes No If yes, to what extent and under what conditions?

THANK YOU VERY MUCH FOR COMPLETING THIS TRANSPORTATION SURVEY!

Please return this form to: Tyler Transit
210 E Oakwood
Tyler, Texas 75702
(903) 533-8057