



COORDINATED PLAN CONSUMER SURVEY

The Kentuckiana Regional Planning and Development Agency (KIPDA) is taking the lead role in developing a locally coordinated human services transportation plan for the Louisville region. The purpose of coordinated planning is to reduce duplication of services among transportation providers and to develop implementation strategies to better serve people with special transportation needs, such as elderly individuals, people with disabilities and people of limited incomes. As a transportation user, your active participation is critical to the success of the above coordinated planning, because:

- Through your voice, transportation planners and providers will hear and understand any unmet transportation needs.
- Through your participation, existing transportation programs can be modified to better serve you and the Louisville region; which includes Clark and Floyd counties in Indiana, and Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble counties in Kentucky.
- Through your input, a plan for coordinated human service transportation can be established to enhance the quality of life for people with special transportation needs.

This survey is designed to help us understand your transportation needs and how current human service transportation programs have responded to your needs. It is important to answer as many questions as possible, but please skip any questions you are uncomfortable answering. This survey is completely anonymous unless you choose to provide your contact information.

Thank you for your time and participation in this very important project for our community!

The survey can be completed online at <https://www.surveymonkey.com/s/CoordinatedPlan>.

Or return this form by mail to:

**KIPDA Transportation Department
C/O Amanda Deatherage
11520 Commonwealth Drive
Louisville, KY 40299**

If you have any further questions, please contact Amanda Deatherage at 502-266-6144 ext. 113



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(1) Which zip code do you live in? _____

(2) If you work, which zip code do you work in? _____

(3) If you use childcare, in which zip code is it located? _____

(4) In what zip code(s) are your medical appointments? _____

(5) How old are you?

- 17 or under
- 18 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70 – 79
- 80 or older

(6) Do you have a disability? Yes _____ No _____

- **OPTIONAL: If yes, what is your disability?** _____

(7) Do you currently have a driver's license? Yes _____ No _____

- If yes, do you have a car available for your use? Yes _____ No _____
- If no, is this due to a disability? Yes _____ No _____

(8) Do you have any driving limitations? Yes _____ No _____

- If so, what are they? (For example: don't drive at night, don't drive on highways, only drive short distances, etc.) _____

(9) Have you ever quit or lost a job because it was hard for you to get to work?

Yes _____ No _____

(10) Do you have difficulty obtaining transportation to meet your needs?

Yes _____ No _____

(11) Do you require a wheelchair accessible or specially-equipped vehicle to travel?

Yes _____ No _____



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(12) How do you get around in the region? Please rank the top THREE ways you get around. For your top three modes, check column 1 for most used, column 2 for next most used, and column 3 for the third-most often used mode.

	Use Most Often	Use Second-Most Often	Use Third-Most Often
Drive Myself			
Ride from family/friend			
Use public transit (TARC, OPIE)			
Bicycle			
Walk			
Ride Paratransit (TARC 3, Louisville Wheels, etc.)			
Taxi			
Other (please specify)			

Other (please specify) _____

(13) What areas are hard for you to get to because of lack of transportation? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Downtown Louisville
<input type="checkbox"/> West Louisville
<input type="checkbox"/> East Louisville
<input type="checkbox"/> South Louisville
<input type="checkbox"/> Clark county, IN
<input type="checkbox"/> Floyd county, IN
<input type="checkbox"/> Bullitt county, KY | <input type="checkbox"/> Henry county, KY
<input type="checkbox"/> Oldham county, KY
<input type="checkbox"/> Shelby county, KY
<input type="checkbox"/> Spencer county, KY
<input type="checkbox"/> Trimble county, KY
<input type="checkbox"/> Other (please specify)
_____ |
|--|---|

(14) Do you have a strong family and/or social circle to depend on for transportation as you age?

Yes _____ No _____

(15) If you currently drive as your primary means of travel, what plans do you have to maintain mobility as you age? (Choose up to 3)

- | | |
|--|---|
| <input type="checkbox"/> Rides from family/friends
<input type="checkbox"/> Public Transit
<input type="checkbox"/> Walk
<input type="checkbox"/> Bicycle
<input type="checkbox"/> Taxi
<input type="checkbox"/> Use a facility service (an assisted living facility bus, etc.) | <input type="checkbox"/> Use a transportation service such as TARC 3, Louisville Wheels, etc.
<input type="checkbox"/> I have not thought about it
<input type="checkbox"/> Other

_____ |
|--|---|

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(16) Would any of the following changes to transportation services result in you getting out more frequently? Please rate only THREE.

	1 st Most Important	2 nd Most Important	3 rd Most Important
None, I don't expect to use transportation services any more than I do now.			
Earlier morning/later evening service.			
More frequent weekday service (Monday – Friday).			
More frequent weekend service (Saturday and Sunday).			
If information on bus routes, times, transferring was easier to understand.			
If bus stop was closer, well-lit, and/or had a bench/shelter.			
If the experience was more pleasant (less crowded, felt more safe, etc.)			
Other (please specify)			

Other (please specify) _____

(17) How do you *currently* receive information on transportation options?

- Internet
- Mailings
- Newspaper or other local publications
- Social service provider
- Other (please specify) _____

(18) How would you *prefer* to receive information about transportation options?

- Internet
- Mailings
- Newspaper or other local publications
- Social service provider
- Other (please specify) _____



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Additional Comments

If you wish to identify yourself and/or receive additional information about the Coordinated Plan, please provide your contact information.

OPTIONAL: Contact Information

Name: _____

Organization (if applicable): _____

Address: _____

Phone Number: _____

Email: _____

PLEASE RETURN COMPLETED FORM TO:

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Thank you for your feedback!