

Survey Form National Aging and Disability Transportation Center

Equity and Accessibility: Transportation planning Grant

Please print and return form to:

Diane Conroy-LaCivita, Colonie Senior Service Centers, Inc., 6 Winners Circle, Albany, NY 12205

Please help us understand your transportation needs so we can best work together to serve you.

All responses will remain anonymous. Thank you!

Please mark off any items which pertain to you.

What is your zip code? _____

How old are you?

_____ 60-64	_____ 75-79	_____ 90+
_____ 65-69	_____ 80-84	
_____ 70-74	_____ 85-89	

What type of transportation do you currently use?

_____ CDTA STAR buses/taxis	_____ Friends/family drive
_____ CDTA regular bus routes	_____ Lyft/Uber
_____ Colonie Senior Service Centers, Inc.	_____ Taxi
_____ Drive myself	_____ Volunteer service drove me
_____ Walk	
_____ Access Transit/Albany County Senior Transportation	
_____ Other – Please Describe _____	

What concerns do you have about transportation?

_____ Long wait for pick-up	_____ Weekend service
_____ Accessibility of pick-up	_____ Safety
_____ Evening/night service	_____ Scheduling
_____ Parking (if you drive)	_____ Group trips
_____ Driving at night	_____ Non-medical trips
_____ Arranging a ride for unplanned events	_____ Cost
_____ How to apply for or request transportation services	
_____ Other – Please Describe _____	

Do you use any of the following?

_____ Walker	_____ Wheelchair
_____ Cane	_____ Motorized scooter

Do you live alone?

_____ Yes _____ No

Are you homebound?

_____ Yes _____ No

Do you or a household member have a disability or other issues that make transportation difficult?

_____ Yes _____ No

If available, accessible and affordable or free of charge, would you or a household member use senior transportation to:

_____ Medical appointments/adult social day care	_____ Exercise/recreation
_____ Food and other shopping	_____ Laundry/dry cleaning

_____ Socialize or visit friends and family _____ Pharmacy
_____ Other – Please Describe _____

If you currently are using transportation, would you be willing to take some rides with an alternative transportation provider?

_____ Yes _____ No

Would door to door transportation services help you?

_____ Yes _____ No

Would other passengers riding a bus with you be ok?

_____ Yes _____ No

If you have difficulty leaving your home due to a lack of transportation, where is it that you can't get to? _____

If you have difficulty leaving your home, what is the reason you are having difficulty?

Are you a caregiver?

_____ Yes _____ No

How would you describe yourself?

_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Hispanic or Latino
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ Other – Please Describe _____

Thank you for your participation!

www.colonieseniors.org

