Jeffrey Hollatz

Care Giver Patricia

Staff making call: Michael Gr	Funding Source:
Date of Call! 4 /26/24	Funding Source:
1) Did you receive transportation se	rvice on <u>4-25-24?</u> Yes or No
2) Where you charged an amount in	addition to the co-payment?   Yes or  No
If so, how much? \$ 3.00	sutside area.
3) How often do you normally obtain	n transportation?
☐ Daily 7 Days/Week ☐ Other	☐ 1-2 Times/Week ☐ 3-5Times/Week
4) Have you ever been denied transp	ortation services?
☐ No. If no, skip to question # 4	
· • • • • • • • • • • • • • • • • • • •	st 6 months have you been refused transportation services?
☐ None	☐ 3-5 Times
Ê <b>√</b> 1-2 Times	☐ 6-10 Times
If none, skip to question #	
	n for refusing you transportation services?
☐ Ineligible	☐ Space not available
Other Called S	Destination outside service area unday for Tuesday reservation Left Message.
5) What do you normally use the serv	/
	Education/Training/Day Care
☐ Employment	☐ Life-Sustaining/Other
☐ Nutritional	
6) Did you have a problem with your	trip on <u>4-25-24</u> ?
Yes. If yes, please state or	r choose problem from below
☐ No. If no, skip to question	ı # 6
What type of problem did	you have with your trip?
☐ Advance notice	☐ Cost
☐ Pick up times not conv	enient Late pick up-specify time of wait
☐ Assistance	☐ Accessibility
☐ Service Area Limits	☐ Late return pick up - length of wait
Showed up 3	cominutes past appointment time.

☐ 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.
8) What does transportation mean to you use in publications.)	ou? (Permission granted by for
Additional Comments:	
Fee 5 to 21/2 to	3 houcceturn trips are
	for her husband to be
an the bus	

Joshua Vail

Not Available

# RIDER/BENEFICIARY SURVEY LIM 4/26-24

Staff making call: Michael Grant Date of Call: 4/22/24	Funding Source:
	rvice on?
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	
☐ Daily 7 Days/Week ☐ Other	☐ 1-2 Times/Week ☐ 3-5 Times/Week
4) Have you ever been denied transpose	ortation services?
☐ Yes	
☐ No. If no, skip to question # 4	
A. How many times in the las	t 6 months have you been refused transportation services?
☐ None	☐ 3-5 Times
☐ 1-2 Times If none, skip to question #	☐ 6-10 Times
B. What was the reason given	for refusing you transportation services?
<del>                                      </del>	☐ Space not available
punity .	☐ Destination outside service area
☐ Other	
5) What do you normally use the servi	ice for?
	☐ Education/Training/Day Care
☐ Employment	Life-Sustaining/Other
☐ Nutritional	
6) Did you have a problem with your t	rip on?
☐ Yes. If yes, please state or	
$\square$ No. If no, skip to question $i$	# 6
What type of problem did y	ou have with your trip?
☐ Advance notice	Cost
Pick up times not conver	nient
☐ 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 sat	isfied) rate the transportation you have been receiving.
8) What does transportation mean to you? use in publications.)	(Permission granted by for
Additional Comments:	

Stading Fernandez Ph# No Good

Statt making call: Whichael a	It of County: <u>Lee</u>
Date of Call: 4/22/24	Funding Source:
4/24/24	
1) Did you receive transportation ser	rvice on?
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	1 transportation?
	☐ 1-2 Times/Week ☐ 3-5Times/Week
	1-2 Times/ Week 1 3-3Times/ Week
4) Have you ever been denied transpo	ortation services?
☐ Yes	
☐ No. If no, skip to question # 4	
	et 6 months have you been refused transportation services?
□ None	3-5 Times
☐ 1-2 Times	
If none, skip to question #	6-10 Times
B. What was the reason given	for refusing you transportation services?
· · · · · · · · · · · · · · · · · · ·	☐ Space not available
	☐ Destination outside service area
Other	Destination outside service area
D Other	
5) What do you normally use the servi	ice for?
printed.	☐ Education/Training/Day Care
	Life-Sustaining/Other
	□ Life-Sustaining/Other
☐ Nutritional	
6) Did you have a problem with your t	rip on?
☐ Yes. If yes, please state or	
The state of the s	
☐ No. If no, skip to question : What type of problem did y	
Advance notice	
	☐ Cost
Pick up times not conve	nient
☐ Assistance	☐ Accessibility
☐ Service Area Limits	Late return pick up - length of wait

☐ Drivers - specify	☐ Reservations - specify length	gth of wait
☐ Vehicle condition	Other	
7) On a scale of 1 to 10 (10 being most satisf	fied) rate the transportation you have b	een receiving.
8) What does transportation mean to you? (I use in publications.)	Permission granted by	for
Additional Comments:		

Kayla Copass

No Answer

☐ Late pick up-specify time of wait

☐ Late return pick up - length of wait

☐ Accessibility

#### RIDER/BENEFICIARY SURVEY LM 4/23/24 Staff making call: Michael Goffe County: LM 4/24/24 Date of Call: 4/23/24 Funding Source: \_\_\_\_\_\_ 1) Did you receive transportation service on \_\_\_\_\_? ☐ 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 \_\_\_\_\_ ☐ 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

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify	Reservations - specify le	ength of wait
☐ Vehicle condition	☐ Other	
7) On a scale of 1 to 10 (10 being most satis	sfied) rate the transportation you have	e been receiving.
8) What does transportation mean to you? (use in publications.)	Permission granted by	for
Additional Comments:		

Erik Freitag

### No Answee

LIM 4-24-24 LIM 4-26-24 RIDER/BENEFICIARY SURVEY Staff making call: Michael Grifficounty: P Date of Call: 4 /26/24 Funding Source: 1) Did you receive transportation service on \_\_\_\_\_ ☐ 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 ☐ Destination outside service area ☐ Lack of funds ☐ Other 5) What do you normally use the service for? ☐ Medical ☐ Education/Training/Day Care ☐ Life-Sustaining/Other ☐ Employment ☐ Nutritional 6) Did you have a problem with your trip on \_\_\_\_\_ ☐ 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?

☐ Cost

☐ Accessibility

☐ Late pick up-specify time of wait

Late return pick up - length of wait

☐ Advance notice

☐ Service Area Limits

☐ Assistance

☐ Pick up times not convenient

☐ Drivers - specify	Reservations - specify length of wait
☐ Vehicle condition	☐ Other
7) On a scale of 1 to 10 (10 being most sati	sfied) rate the transportation you have been receiving.
8) What does transportation mean to you? use in publications.)	(Permission granted by for
Additional Comments:	

Michael Mally

NaAnswer

Staff making call: Michael G	Funding Source:
Date of Call: 4/22/24	Funding Source:
1) Did you receive transportation ser	vice on?
2) Where you charged an amount in	addition to the co-payment?   Yes or   No
If so, how much?	NA
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 transpo	ortation services?
☐ No. If no, skip to question # 4	
	t 6 months have you been refused transportation services?
	☐ 3-5 Times
☐ 1-2 Times	☐ 6-10 Times
If none, skip to question # B. What was the reason given	4. for refusing you transportation services?
years and the second se	☐ Space not available
☐ Lack of funds	Destination outside service area
☐ Other	
i) What do you normally use the servi	ce for?
☐ Medical [	☐ Education/Training/Day Care
<b>  </b>	Life-Sustaining/Other
☐ Nutritional	<i>8</i> - <b></b>
) Did you have a problem with your to	rip on?
☐ Yes. If yes, please state or o	
☐ No. If no, skip to question #	
What type of problem did yo	
☐ Advance notice	☐ Cost
☐ Pick up times not conver	nient
☐ Assistance	☐ Accessibility
☐ Service Area Limits	Late return pick up - length of wait

☐ Drivers - specify	☐ Reservations - specify le	ength of wait
☐ Vehicle condition	☐ Other	
7) On a scale of 1 to 10 (10 being most satisf	fied) rate the transportation you hav	e been receiving.
8) What does transportation mean to you? (Fuse in publications.)	Permission granted by	for
Additional Comments:		

Felix Gonzales

Staff making call: [ Date of Call: 4 /26	124	Funding Source:	20
1) Did you receive tr	ansportation servi	ce on <u>4/26/24?</u>	Yes or No
2) Where you charge	ed an amount in ad	dition to the co-paymer	nt? 🛘 Yes or 🕅 No
If so, how much?			
3) How often do you  Daily 7 Days/Wee		ansportation?  1-2 Times/Week	2 3 5 Times/Week
4) Have you ever bee		ation services?	
No. If no, skip to	question # 4		
A. How many			refused transportation services?
☐ None		3-5 Times	
1-2 Tir		6-10 Times	•
B. What was t	ip to question # 4. he reason given fo	r refusing you transport	tation services?
		Space not available	ation bol viocs;
		Destination outside ser	rvice area
			i vioc area
5) What do you norma	ally use the service	for?	
Medica	1 🔲	Education/Training/Da	y Care
Employ	ment $\square$	Life-Sustaining/Other	
Nutritio			
5) Did you have a prob	olem with your trip	on 4/26/24?	
\ <b>n</b> /		oose problem from belo	ow .
	kip to question # 6 of problem did you	have with your trip?	
☐ Advance		☐ Cost	
☐ Pick up	times not convenie	_	k up-specify time of wait
☐ Assistan		☐ Accessib	
☐ Service	Area Limits	Minario d	rn 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.
8) What does transportation mean to you? (Perruse in publications.)	mission granted by for
Additional Comments:	
Wonderful ?	FREUICP.

Marie Newland

She is Deaf and could

# RIDER/BENEFICIARY SURVEY not pacticipate.

1) Did you receive transportation service on?	Date of Call: 4/26/24	Funding Source:
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	1) Did you receive transportation se	ervice on?
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	2) Where you charged an amount in	addition to the co-payment?  Yes or  No
□ 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	If so, how much?	
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  Medical Education/Training/Day Care Employment Life-Sustaining/Other Nutritional  Did you have a problem with your trip on 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 Pick up times not convenient Assistance Accessibility	3) How often do you normally obtain	n transportation?
☐ 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	☐ Daily 7 Days/Week ☐ Other	☐ 1-2 Times/Week ☐ 3-5Times/Week
A. How many times in the last 6 months have you been refused transportation services?    None	Missional	portation services?
None		st 6 months have you been refused transportation convinces?
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	☐ None	
B. What was the reason given for refusing you transportation services?    Ineligible	☐ 1-2 Times	☐ 6-10 Times
☐ Ineligible ☐ Space not available ☐ Lack of funds ☐ Destination outside service area ☐ Other	If none, skip to question #	† 4.
☐ Lack of funds ☐ Destination outside service area ☐ Other	The state of the s	<u> </u>
Other	*	
☐ Medical ☐ Education/Training/Day Care ☐ Employment ☐ Life-Sustaining/Other ☐ Nutritional  Did you have a problem with your trip on? ☐ 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		
☐ Employment ☐ Life-Sustaining/Other ☐ Nutritional  Did you have a problem with your trip on? ☐ 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	5) What do you normally use the serv	rice for?
<ul> <li>□ Nutritional</li> <li>○ Did you have a problem with your trip on?</li> <li>□ Yes. If yes, please state or choose problem from below</li> <li>□ No. If no, skip to question # 6</li> <li>What type of problem did you have with your trip?</li> <li>□ Advance notice  □ Cost</li> <li>□ Pick up times not convenient □ Late pick up-specify time of wait</li> <li>□ Assistance □ Accessibility</li> </ul>	☐ Medical	☐ Education/Training/Day Care
<ul> <li>☐ Nutritional</li> <li>Did you have a problem with your trip on?</li> <li>☐ Yes. If yes, please state or choose problem from below</li> <li>☐ No. If no, skip to question # 6</li> <li>What type of problem did you have with your trip?</li> <li>☐ Advance notice</li> <li>☐ Cost</li> <li>☐ Pick up times not convenient</li> <li>☐ Late pick up-specify time of wait</li> <li>☐ Assistance</li> <li>☐ Accessibility</li> </ul>	☐ Employment	☐ Life-Sustaining/Other
<ul> <li>☐ Yes. If yes, please state or choose problem from below</li> <li>☐ No. If no, skip to question # 6         What type of problem did you have with your trip?         ☐ Advance notice</li></ul>		
<ul> <li>☐ Yes. If yes, please state or choose problem from below</li> <li>☐ No. If no, skip to question # 6         What type of problem did you have with your trip?         ☐ Advance notice</li></ul>	) Did you have a problem with your	trip on?
What type of problem did you have with your trip?  Advance notice  Cost  Pick up times not convenient  Assistance  Accessibility	☐ Yes. If yes, please state or	choose problem from below
☐ Advance notice ☐ Cost ☐ Pick up times not convenient ☐ Late pick up-specify time of wait ☐ Assistance ☐ Accessibility		
☐ Pick up times not convenient ☐ Late pick up-specify time of wait ☐ Assistance ☐ Accessibility	parameter and the second secon	you have with your trip?
☐ Assistance ☐ Accessibility		
T a	- Control of the Cont	enient
☐ Late return pick up - length of wait	)	☐ Accessibility
	☐ Service Area Limits	☐ Late return pick up - length of wait

☐ Drivers - specify	☐ Reservations - specify lengtl	n of wait
☐ Vehicle condition	☐ Other	
7) On a scale of 1 to 10 (10 being most sat	tisfied) rate the transportation you have been	en receiving.
8) What does transportation mean to you? use in publications.)	(Permission granted by	for
Additional Comments:		

Maetha Hefland

☐ Drivers - specify	☐ Reservations - specify length of wait
☐ Vehicle condition	☐ Other
7) On a scale of 1 to 10 (10 being most sat	isfied) rate the transportation you have been receiving.
8) What does transportation mean to you? use in publications.)	(Permission granted by for
Additional Comments:	
Ms. Hefland is	so grateful for the
securce provided.	All Staff of Lateran
is exceptional	

Reginald Valentine

# RIDER/BENEFICIARY SURVEY LM 4/22/20

Staff making call: Mydye (53) Date of Call: / /	Funding Source:
1) Did you receive transportation se	ervice on?
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	n transportation?
☐ Daily 7 Days/Week ☐ Other	☐ 1-2 Times/Week ☐ 3-5Times/Week
4) Have you ever been denied transp	portation services?
☐ Yes	N H
☐ No. If no, skip to question # 4  A. How many times in the la:	st 6 months have you been refused transportation services?
☐ None	3-5 Times
☐ 1-2 Times	☐ 6-10 Times
If none, skip to question #B. What was the reason given	# 4.  In for refusing you transportation services?
☐ Ineligible	☐ Space not available
$\square$ Lack of funds	☐ Destination outside service area
☐ Other	-
5) What do you normally use the serv	vice for?
☐ Medical	☐ Education/Training/Day Care
☐ Employment	☐ Life-Sustaining/Other
☐ Nutritional	
6) Did you have a problem with your	trip on?
☐ Yes. If yes, please state or	
$\square$ No. If no, skip to question	# 6
What type of problem did	<del>_</del>
☐ Advance notice	Cost
☐ Pick up times not conve	i of aparamy mine or 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 satis:	fied) rate the transportation you have been receiving.
8) What does transportation mean to you? (I use in publications.)	Permission granted by for
Additional Comments:	