

Jeffrey Hollatz

Care Giver Patricia

RIDER/BENEFICIARY SURVEY

Staff making call: Michael Griffin County: Lee Co.
Date of Call: 4/26/24 Funding Source: _____

1) Did you receive transportation service on 4-25-24? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No

If so, how much? \$ 3.00 outside area.

3) How often do you normally obtain transportation?

Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/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 Called Sunday for Tuesday reservation
Left messages

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 4-25-24?

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

Showed up 30 minutes 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.

6

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Very important.

Additional Comments:

Feels to 2 1/2 to 3 hour return trips are
just to lengthy for her husband to be
on the bus.

Joshua Vail

Not Available

RIDER/BENEFICIARY SURVEY

L/M 4/22/24

Staff making call: Michael Griffin

County: Lee

L/M 4/26-24

Date of Call: 4/22/24

Funding Source: _____

4/25/24

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
- 3-5 Times/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
- 1-2 Times
- 3-5 Times
- 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

- Ineligible
- Lack of funds
- Other _____
- Space not available
- Destination outside service area

5) What do you normally use the service for?

- Medical
- Employment
- Nutritional
- Education/Training/Day Care
- Life-Sustaining/Other

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
- Pick up times not convenient
- Assistance
- Service Area Limits
- Cost
- Late pick up-specify time of wait
- Accessibility
- 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Starling Fernandez

Ph# No Good

RIDER/BENEFICIARY SURVEY

Staff making call: Michael Griffin County: Lee

Date of Call: 4/22/24 Funding Source: _____

4/26/24

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 3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

N/A

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 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Kayla Copass

No Answer

RIDER/BENEFICIARY SURVEY

L/M 4/23/24

Staff making call: Michael Goffin County: L/M 4/24/24
Date of Call: 4/23/24 Funding Source:
4/26/24

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 [] 3-5 Times/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 [] 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Erik Freitag

No Answer

RIDER/BENEFICIARY SURVEY

L/M 4-24-24
L/M 4-26-24

Staff making call: Michael Griffin County: 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?

N/A

3) How often do you normally obtain transportation?

Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/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 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Michael Mally

No Answer

RIDER/BENEFICIARY SURVEY

L/m

Staff making call: Michael Griffin County: ?
Date of Call: 4/22/24 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?

N/A

3) How often do you normally obtain transportation?

Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/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 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Felix Gonzales

RIDER/BENEFICIARY SURVEY

Staff making call: Michael Griffin County: Lee
Date of Call: 4/26/24 Funding Source: _____

1) Did you receive transportation service on 4/26/24? 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 3-5 Times/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 4/26/24?

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.

9

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Very Important

Additional Comments:

Wonderful service.

Marie Newland

She is Deaf and could

RIDER/BENEFICIARY SURVEY not participate.

Staff making call: Michael Griffin County: Lee
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

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 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Martha Hefland

RIDER/BENEFICIARY SURVEY

Staff making call: Michael Griffin County: Lee ? Charlotte
Date of Call: 4/24/24 Funding Source: _____

1) Did you receive transportation service on 4-25-24? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No

If so, how much? Never have been charged any other amount.

3) How often do you normally obtain transportation?
 Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/Week

4) Have you ever been denied transportation services?

Yes When boundaries were changed. 6 months of no transportation.
 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 Boundaries changed

5) What do you normally use the service for?

Medical Education/Training/Day Care
 Employment Life-Sustaining/Other
 Nutritional Social

6) Did you have a problem with your trip on 4-25-24?

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.

9.5

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Ms. Heffland is so grateful for the
service provided. All staff of Loe Team
is exceptional

Reginald Valentine

RIDER/BENEFICIARY SURVEY

4/m 4/22/20

Staff making call: Michael Griffin County: ?
Date of Call: / / 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 3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

N/A

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 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.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:
