

Human Services Transportation Providers Inventory

Maricopa Association of Governments (MAG) is updating service provider information. Please provide your agency's information below. Return to DeDe Gaisthea by fax at (602) 254-6490 or email at dgaisthea@mag.maricopa.gov by **Friday, February 26, 2010**.

Agency Name: _____

Contact Name: _____

Email Address: _____

Physical Address: _____
(Include city, state and zip)

Phone Number: _____

Web Site Address: _____

Agency Description: _____

Hours of Operation: _____ 7 days per week / 24 hrs per day

or

Monday Hours: _____ a.m. _____ p.m.

Tuesday Hours: _____ a.m. _____ p.m.

Wednesday Hours: _____ a.m. _____ p.m.

Thursday Hours: _____ a.m. _____ p.m.

Friday Hours: _____ a.m. _____ p.m.

Saturday Hours: _____ a.m. _____ p.m.

Sunday Hours: _____ a.m. _____ p.m.

Service Delivery Area: _____

Service(s) Provided: _____ Curb to Curb _____ Door to Door
(Check all that apply) _____ Fixed Route _____ Demand
Response

Types of Transportation: _____ Bus
(Check all that apply) _____ Personal/Volunteer vehicles
_____ Taxi Cab Vouchers
_____ Transit Passes
_____ Vans: does this include accessible vans? _____ Yes
_____ No
_____ Other (please specify): _____

Eligibility: _____ Agency Clients Only

(Check all that apply)

- Older Adults
- People with Physical Disabilities
- People with Developmental Disabilities
- People with Visual Impairments
- People with Low-Incomes
- Accompanied Youth
- Unaccompanied Youth

Age restrictions: Minimum age: _____ Maximum age: _____
(Please specify) _____ Other, please specify: _____

How much do you charge per mile: (if applicable) _____

Did your agency experience reductions in funding during FY 09? Yes No

If so, by what amount: \$ _____ Percent of total budget: _____%

Did your agency experience a change in the demand for services during FY 09?
 Yes No

If so, please indicate the percent of increase or decrease in demand for services for FY 09:

Increased by: _____% or Decreased by: _____%

If your agency was unable to provide all of the trips requested for FY 09, what were the reasons?

(Rank in order of importance, with one being the most important.)

- _____ Overall program funding shortfall
- _____ Requests came from out of area of coverage
- _____ Logistics problems (not enough vans/drivers available)
- _____ People making requests were not eligible
- _____ Other, please explain:

What is your agency doing to adjust to changes in funding and/or in the demand for services?

(Please check all that apply)

- Consider merging with another agency
- Increase fees to clients
- Staff Reductions
- Reduce/eliminate service
- Stricter eligibility requirements
- Other (please specify): _____
- Develop new fundraisers
- Increase volunteers
- Limit service delivery area
- Share costs with other agencies