

Transportation is Changing MAKE IT WORK FOR YOU! Input Survey

The Central Vermont Regional Planning Commission (CVRPC), in partnership with the Vermont Center For Independent Living (VCIL), the Central Vermont Council on Aging (CVCOA), Barre Project Independence, VT Agency of Transportation, and Green Mountain Transit are working together to gather input into how a Paratransit Service should operate in the Barre-Montpelier area.

Paratransit service is being proposed as a replacement for the current deviated route service for persons who are unable to use the fixed route bus system due to a disability. That services is currently provided within three-quarters of a mile on either side of the fixed route bus service, during the operating hours of the fixed route.

The purpose of the survey is to hear from older adults, person with disabilities and caregivers who use public transit as well as those users who would take advantage of the paratransit service. This is an opportunity for you to **honestly share your preference for this new service**. The data we collect will be used to help develop an outline of a rural paratransit service in the Barre-Montpelier area.

- Your responses to this survey will be **confidential**.
- **Nothing you say in the survey will affect your ability to participate in this transportation services in any way.**
- If you would like to complete the survey online:
Go to: <https://www.surveymonkey.com/r/TH9MQ7W>
or scan the QR code on the right with your iPhone camera or Android phones QR Code reader to open the survey.
- If you have any questions about the survey or if you would be interested in completing the survey in person or over the phone, please contact Daniel Currier; 802-229-0389 at Central Vermont Regional Planning Commission.



Thank you for taking the time to complete this survey!

1. Are you an older adult, a person with a disability or a caregiver to someone who is an older adults or person with disabilities? (check all that apply)

☐ Older Adult ☐ Person with a disability ☐ Caregiver

2. Paratransit is for persons who are unable to use the fixed route bus system due to a disability. These services are provided within three-quarters of a mile on either side of the fixed route bus service, during the operating hours of the fixed route. Do you feel you would qualify for this service?

☐ I have used a paratransit service before and would qualify

☐ I have not used a paratransit service but might qualify

☐ I don't think I qualify for paratransit

3. Have you used the deviated bus service that GMT currently operates?

☐ Yes ☐ No

4. Have you been able to reach all of your desired destinations using the deviated service?

☐ Yes ☐ No

If No please explain your answer. _____

5. Are you able to use the existing GMT bus service?

☐ I am currently using existing GMT bus service

☐ I am not using GMT bus service but might be interested

☐ I don't think I can use existing GMT bus service

Please explain your answer. _____

6. Do you ride the bus with a support person?
- ☐ Yes ☐ No
7. Do you ride the bus with any of the following? (check all that apply)
- ☐ Children
- ☐ Strollers
- ☐ Walkers
- ☐ Wheel Chair
- ☐ Other: _____
8. How frequently do you use the GMT bus service?
- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Once a month
- ☐ Once every few months
- ☐ Less often than that
9. How far do you live from the existing fixed route bus service?
- ☐ Less than 500 feet
- ☐ Quarter Mile
- ☐ Half a Mile
- ☐ Three-Quarters of a Mile
- ☐ One Mile
- ☐ Over One Mile
- ☐ Unsure
10. Do you know which GMT bus routes you live near?

☐ Yes ☐ No

If Yes, which routes? If No go to Question 11.

11. If you use the bus, what are the destinations for which you use it? If you don't use the bus, for which of these destinations would you be most likely to take the bus? (check all that apply)

☐ Get to work

☐ Shopping

☐ Medical appointments

☐ Visit friends and family

☐ Leisure

☐ Other: _____

12. If you use GMT, what is your preferred vehicle type when being transported by GMT?

☐ GMT Bus

☐ GMT Van with wheelchair lift

☐ GMT 4-door car

☐ Volunteer Driver in personal vehicle

13. What other types of transportation services do you use? (check all that apply)

☐ Drive myself

☐ Taxi or Uber/Lyft

☐ Friends and family

☐ Walk or bike

☐ None of the above

☐ Other: _____

14. How frequently do you use these other types of transportation services?

- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Once a month
- ☐ Once every few months
- ☐ Less often than that

15. If you use GMT, how easy is it for you to call in to schedule services at GMT?

- ☐ Not at all easy
- ☐ A little bit easy
- ☐ Fairly easy
- ☐ Very easy
- ☐ Extremely easy

16. If you have used GMT, overall, how well has GMT met your needs?

- ☐ Not well at all
- ☐ A little bit
- ☐ Fairly well
- ☐ Very well
- ☐ Extremely well

17. What would make it easier for you to utilize GMT transportation services? (check all that apply)

- ☐ Increase number of trips allowed
- ☐ Lower cost of service
- ☐ Expanded hours of service
- ☐ Easier scheduling and trip confirmation
- ☐ Expanded service area
- ☐ Better information about what services are available
- ☐ None of the above
- ☐ Other: (please describe)

18. What could GMT do to improve the bus service to better meet your needs?

19. Do you have anything else to share about your experiences using the bus?

20. What town do you live in?

The next few optional questions will help us analyze the needs of those who completed the survey. This information will not be used to identify individuals.

21. What is your age?

☐ 18 – 24 years old

☐ 25 – 34 years old

☐ 35 – 44 years old

☐ 45 – 54 years old

☐ 55 – 64 years old

☐ 65 – 74 years old

☐ 75 – 84 years old

☐ 85 – older

22. What is your gender?

☐ Male

☐ Female

☐ Other (please specify): _____

23. What is your race or ethnicity?

☐ White

☐ Black or African American

☐ Hispanic or Latino

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander

☐ Multiracial or multiethnic

☐ Some other race or ethnicity: _____

If you would like to be involved in further discussions about transportation services, please provide your contact information. Your contact information will not be linked to your survey feedback.

Name: _____

Address: _____

Email and Phone: _____

Please return your completed survey to:

Central Vermont Regional Planning Commission
Attn: Daniel Currier
29 Main St Suite 4
Montpelier, VT 05602

If you have any questions about the survey, please contact Daniel Currier; 802-229-0389 or currier@cvregion.com at Central Vermont Regional Planning Commission.