

Survey of Alternative Transportation For The Vision-Impaired Macular Degeneration Support

MD Support is asking for your help in gathering information about acceptable services in your area. Any input is greatly appreciated, and participation is completely anonymous. Your name will not be added to any mailing list for promotional purposes.

Purpose of the project:

The Americans With Disabilities Act of 1990, Title II, requires that acceptable alternative transportation be available in every area of the country for people who are significantly vision-impaired. Currently, no comprehensive, single resource offers information specifically about these services. MD Support is working to fulfill that need by creating a national database which identifies transportation services and the accommodations they provide for the vision-impaired. The database will be made freely available on the MD Support site.

Instructions:

Please be as complete and accurate as possible, and remember that any good information is better than none at all. When you are finished, mail or fax your responses to:

**MD Support
3600 Blue Ridge
Grandview MO 64030
Fax: (816) 761-7080**

This survey may also be completed online at **www.mdsupport.org/trans-survey.html**. If you have any questions, you may contact us by email at **director@mdsupport.org** or by phone at **(816) 761-7080**.

Thank you for your time and input!

Transportation Options

Which of the following types of transportation are available to you?

- 1. Local transit bus system (travels throughout your local area.)
- 2. Commuter bus system (travels between your area and a nearby city or town.)
- 3. Light rail, rapid rail or subway system
- 4. Commuter train service
- 5. Commuter vanpool service
- 6. Carpool matching service
- 7. Taxi service
- 8. Door-to-door or curb-to-curb paratransit system (private commercial company or organization providing transportation for the physically- or visually-impaired.)
- 9. Local organization with volunteer drivers
- 10. Over the road bus (like Greyhound)
- 11. Intercity train service (like Amtrak)
- 12. Ferry or water taxi
- 13. Service providers (Medicaid/Medicare, supported employment rides, etc.)

Please provide a separate “Contact Information” page for each of the transportation systems checked above. We ask that you duplicate any additional sheets as needed.

Contact Information

(Please type or print clearly.)

Type of transportation (Enter corresponding number from page 2):

Name of agency or company: _____

Address: _____

State: _____ Zip code: _____ Phone: () _____ - _____

Internet web site: _____

E-mail address: _____

Additional contact information or comments: _____

Accommodations Provided

- () 1. Accessible, identifiable, and safe waiting areas
- () 2. Verbal identification of stops and destinations
- () 3. Tickets and schedules in Braille
- () 4. Door-to-door service (not just curb-to-curb)
- () 5. Employees trained in needs of the vision-impaired
- () 6. Assistance in boarding and unboarding
- () 7. Availability (bus runs at least every 30 minutes)
- () 8. Adequate number of vehicles
- () 9. Adequate number and design of routes
- () 10. Adequate and convenient hours of operation
- () 11. Service during evenings and weekends
- () 12. Availability of intercity routes (from town to town)
- () 13. Fares and fees in line with local economy
- () 14. Allowance for short stops of less than an hour
- () 15. Reliable, on-time service