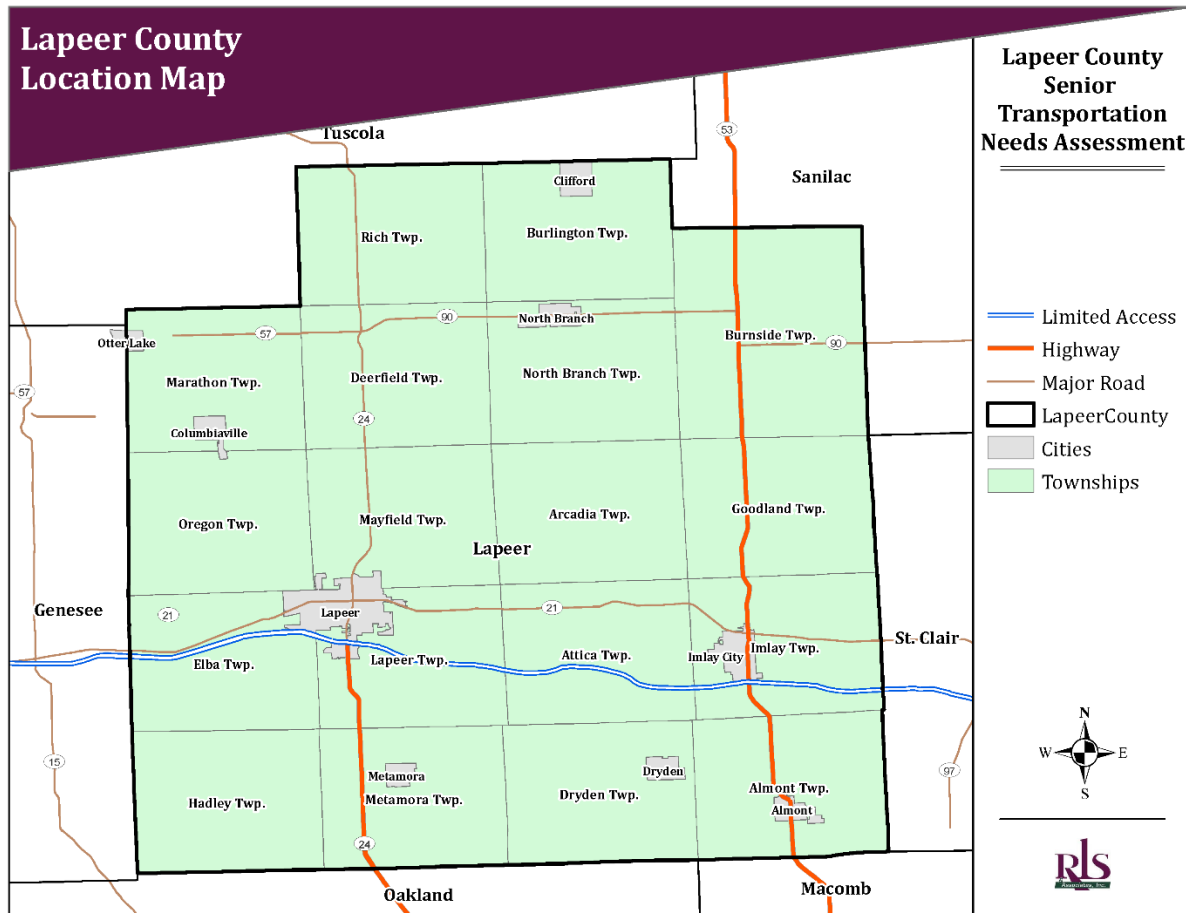


## Lapeer County Transportation Needs Assessment Survey

Four County Community Foundation (4CCF) and Lapeer County Transportation Coalition, with support from the Michigan Health Endowment Fund, are conducting this survey as part of a larger research effort to improve public transportation available to seniors and other community members, specifically for improved health outcomes. Thirteen of the eighteen townships in Lapeer County currently have no regular public transportation available. Several recent surveys conducted in this region to measure health and wellness impacts have identified transportation as a frequently listed challenge. Those studies were broad and did not focus on the nature and impact of transportation challenges. We intend to gain additional information specific to transportation needs through this survey and the larger research effort. This brief survey can be completed in less than 10 minutes and will help 4CCF understand the current unmet transportation needs and gaps in access to services throughout Lapeer County for any reason and age group. The information will be used to help determine if additional public transportation options are needed and feasible.

Thank you in advance for your time! We cannot do this research without you! We will not ask for your name or address and individual survey responses will not be made public. For more information, please contact Nathan Bubash at RLS & Associates at (937) 299-5007.

1. What township do you live in? (see map below) \_\_\_\_\_



2. What is the primary way you travel in Lapeer County?

- A friend or family member drives me
- Drive myself
- Transportation service for seniors
- Greater Lapeer Transportation Authority
- Other Public Transportation
- Taxi, Uber, or Lyft-like services
- Human service agency
- Other (please specify) \_\_\_\_\_

3. Do you have difficulty getting the transportation you need to any of the following types of destinations?

	No difficulty	Sometimes difficult	Frequently difficult	Always difficult	Not applicable to me
Your place of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical offices, clinics or hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (i.e. grocery, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies or government offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational or social outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other trip purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During what hours of the day do you most often need transportation but do not have a ride? (Please select all that apply.)

- 4:00 AM to 6:00 AM
- 6:00 AM to 10:00 AM
- 10:00 AM to 2:00 PM
- Other (please specify) \_\_\_\_\_
- 2:00 PM to 6:00 PM
- 6:00 PM to 12:00 AM
- 12:00 AM to 4:00 AM

5. What days of the week do you most often need transportation but do not have a ride? (Please select all that apply.)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

6. Do you need to travel to destinations within Lapeer County for work, medical care, shopping, or other reasons?

- Yes. The destinations I need are usually in Lapeer County.
- No. The destinations I need are usually in another county.

7. Which other counties do you most often need to travel?

- |   |   |
|---|---|
| <input type="checkbox"/> Sanilac County   | <input type="checkbox"/> Genesee County |
| <input type="checkbox"/> Tuscola County   | <input type="checkbox"/> Macomb County  |
| <input type="checkbox"/> St. Clair County | <input type="checkbox"/> Oakland County |

Other (please specify) \_\_\_\_\_

8. Are you concerned that, in the future, you or a friend/family member in Lapeer County may not drive and will need affordable public transportation options?

- Extremely concerned
- Concerned
- Slightly concerned
- Not concerned

9. How likely would you be to use public transportation if it were available where you live and need to go?

- I use it now and will continue to ride
- I would use it regularly
- I would use it occasionally
- I am not at all likely to use it

10. Would having public transportation where you live benefit you or someone you know in Lapeer County? If so, please tell us how public transportation would help.

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11. How much do you currently spend on your personal transportation (or that of your dependent) per month? Please consider all transportation costs such as vehicle insurance, gasoline, car payments, parking fees, and bus passes/fares to ride public or private transportation services.

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$20 | <input type="checkbox"/> \$151 to \$200 |
| <input type="checkbox"/> \$21 to \$50   | <input type="checkbox"/> \$201 to \$300 |
| <input type="checkbox"/> \$51 to \$100  | <input type="checkbox"/> \$301 or more  |
| <input type="checkbox"/> \$101 to \$150 |   |

12. What is the combined yearly income of everyone in your household? (This question is optional and individual responses will not be public. The information will help us understand how much personal income is spent on transportation in Lapeer County.)

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$12,500   | <input type="checkbox"/> \$45,100 to \$46,000 |
| <input type="checkbox"/> \$12,600 to \$22,500 | <input type="checkbox"/> \$46,100 to \$50,000 |
| <input type="checkbox"/> \$22,600 to \$30,000 | <input type="checkbox"/> \$50,100 to \$55,000 |
| <input type="checkbox"/> \$30,100 to \$35,000 | <input type="checkbox"/> \$55,100 to \$60,000 |
| <input type="checkbox"/> \$35,100 to \$40,000 | <input type="checkbox"/> \$60,100 to \$65,000 |
| <input type="checkbox"/> \$40,100 to \$45,000 | <input type="checkbox"/> \$65,100 or higher   |

13. How many people live in your household?

Number of Adults: \_\_\_\_\_

Number of Children under Age 18: \_\_\_\_\_

14. What is your age group?

- |                                   |                                |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-49 |
| <input type="checkbox"/> 18-24    | <input type="checkbox"/> 50-54 |
| <input type="checkbox"/> 25-29    | <input type="checkbox"/> 55-59 |
| <input type="checkbox"/> 30-34    | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 35-39    | <input type="checkbox"/> 65+   |
| <input type="checkbox"/> 40-44    |                                |

15. Do you or a member of your household have a disability that requires you/them to use a cane, walker, wheelchair, and/or other device to help you get around?

- Yes  
 No

*Thank you for your time!*