Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida

Florida Developmental Disabilities Council, Inc.
Transportation Feasibility Study

Sponsored by the United States Department of Health and Human Services, Administration on Developmental Disabilities, the Florida Developmental Disabilities Council, Inc. and The Able Trust
ACKNOWLEDGEMENTS

The Florida Developmental Disabilities Council, Inc. recognizes the need for increased transportation options for people with disabilities. The Council has formed a partnership with The Able Trust to perform research related to the feasibility of establishing alternative transportation options, including the use of transportation vouchers, for people with disabilities in Florida. This report, Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida, summarizes the research that was conducted for the Council and The Able Trust and the corresponding recommendations on the strategies that could be undertaken to increase and improve the quality and quantity of transportation services available to people with disabilities.

The Florida Developmental Disabilities Council, Inc. and The Able Trust would like to thank those who provided expertise, technical assistance, and review of work products in the development of this report. Appreciation is especially extended to each member of the project Advisory Committee for their advice, direction, and support.

Cathy Brown, St. Johns County Council on Aging/Community Transportation Coordinator
Guenevere Crum, The Able Trust
Tom De Lilla, Florida Department of Health, Brain and Spinal Cord Injury Program
Bobby Jernigan, Florida Commission for the Transportation Disadvantaged
Pam Hinterlong, Florida Division of Vocational Rehabilitation
Steve Howells, Florida Alliance for Assistive Services and Technology
Jo Ann Hutchinson, Ambassador, National Resource Center for Human Service Transportation Coordination and Community Transportation Association of America
Brian Vaughan, Florida Governor’s Commission on Disabilities
Michael Wright, Florida Department of Transportation

A special thank you to Latarsha Williams, Community Living and Service Coordination Program Manager and FDDC project manager, for her advice, direction and support.

This project could not have been effectively conducted without the assistance of transportation agencies across the United States who participated in interviews and site visits. The project team would like to recognize the following agencies that participated in the site visits and provided detailed program information included within the best practices:

City of Scottsdale, Arizona
Door-Tran, Sturgeon Bay, Wisconsin
Headwaters, Inc., Rhinelander, Wisconsin
Maryland Transportation Authority, Baltimore, Maryland
Mecklenburg Transportation System, Charlotte, North Carolina
Menominee Regional Public Transit, Keshena, Wisconsin
Metro Transit, Oklahoma City, Oklahoma
Northern Arizona Intergovernmental Public Transportation Authority, Flagstaff, Arizona
Torrance Transit, Torrance, California
Valley Metro, Phoenix, Arizona
Wisconsin Department of Transportation

CUTR PROJECT TEAM

Jay Goodwill, Principal Investigator
Lisa Staes, Principal Investigator
Wendy Teague, Graphic Designer
Stephanie Zavacki, Chart Designer
Patricia Ball, Editor

© April 2010
## EXECUTIVE SUMMARY

iii

### CHAPTER 1: Transportation Accessibility Issues and Opportunities

- Analysis of the Impacts of the Lack of Transportation Options 1
- Alternative Consumer Choice Mobility Options 4
- Alternative Transportation Delivery Programs 6
- The Benefits of Implementing Consumer Choice Transportation Options 13

### CHAPTER 2: Inventory of Practices

- Survey of Mobility Providers 18
- Interviews with Mobility Providers Using Transportation Vouchers 30
- Transportation Voucher Program Site Visits 36
- Reported Program Cost Savings 39
- Mobility Options in Florida 39
- Transportation Costs for Traditional Public Transportation and Taxi Services in Florida 41

### CHAPTER 3: Best Practices

- Northern Arizona Intergovernmental Public Transportation Authority, Flagstaff, Arizona 44
- Valley Metro—Coupons for Cabs and Mesa Mileage Reimbursement Program Phoenix/Mesa, Arizona 45
- Cab Connection, Scottsdale, Arizona 46
- Maryland Transportation Authority—Taxi Access II, Baltimore, Maryland 48
- Door-Tran, Sturgeon Bay, Wisconsin 49
- Summary of Best Practices: Key Success Factors and Program Elements 50

### CHAPTER 4: Voucher Pilot Program Implementation

- Feasibility of Establishing Voucher Programs in Florida 54
- Pilot Project Implementation Strategy 54
- Estimated Voucher Pilot Budget 57
- Generalized Implementation Timetable 59
- Florida Pilot Project Implementation Timetable 60
- Recommended Technical Elements for Request for Proposals or Qualifications 62
- Funding Opportunities 63
- Barriers and Challenges 67
- Summary 70

### CHAPTER 5: Recommendations

71

### ACRONYMS

75

### GLOSSARY of TERMS

77

### APPENDIX A: FDOT District Map and District Modal Development Personnel

81
Accessible, affordable, and reliable transportation is a critical component to community inclusion. Having access to the community is the key to many aspects of independence and self-sufficiency. Florida's transportation delivery system is very complex. Multiple funding streams from various federal, state, and local agencies; differences in provider service hours, coverage, and the type of transportation services available; issues related to provider jurisdiction; and limited transportation options are just a few of the things that make it difficult for people with disabilities to access and utilize available transportation services within their communities.

Alternative methods of providing transportation to people with disabilities are needed. Initial research conducted on the transportation voucher model indicates that there are examples of successful implementation of this model within the United States. A voucher based transportation model may be a viable option to providing more consumer choice and control over individual transportation needs. This could be particularly true in rural areas of the state where transportation options are extremely limited.

The primary purpose of this transportation feasibility study is to analyze needed systemic reform that may stimulate provider competition, customer service, better accessibility, and safety while allowing improved consumer directed choice in regards to public transportation systems and services. *Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida* provides verifiable information on existing alternative transportation programs with a particular focus on transportation vouchers and volunteer programs that have been implemented in other states. In addition, it provides recommendations on the establishment of transportation voucher programs and other mobility strategies that will enable consumer directed choice in the selection of a transportation service. These recommendations include the design elements and operating parameters for a transportation voucher pilot project to be implemented in Florida.

The report has been organized into five chapters. Chapter 1 discusses the accessibility issues for people with disabilities and the opportunities that become available when alternative mobility options are implemented within a community. Chapter 2 provides a consolidated inventory of successful transportation voucher and volunteer programs. Chapter 3 highlights the best practices of a number of those agencies inventoried, focusing on the implementation strategies employed to them and the operation and management of those programs. Chapter 4 focuses on the implementation of transportation voucher pilot projects in Florida. This also includes an examination of the existing public transportation systems in the state, the relative costs associated with services provided within these systems and with private transportation providers, and identifies an estimated budget for the implementation of transportation voucher pilot projects in Florida. Chapter 5 provides specific recommendations that will lead to the implementation, management, evaluation, and potential expansion of transportation voucher pilot projects in Florida.
People with disabilities find it difficult to access timely, dependable, and affordable transportation services. Yet, these individuals have a right to expect and receive accessible services that will enable them to live independently. As provided in Federal law and supported by the Florida Governor’s Commission on Disabilities,

“Disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently; enjoy self-determination and make choices; benefit from an education; pursue meaningful careers; and enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of society in the United States.” (Public Law 108-364)

Access to transportation provides a vital lifeline for people with disabilities to access employment, education, healthcare, and community life. Yet too often, people with disabilities lack accessible, affordable, reliable transportation options. In 2002, the Bureau of Transportation Statistics reported that more than six million people with disabilities have difficulty obtaining transportation. A Harris Poll conducted by the National Organization on Disability in 2000 established that nearly one-third of people with disabilities have inadequate access to transportation. If people with disabilities do not have access to adequate, reliable transportation options, their ability to live independently is compromised.

The availability of an extensive system of accessible public transportation or other mobility options is one of the most prevalent indicators of independent living for people with disabilities. The lack of these services severely restricts their ability to maintain an independent and inclusive life, “excluding” them from their rights and diminishing their “well-being.” For people with developmental disabilities, there is a direct relationship between mobility and their quality of life. “A loss of mobility implies more of a hardship than does simply traveling less.”

People with disabilities must have transportation access, and this access must not be limited to the available public transportation services that exist within the communities within which they reside. In areas where there are public transportation services available, the services often are offered during confined operating hours and within identified service corridors and areas. Private services, such as those provided by taxis or other carriers, often are too expensive to be used on a regular basis or do not provide services with accessible vehicles. Transportation options for people with disabilities must be available, accessible, and funded “on the grounds of social justice, but also on the grounds that the provision of transport is likely to reduce their exclusion and improve their well-being, thus assisting in the prevention of conditions likely to incur social costs in the future, such as financial welfare benefits, including unemployment and health services.”

In “Measuring the Transportation Needs of People with Developmental Disabilities,” Wasfi, Levinson, and El-Geneidy examined the transportation needs of adults with developmental disabilities in Hennepin County, Minnesota. The study included the use of a survey instrument distributed to adults with disabilities. In addition, a number of individuals were asked to maintain travel diaries. As reported in the study, more than half of the surveyed population worked every day, recreational trips occurred at least once per week for about two-thirds of the population, and more than 50 percent of those surveyed took at least one social trip per week. About 30 percent reported being unable to make trips they want to make, and 46 percent were unable to make the trips they need to make. The respondents noted that the use of public transit was difficult, both for physical and cognitive reasons.

In 2002, the New Mexico Developmental Disabilities Planning Council released “At the Crossroads: Disability and Transportation.” This report reviewed the following questions:

- Does the lack of transportation limit activities and opportunities for adults with disabilities?
- What kinds of transportation assistance would help most?
- Would additional transportation options improve their quality of life?
- What innovative solutions should [New Mexico] explore to address the transportation needs of adults with disabilities?
The study used a number of methods to address these questions, including a client transportation survey and in-person and telephone interviews with clients, transportation service providers, state program managers, and disability advocates.

The researchers received a significant response to the client transportation survey. Of the 667 surveys distributed, 644 were usable returns, a return rate of 97 percent. Some of the most noteworthy information provided in the summary that described the problems associated with the lack of transportation included:

- 92 percent of respondents stated that they required transportation services to get to work.
- 37 percent stated that they missed a job opportunity due to a lack of available transportation.
- 23 percent indicated that the lack of transportation led to job loss.
- 46 percent could not drive and had to rely on family and friends to transportation to and from medical services.
- 34 percent noted that they missed at least one medical or rehabilitation appointment over last 12 months.
- 46 percent indicated that they used public transportation at least once a week.
- 55 percent stated that better transportation options would improve their quality of life.

In April 2008, the National Council on Disability (NCD) released *Keeping Track: National Disability Status and Program Performance Indicators*. This document provides a set of statistical social indicators that can measure the progress of people with disabilities in important areas of life over time. The report identifies and discusses areas of importance in determining quality of life to people with disabilities, including employment, education, health status and health care, financial status and security, leisure and recreation, personal relationships, and crime and safety.

*National Disability Policy: A Progress Report,* also produced by the NCD, built upon the *Keeping Track* document. The NCD distributed an “Emerging Trends Public Consultation,” specifically soliciting input from people with disabilities. They were asked to comment on the personal challenges of living with a disability, the impact of attitudinal barriers on opportunities, how well government programs address the emerging needs of people with disabilities, and how funding resources could be better spent to address those needs. In response, NCD received more than 400 submissions, including comments from parents, students, workers, advocates, service providers, individuals, and organizations.

According to the NCD, the most frequently cited areas that affect the quality of life for people with disabilities are attitudes, health care and insurance, housing, employment, education, and transportation. In the area of transportation, individuals report that the lack of transportation restricts their ability to fully participate in all aspects of community life. “The lack of transportation for people with disabilities, particularly in rural areas, has a great human cost—sometimes even resulting in unnecessary institutionalization.” For many others, the difficulties faced by people with disabilities in accessing transportation leads to decisions by those individuals that result in a loss of independence, isolation, and social exclusion.

This issue of social exclusion is universal. Empirical and anecdotal evidence throughout the United States supports the conclusion that “social exclusion” and isolation leads to mental and physical health issues, the inability for people with disabilities to find and maintain employment or participate in education and training opportunities, engage socially, and conduct themselves in an independent manner. Secondary implications include increased health care and institutional costs that may occur when people with disabilities are unable to maintain health-related visits and other quality of life activities and increased reliance on federal and state economic support programs.

Local communities, local and state governments, federal agencies and national organizations have recognized the physiological, psychological, and societal issues related to transportation access. They further recognize the need for expanding the transportation options available to people with disabilities to address these issues. The use of alternative consumer choice mobility options that provide increased access to transportation services is gaining momentum. Two of these mobility options, the use of transportation vouchers and volunteer programs, are discussed in the following section.
In the National Disability Policy: Progress Report, published and presented to President Obama in March 2009, the National Council on Disability made the following recommendation:

“The Department of Transportation should: evaluate the effectiveness of new pilot transportation initiatives for people with disabilities; develop permanent funding mechanisms to expand effective approaches across the country; and propose to Congress ongoing funding mechanisms to increase transportation options for the growing population of people who do not drive because of disabilities.”

Two of the mechanisms currently gaining momentum in the United States are the use of transportation vouchers and transportation provided by volunteers. With funding revenues declining and demand for transportation growing, communities are challenged to coordinate and implement services that can better meet this demand. Alternative mobility options that use transportation vouchers and volunteers are effective in meeting this challenge. Many of these programs maximize both formal and informal transportation networks such as public transportation, volunteer drivers, and family, friends, and neighbors. The use of vouchers as a community choice alternative, as well as other alternative transportation arrangements including volunteers, is discussed below.

**Vouchers**

Transportation vouchers are tickets or coupons provided to eligible riders with mobility needs that can be exchanged for rides. The provider of the ride can then exchange the vouchers with the sponsoring agencies for payment for the transportation service. Transportation vouchers are typically used to subsidize the cost of the ride on transit, paratransit, taxis, and other modes. They may also be used for transportation provided by volunteers (which may include friends and family members) in exchange for mileage reimbursements. The use of transportation vouchers as a community choice alternative is a viable mobility access option for many communities.

In communities across the United States, voucher programs have been established and are operating under a number of scenarios. In many areas, they are used to provide connections to existing public transportation networks. In other areas, they are used as a supplemental service to public transportation. In some areas, the use of vouchers allows participants on-demand private carrier/taxi service. Many of the voucher programs offer either reduced fares on various transportation modes or the vouchers cover a portion of the total cost of the ride, with the participants or a social service agency covering the portion that is not covered by the voucher.

Typically, transportation voucher programs provide eligible passengers with a booklet of pre-printed coupons or tickets. These booklets may be for a set number of trips or for unlimited trips with a total value limit to be used with participating transportation providers, or they may include a mileage allowance (typically used when vouchers are used to pay mileage reimbursements to volunteer drivers who use their own vehicle). The amount of trip subsidy or identification of eligible trip purposes are determined by the sponsoring agency. Eligible passengers are usually responsible for a share of the transportation services they receive. The passenger trades the voucher for a ride with the transit agency driver, taxi driver, or volunteer.

The agency that coordinates a transportation voucher program generally is responsible for securing transportation providers, issuing vouchers, reimbursing drivers or providers, and providing overall coordination and administrative support and planning.

Voucher programs have the following benefits:

- They give consumers choice and control in selecting their means of transportation and in selecting a destination and time for their trip.
- They allow the provision of transportation for individuals living outside cities or beyond established public transportation routes.
- They promote the use of community resources, which is consistent with the history of rural or frontier communities that rely on neighbor-to-neighbor support.
- They work equally well in larger rural communities where some limited transportation may be available.
Volunteers
The use of volunteers in the provision of transportation services continues to gain popularity. Volunteer services are often used to meet the transportation needs for senior adults, though many programs also offer transportation for people with disabilities. Many of these programs have had great success in filling the gap between the public transportation services that are available within a community and the unmet need for transportation. Replicating or using components of these systems to address the transportation needs of people with disabilities is a viable option for many communities.

There are hundreds of volunteer programs in the United States formed under a number of service models. The Beverly Foundation maintains an online database of volunteer driver programs or “Supplemental Transportation Programs” (STPs). Volunteer programs sponsored by the American Cancer Society and the Veterans Administration are widespread. Community-based volunteer programs are also prevalent, including those that are coordinated by iTNAmerica.

In the review of volunteer programs or supplemental transportation programs that include the use of volunteers, the following structures were identified:

- Volunteer programs that exist through social service or community-based organization, such as the American Cancer Society, iTNAmerica, the Veterans Administration, or Agency on Aging sponsored activities.
- Volunteer programs that have been developed and currently are operated by public transportation agencies as a supplement to the standard services provided.
- Volunteer programs that are coordinated under a local government structure.
- Volunteer programs that have been developed and currently are operated under a coordinated, mobility management approach.
- Transportation voucher programs that have been developed to allow the use of volunteers within the system, some that include family and friends of the rider.

In some examples, volunteers use their own vehicles to provide the trip. For those volunteers who provide their own vehicles, they are often reimbursed for mileage on a per-mile or per-trip basis. In other examples, a vehicle is available for their use. In some arrangements, such as those that use transportation vouchers, a portion of the trip is subsidized and the rider or representative social service agency participates in the cost of the trip (for volunteers using their own vehicles, the trip cost refers to the amount of mileage reimbursement required for each trip).

A study conducted by the National Center for Transportation Research at the Center for Urban Transportation Research at the University of South Florida, concluded that the biggest problem faced by volunteer driving programs is recruiting and retaining volunteers. Volunteer driving programs may not have the capacity to provide rides to all who request them because there are not enough volunteers to meet those needs. Even within existing volunteer programs that are highly functioning and well known, such as the American Cancer Society’s Road to Recovery Program, there are capacity issues. In the Road to Recovery Program in Tampa, Florida, a supplemental program called “Lifeline” uses for-hire taxi providers and local public transportation resources to assist in meeting the transportation demands. The issue of capacity is a growing problem. Historically, many volunteer programs have benefitted from the use of senior adults to provide many support services. Spatially, the movement of these senior adults from their communities upon retirement creates problems for the programs that had used them, reducing the overall volunteer driver pool. While this creates issues for some communities, in other communities that are “receivers” of senior adults and volunteers, this movement presents an opportunity.

A currently noted challenge for recruiting and retaining volunteers is the cost of fuel. For many volunteers, they not only donate their time, but also use their personal vehicles to provide the services. Federal income tax law only allows volunteers to claim a deduction for miles driven for a charity at 14 cents per mile. Any mileage reimbursement received by a volunteer that is above their costs for providing these services is treated as taxable income. There are efforts underway within the United States Congress to amend the Internal Revenue Code to increase the standard deduction rate.

The most mentioned and documented challenge or barrier to volunteer transportation programs is liability. This includes the burden of personal
liability in the event of a collision and the potential increased cost of personal auto insurance based on an individual’s volunteer status. In a legal analysis of risks associated with volunteer driving presented by Peter O. Okin, a member of the Bar of the United States Supreme Court and recipient of a doctorate in health law from Rutgers University, it was noted that the Florida and Federal Volunteer Protection Acts do not give Florida’s volunteer drivers much protection against lawsuits resulting from accidents. While Florida’s Volunteer Protection Act (Section 768.1355, Florida Statutes) seems to protect volunteer drivers, it does provide that volunteers can only be protected from civil liability if:

1. they are “acting in good faith within the scope of any official duties performed under such volunteer service”;
2. they do not cause injury or damage “by an wanton or willful misconduct”; and
3. they are “acting as an ordinary reasonable prudent person would have acted under the same or similar circumstances.”

Mr. Okin reports that the third criterion may be the most problematic. Even a simple act of vehicular negligence could open the door for civil liability actions. He further notes that this gives the volunteer no special protection, but rather an “illusion of protection.”

The Federal Volunteer Protection Act provides no protection for volunteer drivers. The Act excludes from protection volunteers who cause harm by acts or omissions when:

“...the harm was ... caused by the volunteer operating a motor vehicle [emphasis added by Mr. Okin]...for which the State requires the operator or owner of the vehicle to:

(A) possess an operator’s license; or
(B) maintain insurance.” (42 United States Code, Section 14503(4))

In the area of insurance coverage, the research conducted by the National Center for Transit Research did not find conclusive evidence that individuals and volunteer programs have difficulty finding insurance due to an individual’s volunteer service nor the nature of the services provided under programs. However, during the literature review that was conducted as part of the study, there were volunteer driving programs that indicated that some insurance providers denied coverage to charitable organizations and other non-profit agencies and their volunteers. In 2007, Chapter 627, Florida Statutes was amended to address the issue of insurance carriers and their willingness to cover individuals who participate as volunteer drivers or agencies that utilize volunteer services to provide transportation. Section 627.7261(2)(a), Florida Statutes, provides that:

“An insurer may not deny an application for automobile liability insurance or impose a surcharge or otherwise increase the premium rate for an automobile liability policy solely on the basis that the applicant (or another regular user of a vehicle)...is a volunteer driver.”

While there are obstacles in developing volunteer driver programs, there are well-established, successful volunteer programs that have been able to overcome these obstacles. Specific examples of the way in which volunteer programs have overcome some of these barriers, allowing them to operate effectively are discussed in Chapter 4. In addition, recommendations for reducing the likelihood that these barriers or obstacles, such as liability considerations, will impede the successful development of a volunteer program are also provided and contained within Chapter 5.

While there are barriers that must be overcome to implement transportation options, such as those that include transportation vouchers or the use of volunteers, there are success stories across the country. A few of those success stories are provided in the following section.

**ALTERNATIVE TRANSPORTATION DELIVERY PROGRAMS**

Communities across the country have implemented alternative transportation delivery programs to support mobility for people with disabilities and seniors. These programs have been successful in providing services to those with the greatest mobility needs. The delivery programs described below include those coordinated through national demonstration programs, regional projects, and many locally-developed voucher and volunteer programs.
Transportation Voucher Project—Association of Programs for Rural Independent Living (APRIL)

In 2001, APRIL received a five-year grant from the U.S. Department of Education for $1,494,218 to demonstrate the effectiveness of a voucher model used to provide transportation for people with disabilities living in rural areas. The Traveler’s Cheque (TC) program was developed to demonstrate the effectiveness of the voucher model to provide employment trips for people with disabilities. The objectives of the program included (as provided on the project website):

- The selection of ten sites representing diversity in the geographic location, the degree to which people with disabilities are being served (and the disabilities represented), availability of transportation resources, and overall population density.
- The implementation of the voucher model and the evaluation of the effectiveness of the model.
- The development of operational strategies and resource materials and ongoing technical assistance to the sites.
- Convening a national summit on accessible rural transportation and the development of a replication kit for communities to use to operate a TC program.19

The demonstration sites selected were located in 10 states, including Massachusetts, Utah, Kansas, New Mexico, Alaska, Montana, Pennsylvania, Illinois, Georgia, and Minnesota. At each location, a “Community Transportation Coordinator” was given the responsibility of establishing the network of service providers and organizations, consumers, and community leaders. In addition, the Coordinator determined the number of riders to be included in the program and the mileage allocations for each and was responsible for training riders on the use of the vouchers. Providers, including volunteers, were paid 34.5 cents per mile. Public and private transportation providers that were willing to accept the vouchers at a negotiated rate also were included in the service delivery system.

The Coordinator worked with riders to develop an individual transportation plan to assist in managing the use of their vouchers, including the identification of specific providers available to them within the community. A designated “bookkeeper” maintained a spreadsheet that tracked the Traveler’s Cheque numbers, dates of service, providers, mileage, number of one way trips, and total mileage, and then issued reimbursements to the transportation providers on a set schedule.

Riders were given the opportunity to select their own providers. According to APRIL, 42.2 percent of consumers used only volunteers, 31.5 percent used only the public transit services available in the area, 11.9 percent used only taxis, 9.5 percent used volunteers and public transit only, and 4.6 percent used volunteers and taxis. A total of 84 percent of the trips were for transportation to and from work.

According to information extracted from the APRIL website, 588 adults with disabilities participated in the voucher program. Males constituted 51 percent of the riders; the average age of enrollees was 41 years of age; 64 percent of the riders were Caucasian; 69 percent reported incomes of below $10,000; and 49 percent did not own a vehicle. The percentages of people with specific disabilities were as follows: mental/emotional, 18 percent; mobility/physical, 13 percent; visual, 9 percent; cognitive, 7 percent; hearing, 1 percent; and those with multiple disabilities, 34 percent.20

The largest APRIL voucher project is in Hayes, Kansas, with 104 riders participating. Ninety percent of the trips provided are for employment. Over 30,000 trips were provided over the four-year demonstration period, with tremendous efficiencies in both the average cost per passenger trip and the average cost per mile, with both these performance measures well below the mean for the group of program sites.

The cost to provide services is highly variable within the 10 APRIL sites. The average cost per trip ranged from $1.15 to $16.80, while the average cost per mile ranged from $0.29 to $1.18. This variation was due to several factors. Geography played a major role in the cost of services. The longer trips required in Utah and Massachusetts resulted in greater costs per trip. The use of more expensive taxi services were a factor in both Pennsylvania and Massachusetts. Variation of per trip costs also could be attributed to the level of subsidy established within the programs. Some communities elected to serve a smaller number of individuals, but subsidized 100 percent of the trip costs. In other areas, the program only partially subsidized the trip cost, with individuals or agencies covering the balance of the trip costs.
Transportation service providers at the APRIL sites include existing public demand-response systems, taxis and other higher cost options, and volunteers. In Kansas, Minnesota, and New Mexico, existing public small rural transit systems provide the majority of transportation services. Taxis are used to a limited degree in Georgia, Illinois, Pennsylvania, and Massachusetts. In Georgia and Pennsylvania, taxis are used only to provide short-distance trips when volunteers are not available. In Illinois, taxis are used when no other options are available. Utah only uses volunteer drivers to provide transportation services.

The success of the APRIL programs is reflected in the employment outcomes. At initial enrollment, 31 riders were employed, 20 in full-time and 11 in part-time positions. Thirteen percent (23 individuals) were interns, in school, or in a training program. During the first four years of the program, 171 people obtained employment (93 in full-time and 78 in part-time positions). A number of those who were employed when they enrolled in the program reported an increased ability in maintaining their positions or improved their status, either with new, better positions or increased work hours.21

North Country Independent Living (NCIL)—Wisconsin

The North Country Independent Living Center developed a transportation voucher program based upon the demonstration projects established by APRIL. In the NCIL model, riders receive a checkbook with an allocation of miles from a sponsoring agency. The sponsoring agency, working with a locally-established Community Transportation Coordinator, assists riders in finding volunteer drivers and negotiates with public or private transportation providers to accept the voucher checks as payment for rides. The Community Transportation Coordinator manages the voucher system allocating vouchers to riders and reimbursing providers.22

New Freedom Transportation Program, Center for Independent Living for Western Wisconsin (CILWW)

The New Freedom Transportation Program is administered by the Center for Independent Living for Western Wisconsin. This program uses both transportation vouchers and volunteer services to provide transportation options to people with disabilities. Funding for the program is provided by the Wisconsin Department of Transportation through the Federal Transit Administration, New Freedom Program (49 United States Code 5317), and the Center for Independent Living. Vouchers are used to offset the cost of transportation services. Individuals may choose their own driver or may arrange transportation with a pre-approved transportation provider. Volunteer drivers also are used in the voucher program. Volunteers provide one-on-one transportation service using their own vehicles. Volunteers are reimbursed on a per-mile basis and must have a valid driver’s license and insurance. The CILWW provides orientation and training to volunteer drivers.

Door-Tran, Sturgeon Bay, Wisconsin

Door-Tran provides expanded mobility options through the use of a free carpool matching service and transportation vouchers that can be purchased at half price by individuals or full price by businesses and organizations. Individuals may purchase a $5 value voucher for $2.50 and a $10 value voucher for $5. Businesses and organizations also may purchase vouchers for their customers. Vouchers cover only a portion of the total trip costs. Individuals must make up the difference between the value of the voucher and the total cost of the trip. Vouchers can be used to obtain transportation services provided by the American Red Cross, the Door County-Green Bay Shuttle, the Door County Senior Resource Center, the Service Taxi Cab, the Sunshine House, Inc., or the Washington Island Community Van. Participants can purchase up to $200 in transportation services per month. Funding for this program is provided by the Fred J. Peterson Foundation, the Door County Community Foundation, the Rotary Club of Sturgeon Bay, an anonymous donor, and the Wisconsin Department of Transportation.23
**Sun-Prairie Transportation Taxi Voucher Program, Wisconsin**

Sun-Prairie Transportation implemented a shared-taxi program that provides discounted travel vouchers for seniors and others who qualify. The program recently transitioned from voucher punch cards to a picture identification card that must be provided to taxi drivers to receive discounted fares. Funding for the program comes from a grant from Dane County, Wisconsin, and donations from community organizations and individuals.24

**American Cancer Society (ACS) Road to Recovery Program, Tampa, Florida**

The American Cancer Society’s Road to Recovery Program is a national volunteer driving program designed to transport cancer patients and their family members to cancer treatment centers. The Road to Recovery Program in Tampa, Florida was established in 2003. This program primarily utilizes volunteers to provide transportation services. However, the program supplements the services provided by enlisting the assistance of a variety of community-based transportation service providers to meet patient and family transportation needs that cannot be satisfied with program volunteers. There is no trip charge for passengers. One hundred percent of the trip requests in the area are met through the program.25

Volunteers receive training on the history of the ACS and the Road to Recovery Program, client/passenger sensitivity, vehicle safety and maintenance, and supplemental transportation services that are available to assist patients. Issues related to liability and risk for ACS and its volunteers are minimal. The ACS provides $1 million umbrella liability coverage for volunteers. Volunteers are required to maintain minimum required personal automobile liability insurance coverage.

As with any volunteer program, the ACS Road to Recovery Program has faced and continues to face challenges in the recruitment and retention of volunteer drivers. To meet this challenge, the ACS has 16 patient service representatives throughout Florida, as well as local representatives, each of whom is responsible for promoting the program and recruiting volunteers. These representatives work with local print and broadcast media to promote the program, speak with local service organizations, and conduct one-on-one conversations to help recruit more volunteers.

**iTNAmerica®—Dignified Transportation for Seniors**

iTN America is a national non-profit transportation system that provides services to seniors through a network of volunteers. iTN functions across the United States through “affiliate communities.” iTN affiliate communities provide rides with “door-to-door, arm-through-arm service to thousands of seniors nationwide.”26 Two interesting benefits within the program include the opportunity for participants to donate their cars and earn credits that may be used for rides within the system, and volunteers working within the system can “store” transportation credits for their own use at a later time. They have an established “Road Scholarship Program” that allows volunteer credits to be donated into a fund to assist low-income seniors with transportation. There is also a gift certificate program. Credits and gift certificates can be used at iTN sites across the country.

iTN currently has affiliate communities in Charleston, South Carolina; Chicago, Illinois; Portland, Maine; Orlando and Sarasota, Florida; Los Angeles and San Diego, California; Lexington, Kentucky; Enfield and Middlesex, Connecticut; and the Quad Cities in Iowa and Illinois. All iTN volunteers and drivers are screened, background checks are conducted, and they are trained by iTN. iTN services are available 7 days a week, 24 hours a day. The vehicles used in the systems are primarily automobiles. iTN does not restrict an individual’s trip based on trip purpose or destination and does not limit the frequency with which an individual may travel. Participants have increased independence and a sense of ownership through their “membership.”

The iTN example, though specifically crafted for seniors, provides an example of a system that could be replicated to serve some of the transportation needs for people with disabilities. The benefits include customer choice, increased independence, transportation services provided by individuals known to the riders, and the availability and timeliness of the services provided.

**Miles with Meaning, Michigan**

Miles with Meaning is a transportation voucher program that operates in Antrim and Kalkaska counties in Michigan. Vouchers may be used to obtain transportation services from a pool of volunteer drivers who assist people with disabilities, as well as low-income seniors. Participants use these services to access medical care, recre-
ation, support services, shopping (including trips to the pharmacy), church, family interaction, food pantries and other social service and community activities. Volunteer drivers, which may include friends and family members, are reimbursed $0.40 per mile and are paid on a monthly basis. Services are supported by funds from the local public transportation authority, local commissions on aging, the Department of Veterans’ Affairs, and by private foundation grants and programs.

American Council of the Blind (ACBN) Taxi Cab Coupon, Nebraska

The American Council of the Blind in Nebraska sponsors specialized transportation for the blind and visually impaired through the ACBN chapters in Omaha and Lincoln. The “Taxi Cab Coupon” program works directly with local taxi companies to provide transportation services, including Share-A-Fare, Inc. in Omaha and Give a Lift in Lincoln. The program is funded by the ACBN, the Abbott Foundation, and community service organizations such as the Lions, Optimists, and Sertoma clubs. According to the ACBN, this program has effectively addressed the lack of available and affordable public transportation, especially in the evenings for people with visual impairments.

The ACBN is working to expand options to those living in the rural areas of Nebraska. The plan includes a multi-level approach to service delivery such as expanding taxi services, increasing access to existing transit services, and using a combination of volunteer, paid drivers and taxis that are reimbursed for mileage through the use and acceptance of a common voucher.

Fayette County Alternative Transportation Initiative, Atlanta, Georgia

ExceptionalOPS, an advocacy group for people with developmental disabilities, and Fayette Senior Services (FSS), a non-profit organization that provides services to Fayette County’s senior population, joined together in 2007 to implement the Fayette County Alternative Transportation Initiative. Through a grant from the United Way of Metropolitan Atlanta, the existing FSS senior voucher program was expanded to include residents between the ages of 18 and 59 with developmental disabilities or adults who do not have the ability to drive.

Participants in the program can purchase vouchers for a nominal fee through the FSS. Once the vouchers are purchased, individuals make arrangements for their own transportation and negotiate the payment for the services with one of the program’s registered drivers. Increased demand for services for senior citizens has limited the availability of vouchers for people with developmental disabilities. The FSS is optimistic that additional funding will become available; enabling the continuation of the program at a level that allows increased access for people with developmental disabilities.

Western Placer Consolidated Transportation Services Agency (WPCTSA), Placer County, California

The Western Placer Consolidated Transportation Services Agency is the designated provider of transit services for seniors and people with disabilities in western Placer County, California. In January 2009, three pilot programs were initiated: Non-Emergency Medical Transportation, Volunteer Door-to-Door Transportation, and Transportation Vouchers. These programs were developed to provide alternative services for those who are not able to use conventional public transit services.

The transportation voucher program is described as a last resort option for non-emergency transportation for seniors and people with disabilities who would otherwise not have any other means of transportation. The WPCTSA and Seniors First match riders with the most appropriate mode of transportation. Transportation vouchers are used when all other resources have been exhausted.

Harris County Rides, Houston, Texas

Harris County Rides is a transportation voucher or “ticket” program that provides mobility to people for whom public transportation is either not available or accessible. Tickets may be used with any of the designated transportation providers in the system. Eligible customers and participating agencies may purchase transportation tickets at a discounted rate of $3 per ticket, representing a 50 percent savings off the regular $6 value of the ticket. Each customer may purchase up to 40 tickets per month at the discounted rate. A customer may select one of two levels of service options that include a shared ride or taxi service. They may select the service level that is convenient and affordable for them.

The shared ride is a non-metered program in which passengers share rides with other passengers. The cost is based on the mileage from the
point of pickup to the destination. A one-way trip cost is usually between 1 and 7 tickets. Trips must be booked a minimum of 24 hours in advance.

The taxi option is a metered same-day service. The cost of the trip is based on the metered fare. Customers may use a maximum of 8 tickets for the fare of a one-way trip. Rides are dispatched on the same day as the request. Trips can be booked up to 90 minutes in advance.30

State of Nevada Division for Aging Services
The State of Nevada Division for Aging Services has established a voucher program that subsidizes taxi services provided to senior adults. Individuals 60 years of age and older may purchase taxi vouchers at half the retail value. One coupon booklet, valued at $20 of taxicab fare, may be purchased for $10. Taxi companies receive a reimbursement for the voucher from grant funds, and the individual using the voucher is responsible for the other 50 percent of the total trip cost. The program is funded by the Administration on Aging, the State of Nevada, Independent Living Grants, the Alzheimer’s Project, and other funding sources as available.31

CABS Program—Cedar Rapids Transit System, Iowa
The CABS program was created by the Cedar Rapids Transit Department in coordination with Goodwill of the Heartland and Linn County, in order to assist those who are in need of transportation during the hours in which local public transportation services are not operating. The program offers reduced fare taxi rides to people with disabilities traveling to and from work (system includes accessible taxis). Local human services agencies help determine who is eligible for the program. Participants must reapply each year that they are on the program. The CABS pass is valid for one year (July 1-June 30). The passes are also accompanied by a recreational pass, which is valid for three months.32

Kenai Peninsula Center for Independent Living, Alaska
The Kenai Peninsula Center for Independent Living received a grant from the Alaska Department of Transportation and the Alaska Mental Health Trust Authority to purchase a lift-equipped van. A local taxi company leases the van from the Center free of charge. Rather than charging the standard fare of $7 per one-way trip, the taxi company gives the Center’s recipients a $2 discount. The Center subsidizes $3 per trip from grant funds; the passenger pays the remaining $2. Due to the success of the program, the local taxi company has purchased two lift-equipped vans with their own money to expand the services that are available.33

Taxi Access Program, Pace, Chicago, Illinois
Pace and the City of Chicago provide an innovative transportation option for customers with disabilities. The Taxi Access Program (TAP) gives certified paratransit customers an opportunity to travel in taxis at reduced rates for trips that originate within the city of Chicago. Customers can purchase taxi vouchers valued up to $13.50 for the reduced price of $5 each. Customers may purchase up to 30 vouchers per week, and a maximum of four vouchers may be used each day. The vouchers can be used to pay the fare for a one-way taxi ride. If the fare exceeds $13.50, the rider must pay the difference in the rate. Riders must call 30 minutes in advance of their trip. This service is available within the city of Chicago 24 hours per day, 7 days per week. Wheelchair-accessible taxis are available. There are currently 22 taxi providers participating in the program.34

CADET Program—Arkansas
The CADET (Creative Alternatives for Delta Area Transportation) Project is an alternative transportation program for those living in rural areas. The CADET program is a demand-responsive curb-to-curb service for those going to and from work, employment training, or school. Funding for the program comes from a variety of state sources, including Rehabilitation Services, Temporary Employment Assistance, Workforce Investment Centers, and the State of Arkansas Highway and Transportation Department. The Workforce Investment Centers determine the eligibility of customers. Those eligible are referred to Arkansas Rehabilitation Services, which houses the dispatch office. Customers obtain transportation from local providers or volunteer drivers, who receive reimbursement for the trips conducted.35

Ride Connection, Portland, Oregon
Ride Connection is a nonprofit organization in Portland, Oregon, that operates one of the largest and most successful volunteer driver transportation programs for people with disabilities and senior adults. The agency provides interregional
transportation services throughout four counties in the Portland metropolitan area. Ride Connection works with 30 partner agencies, representing religious and ethnic organizations, medical and senior centers, public agencies, and social service providers and agencies, including the American Red Cross, to provide transportation services. More than 370 volunteers work as drivers, escorts, and travel training educators and provide an average of 248,000 rides per year. Public sources of funding for the services provided are supplemented with private foundation grants.

**Wyoming Independent Living Rehabilitation Center, Wyoming**

The Wyoming Independent Living Rehabilitation Center serves 13 counties in eastern Wyoming. The Center negotiated a per-mile rate for volunteers and other drivers. Riders must arrange for their transportation, and vouchers are used to pay for the services. Volunteers are reimbursed by the Rehabilitation Center for the transportation provided.

**Kansas Taxi Coupon Program, Olathe, Kansas**

Olathe’s local taxi companies provide transportation services for seniors and people with disabilities. The City of Olathe has negotiated an agreement with these companies to provide rides at a reduced cost to the City’s residents. The taxi companies provide door-to-door trips in either taxi sedans or wheelchair lift equipped vans. The City issues taxi coupons to eligible individuals that may be used for trips within the City of Olathe. Each coupon is designated for specific use under program guidelines. The cost of each coupon is $2 and they are sold in books of 10 for $20.

Coupons are issued in one of four colors, green, purple, blue, or yellow. “General Taxi Coupons” (green) are available to seniors or to people with disabilities who need transportation to reach medical appointments and for general shopping trips. Participants may purchase two coupon books per month for shopping trips and additional coupons may be purchased for medical appointments with documentation from a medical provider.

“Work Taxi Coupons” (purple) are available for low-income residents for job preparation skills training and work/work related activities. Work coupons are not allowed for personal trips. There is no limit to the number of Work Taxi Coupons that may be issued to a participant per month, as long as the coupons are only being used for work/work related trips. These coupons may not be used for general shopping trips or medical trips.

“Medical Taxi Coupons” (blue) are available to seniors or to people with disabilities who need transportation to medical appointments only. The number of coupons or books a participant may purchase is dependent upon the number of medical appointments the individual has per month. The participant must provide documentation confirming medical appointments in order to purchase these coupons.

“Special Coupons” (yellow) are available to all program participants. Yellow coupons allow the participant a five minute stop at any business or location within the City. Taxi companies are not allowed to charge the participant for an additional trip if the stop is less than five minutes. There is no limit to the number of coupons a participant can purchase per month. The cost of each Special Coupon is $1 and books of five coupons are sold for $5.

Participants must contact an eligible taxi provider at least one hour in advance of their trip. They must also notify the provider if a lift equipped vehicle is needed. Participants are required to complete the back of the voucher with trip information prior to giving it to the taxi driver. Services are provided Monday through Saturday from 6:00 a.m. until 7:00 p.m.

These examples demonstrate how successful voucher and volunteer programs have been established and continue to operate. A number of these examples include specific quantifiable benefits realized through the programs. In the following section, the benefits of implementing alternative consumer choice transportation options are addressed. In addition, the benefits of access are also addressed through the research conducted for Florida’s Commission for the Transportation Disadvantaged and the Transportation Research Board.
There are quantifiable benefits when individuals are given transportation options, including options such as vouchers and volunteer programs, that enable them to live independently. At a minimum, these benefits include:

- Decreased federal and state supplemental support to people with disabilities and other individuals who are transportation disadvantaged.
- Increased access to jobs.
- Increased maintenance of employment positions for people with disabilities.
- Decreased incidence of institutionalization and reduced costs associated with institutionalization.
- Increased access to social/community events.
- Increased access to healthcare and the decreased costs associated with more advanced medical care that may be required because individuals did not participate in regularly scheduled preventative appointments and treatments.
- Increased access to education/training.

In March 2008, Florida’s Commission for Transportation Disadvantaged released the “Return on Investment Study.” The study was conducted to determine the return or benefit generated when funding is invested within the Transportation Disadvantaged Program in Florida. The researchers focused on the benefits generated by services provided within five trip purpose categories, including medical, employment, education, nutrition, and life-sustaining/other.

The benefit of transportation to medical-related visits was determined based on a consideration of average nursing home costs per month, the cost of an average hospital stay, and adult day care costs. Employment-related benefits were calculated based upon an individual’s ability to generate a wage of $6.79 per hour for six hours per day, five days per week. Education-related benefits were calculated based on assumptions that one hour of training would equal one hour of work. The researchers used the hourly rate of $6.79, consistent with that used for employment-related benefits. Nutrition-related benefits were calculated with the assumption that one out of every 100 nutrition-related trips resulted in an individual avoiding a hospital stay due to lack of nutrition. For life-sustaining/other trips, the assumption was that each trip would generate $20 in incremental spending on taxable items.

The average rate of return generated by the Transportation Disadvantaged Program was $8.35 for each dollar invested within the program, using “highly conservative” factors. For each of the segments, the rate of benefit for each $1.00 invested is as follows:

- Nutrition-related trips - $12.52
- Medical-related service trips - $11.08
- Education/training-related trips - $5.85
- Employment trips - $5.71
- Life-sustaining/other trips - $4.62

This analysis was conducted to review the benefits of investment in the Transportation Disadvantaged Program, including services provided to people who do not have a disability. There is relevance in the degree to which the provision of transportation disadvantaged services can demonstrate a benefit to support programs specifically for people with disabilities.
The implementation of a transportation voucher program will provide positive impacts most notably to those needing transportation to education/training and employment trips. The study conducted for the Commission for Transportation Disadvantaged provides documented support for the funding of transportation programs to provide access to these opportunities.

In “Cost Benefit Analysis of Providing Non-Emergency Medical Transportation,” published by the Transportation Research Board in October 2005, researchers compared the costs and benefits of providing transportation to non-emergency medical care for those considered “transportation disadvantaged” who miss or delay their healthcare appointments because of transportation difficulties. A cost-effectiveness analysis was conducted for 12 medical conditions and the various services provided, including both preventative measures and treatment for chronic conditions. The determination of benefit was cited as reflected in a Quality Adjusted Life-Year (QALY) with each unit of one year valued at $50,000. For example, an intervention measure that results in one QALY and that costs less than $50,000 to implement is considered worth the investment. One intervention measure evaluated was the availability of non-emergency transportation services. Based on the QALY, researchers described the availability these services as “highly or moderately cost-effective.”

The researchers found that providing non-emergency medical transportation services is cost-effective. The provision of transportation to medical services for prenatal care and for chronic conditions including asthma, heart disease, and diabetes was determined to produce overall cost savings. The report summarily noted that “additional investment in transportation leads to a net decrease in total costs when both transportation and healthcare are examined.” The study evidenced that “the net healthcare benefits of increased access to medical care for the transportation disadvantaged exceed the additional costs of transportation…. These benefits include both actual decreases in healthcare costs for some conditions … and improved quality of life for those who receive access.”

These research reports support the conclusion that providing transportation options to people with disabilities and thereby increasing access results in positive outcomes from a cost perspective. Providing access to people with disabilities and thereby engaging them in community and social events, giving them the opportunity to obtain training and employment, and providing access to preventive health care services and treatments does lead to greater independence and physical and emotional well-being.
8 ATR Institute, University of New Mexico, “At the Crossroads: Disability and Transportation,” New Mexico Developmental Disabilities Planning Council, December 2002.
9 Ibid.
17 Ibid
18 Ibid
19 www.april-rural.org/transportation_voucher_project.html/.
20 Ibid.
21 Ibid.
22 www.northcountryil.com/transportation.html/.
25 Valerie Anderson, American Cancer Society, Florida Division, telephone interview conducted by the Center for Urban Transportation Research in March 2008 for the report *Programs That Match Seniors with Volunteer Drivers*, under the National Center for Transit Research, October 2008.
26 www.ittamerica.org.
28 www.helpinghandsga.blogspot.com/2008/02/senior-citizen-voucher-program-also.html.
29 www.pctpa.net/modes/transit.htm.
35 Ibid.
38 Ibid.
39 Ibid.
41 Ibid.
42 Ibid.
43 Ibid.
INVENTORY OF PRACTICES

CHAPTER 2
In an effort to better understand the process of establishing alternative consumer choice mobility programs, obtaining funding, and working with sponsoring agencies and organizations, the research team conducted a series of outreach activities to establish an Inventory of Practices. A survey of national transit and social service agencies was conducted, followed by telephone interviews and site visits. Cost savings that were identified through this process are indicated, and current mobility management strategies and opportunities within Florida are examined. The comparative costs of current mobility options in Florida, including services provided through local Community Transportation Coordinators, public transit providers, and the private sector in select Florida communities are addressed.

The survey was distributed to:
- Florida’s public transit agencies;
- Florida’s Commission for Transportation Disadvantaged Community Transportation Coordinators;
- Over 300 transit agencies that are members of the American Public Transportation Association (APTA);
- The Community Transportation Association of American (CTAA) for distribution to its members;
- The National Center for Senior Transportation (NCST) for distribution to agencies and individuals on its distribution lists;
- Project Advisory Committee Members; and
- Other networked groups.

Based on responses to the survey, interviews, and site visits, communities in the U.S. that provide mobility services, transportation voucher and taxi subsidy programs, and volunteer programs are reflected in the following table.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Location</th>
<th>Provider of Mobility Services</th>
<th>Transportation Voucher/Subsidized Taxi Programs</th>
<th>Volunteer Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menominee Regional Public Transit</td>
<td>Keshena, WI</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door-Tran</td>
<td>Sturgeon Bay, WI</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Headwaters, Inc.</td>
<td>Rhinelander, WI</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Center for Independence Living – Western WI</td>
<td>Menomonie, WI</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>North County Independent Living</td>
<td>WI</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sun Prairie Transportation Taxi Voucher Program</td>
<td>WI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miles With Meaning</td>
<td>Antrim/Kalkaska, MI</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>ACBN Taxi Cab Coupon</td>
<td>Lincoln, NE</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fayette County Alternative Transportation Initiative</td>
<td>Atlanta, GA</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Kansas Taxi Voucher Program</td>
<td>Olathe, KS</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Harris County Rides</td>
<td>Houston, TX</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living Center</td>
<td>Homer, AK</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>BAIN, Inc.</td>
<td>Bainbridge, GA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Services of Northwest Kansas</td>
<td>Hayes, KS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern Illinois Center for Independent Living</td>
<td>Carbondale, IL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South East Center for Independent Living</td>
<td>Fall River, MA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Nevada Division for Aging Services</td>
<td>NV</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South West Center for Independent Living</td>
<td>Marshall, MN</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salish and Kootenai Tribes</td>
<td>Pablo, MT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zuni Entrepreneurial Enterprises</td>
<td>Zuni, NM</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Independent Living Central Pennsylvania</td>
<td>Camp Hill, PA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CABS Program</td>
<td>Cedar Rapids, IA</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kenai Peninsula Center for Independent Living</td>
<td>Alaska</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxi Access Program, PACE</td>
<td>Chicago, IL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CADET Program</td>
<td>AR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ride Connection</td>
<td>Portland, OR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyoming Independent Living Rehabilitation Center</td>
<td>WY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Charleston, SC</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Chicago, IL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Portland, ME</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Orlando, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Sarasota, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Los Angeles, CA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>San Diego, CA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Lexington, KY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Enfield, CT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Middlesex, CT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iTN America</td>
<td>Quad Cities, IA/IL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Joaquin Regional Transit District</td>
<td>Stockton, CA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metro Transit</td>
<td>Madison, WI</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Brevard Achievement Center</td>
<td>Rockledge, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass Transportation Authority</td>
<td>Flint, MI</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighthouse of Central Florida</td>
<td>Orlando, FL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Torrance</td>
<td>Torrance, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City of Galveston</td>
<td>Galveston, TX</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greensborough Transit Authority</td>
<td>Greensborough, SC</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miami-Dade Transit/Paratransit Operations</td>
<td>Miami, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transit Authority of River City</td>
<td>Louisville, KY</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Self-Reliance</td>
<td>Tampa, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tampa Lighthouse</td>
<td>Tampa, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lehigh and Northampton Transportation Authority</td>
<td>Allentown, PA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pasco County Public Transportation</td>
<td>New Port Richey, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monterey-Salinas Transit</td>
<td>Monterey, CA</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Jacksonville Transportation Authority</td>
<td>Jacksonville, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee Tran</td>
<td>Ft. Myers, FL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pee Dee Regional Transportation Authority</td>
<td>Florence, SC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Regional Transit Authority</td>
<td>New Orleans, LA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Connecticut Regional Planning Agency</td>
<td>Bristol, CT</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Los Angeles County Metropolitan Transp. Authority</td>
<td>Los Angeles, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Capital Corridor Joint Powers Authority</td>
<td>Oakland, CA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomington-Normal Public Transit System</td>
<td>Bloomington, IL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>Location</td>
<td>Provider of Mobility Services</td>
<td>Transportation Voucher/Subsidized Taxi Programs</td>
<td>Volunteer Programs</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------------------------</td>
<td>------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Santa Monica Big Blue Bus Dial-A-Ride</td>
<td>Santa Monica, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intercity Transit</td>
<td>Olympia, WA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Kitsap Transit</td>
<td>Bremerton, WA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central New York Regional Transp. Authority</td>
<td>Syracuse, NY</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Jewish Association for Residential Care</td>
<td>Boca Raton, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Chautauqua Area Regional Transit System</td>
<td>Jamestown, NY</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Space Coast Area Transit</td>
<td>Cocoa, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Horizons of Okaloosa County, Inc.</td>
<td>Crestview, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>Ormond Beach, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Quest, Inc.</td>
<td>Orlando, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City of Glendale, Arizona</td>
<td>Glendale, AZ</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mid Florida Community Services, Inc.</td>
<td>Brooksville, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Community Care Teams</td>
<td>Winter Park, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>St. Lucie County Community Services</td>
<td>Ft. Pierce, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sunrise Community, Inc.</td>
<td>Miami, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Regional Coordinated Transportation</td>
<td>Asheville, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Triangle Transit</td>
<td>Morrisville, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anson County Transportation System</td>
<td>Wadesboro, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City of High Point Transit System</td>
<td>Highpoint, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wiregrass Transit Authority</td>
<td>Dothan, AL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Carteret County Area Transportation System</td>
<td>Moorehead City, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SCUSA Transportation</td>
<td>Albermarle, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Greenlink</td>
<td>Greenville, SC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mecklenburg County Department of Social Services</td>
<td>Charlotte, NC</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sarasota County Area Transit</td>
<td>Sarasota, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Positive Images Enterprises, Inc.</td>
<td>Oakland Park, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Valley Metro</td>
<td>Phoenix, AZ</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Orange County Florida</td>
<td>Orlando, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hillsborough County Sunshine Line</td>
<td>Tampa, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oakland County Community Mental Health Auth.</td>
<td>Auburn Hills, MI</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pierce Transit</td>
<td>Lakewood, WA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Northern AZ Intergovernmental Public Transp. Auth.</td>
<td>Flagstaff, AZ</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>University of Connecticut</td>
<td>Storrs, CT</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ft. Bend County Public Transportation Department</td>
<td>Sugarland, TX</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>University of Texas at Dallas</td>
<td>Dallas, TX</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cleveland Area Rapid Transit</td>
<td>Norman, OH</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>South Tahoe Area Transit Authority</td>
<td>Stateline, NV</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central Oklahoma Transp. and Parking Authority</td>
<td>Oklahoma City, OK</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Metropolitan Transportation Authority, Maryland</td>
<td>Baltimore, MD</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TMA Group</td>
<td>Franklin, TN</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>San Joaquin Regional Transit District</td>
<td>Stockton, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Runways Transportation Company</td>
<td>Jacksonville, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lake County Community Transp. Coordinator</td>
<td>Tavares, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hall Area Transit</td>
<td>Gainesville, GA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Salem-Keizer Transit</td>
<td>Salem, OR</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Knoxville Area Transit</td>
<td>Knoxville, TN</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City of Scottsdale</td>
<td>Scottsdale, AZ</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C-Tran</td>
<td>Vancouver, WA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Link Transit (Chelan-Douglas Public Transit Benefit Area)</td>
<td>Wenatchee, WA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access Services</td>
<td>Los Angeles, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Modoc Transportation Agency/Sage Stage</td>
<td>Alturas, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Port Authority of Allegheny County</td>
<td>Pittsburgh, PA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intercity Transit</td>
<td>Olympia, WA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City of San Luis Obispo Transit</td>
<td>San Luis Obispo, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Riverside Transit Agency</td>
<td>Riverside, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dept. of Health/Brain and Spinal Cord Injury Prog.</td>
<td>Tallahassee, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Antelope Valley Transit Authority</td>
<td>Lancaster, CA</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Port Arthur Transit</td>
<td>Port Arthur, TX</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City of Las Cruces RoadRUNNER Transit</td>
<td>Las Cruces, NM</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>City Utilities Transit</td>
<td>Springfield, MO</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Council on Aging of St. John’s County</td>
<td>St. Augustine, FL</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
In all, 163 responses to the survey were received. A graphical summary of selected survey results is provided below.

<table>
<thead>
<tr>
<th>Which of the following best describes your organization?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private, for-profit</td>
<td>6.6%</td>
<td>11</td>
</tr>
<tr>
<td>Private, not-for-profit</td>
<td>18.1%</td>
<td>30</td>
</tr>
<tr>
<td>Government entity (such as city or county government)</td>
<td>44.0%</td>
<td>73</td>
</tr>
<tr>
<td>Social or human-service agency (such as center for independent living, council on aging, association for retarded citizens, etc.)</td>
<td>6.6%</td>
<td>11</td>
</tr>
<tr>
<td>Quasi-government entity (such as regional planning agency, metropolitan planning organization, etc.)</td>
<td>9.0%</td>
<td>15</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>15.7%</td>
<td>26</td>
</tr>
</tbody>
</table>

Out of the 163 responses to this question, 44 percent indicated that they represent a governmental entity. This is followed by “private, not for profit” organization at 18.1 percent and “other” at 15.7 percent. The balance of the responses includes “quasi-government entity,” “private, for profit,” and “social or human service agency.”
In your community, which of the following sources of funding are used to provide transportation services to people with disabilities?

<table>
<thead>
<tr>
<th>Source</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal program</td>
<td>80.3%</td>
<td>122</td>
</tr>
<tr>
<td>State program</td>
<td>85.5%</td>
<td>130</td>
</tr>
<tr>
<td>Local program</td>
<td>69.1%</td>
<td>105</td>
</tr>
<tr>
<td>Foundation support</td>
<td>8.6%</td>
<td>13</td>
</tr>
<tr>
<td>Non-profit charitable giving program</td>
<td>14.5%</td>
<td>22</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>7.9%</td>
<td>12</td>
</tr>
</tbody>
</table>

answered question: 152

skipped question: 13

The respondents to this question indicated the various funding sources that are currently used by their agency to provide transportation services to people with disabilities. More than 80 percent of respondents indicated that they receive both state and federal funding to provide these services. More than 69 percent of respondents indicated that local funding is available to provide services to people with disabilities. Other responses included “non-profit charitable giving program” at 14.5 percent, “foundation support” at 8.6 percent, and “other” at 7.9 percent.

In your community, what are the sources of federal funding used to support transportation services to people with disabilities?

<table>
<thead>
<tr>
<th>Source</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Department of Transportation</td>
<td>90.0%</td>
<td>99</td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services (Administration on Aging)</td>
<td>40.0%</td>
<td>44</td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services (other)</td>
<td>34.5%</td>
<td>38</td>
</tr>
<tr>
<td>U.S. Department of Education</td>
<td>14.5%</td>
<td>16</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>10.9%</td>
<td>12</td>
</tr>
</tbody>
</table>

answered question: 110

skipped question: 55

This question asked survey respondents to indicate the sources of federal funds they were receiving to provide transportation services to people with disabilities. Funding from the U.S. Department of Transportation was noted as the source most often used to provide these services, with more than 90 percent of
respondents receiving funding from this source. A total of 40 percent of respondents indicated that they receive funding from U.S. Department of Health and Human Services (DHHS), Administration on Aging. This is closely followed by other DHHS-sponsored programs at 34.5 percent. The balance of responses includes funding from the U.S. Department of Education and “other.”

<table>
<thead>
<tr>
<th>In your community, which programs in the U.S. Department of Transportation programs are used to provide transportation services to people with disabilities?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Transit Administration (FTA) Section 5307</td>
<td>76.4%</td>
<td>68</td>
</tr>
<tr>
<td>FTA Section 5310</td>
<td>60.7%</td>
<td>54</td>
</tr>
<tr>
<td>FTA Section 5311</td>
<td>56.2%</td>
<td>50</td>
</tr>
<tr>
<td>FTA Section 5316</td>
<td>34.8%</td>
<td>31</td>
</tr>
<tr>
<td>FTA Section 5317</td>
<td>38.2%</td>
<td>34</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>13.5%</td>
<td>12</td>
</tr>
</tbody>
</table>

Survey participants were asked to indicate which U.S. Department of Transportation funding is used to provide transportation services to people with disabilities. The majority of respondents (76.4%) indicated that FTA Section 5307 Urbanized Area Formula Program funds are used to provide these services. This is followed by FTA Section 5310 Formula Grants for Special Needs for Elderly Individuals and Individuals with Disabilities Program at 60.7 percent; FTA Section 5311 Formula Grants for Other than Urbanized Areas at 56.2 percent; FTA Section 5316 Job Access and Reverse Commute Program funds at 34.8 percent; FTA Section 5317 New Freedom Program funds at 38.2 percent; and “other” at 13.5 percent.
The respondents were equally distributed between those where “virtually everyone lives in urban or suburban areas” and “predominantly urban/suburban but with a sizeable rural population,” with 83.7 percent of respondents in one of these two categories. A relative small percentage of respondents were in areas categorized as “predominately rural, but with a sizeable urban/suburban population” at 9.2 percent and “virtually everyone lives in rural or small towns” at 7.1 percent.

The majority of respondents (60.9%) indicated that finding a transportation provider to provide transportation services to people with disabilities is not difficult. Since the communities represented by the survey are primarily urban or suburban in setting, this is an expected response.
In the rural parts of your community, are there any fixed-route public transportation services available to provide services to people with disabilities? | Response Percent | Response Count |
---|---|---|
Yes | 47.8% | 11 |
No | 52.2% | 12 |

If “Yes”, please provide additional detail: 5

answered question 23
skipped question 142

This question was specifically targeted to those respondents that serve rural areas. As such, there were only 23 responses to this question. Of the 23 responses, 12 indicated that there are no public transportation services within their communities and 11 indicated that there are public transportation services within their communities.

| What types of mobility services are provided to special population groups in your community? | Seniors | Children | Veterans | People with Disabilities | Low Income | Other | Response Count |
---|---|---|---|---|---|---|---|
Fixed-route public transportation service | 99.1% (114) | 87.8% (101) | 81.7% (94) | 95.7% (110) | 87.0% (100) | 25.2% (29) | 115 |
Dial-a-Ride paratransit service (general public) | 79.8% (71) | 50.6% (45) | 55.1% (49) | 93.3% (83) | 55.1% (49) | 19.1% (17) | 89 |
Paratransit services for specific population groups | 72.5% (74) | 34.3% (35) | 39.2% (40) | 91.2% (93) | 43.1% (44) | 8.8% (9) | 102 |
Carpools or vanpools | 60.5% (26) | 39.5% (17) | 44.2% (19) | 62.8% (27) | 51.2% (22) | 46.5% (20) | 43 |
Volunteer programs | 88.4% (38) | 27.9% (12) | 62.8% (27) | 55.8% (24) | 37.2% (16) | 16.3% (7) | 43 |
Subsidized taxi programs | 72.4% (21) | 24.1% (7) | 34.5% (10) | 86.2% (25) | 41.4% (12) | 6.9% (2) | 29 |
Other | 85.7% (12) | 50.0% (7) | 50.0% (7) | 71.4% (10) | 57.1% (8) | 35.7% (5) | 14 |

If “Other”, please describe 24

answered question 129
skipped question 36
This survey question was designed to identify both the type of services provided by respondents and the population groups served within each type of service provided. “Fixed route public transportation service” provided to seniors and people with disabilities were the two most prevalent responses, at 99.1 percent and 95.7 percent, respectively. This was followed by “dial-a-ride general public” and “paratransit services for specific population groups” that serve people with disabilities. Of those responding to this question, 86.2 percent indicated that they use subsidized taxi programs to provide services to people with disabilities. The use of volunteer programs to provide services to seniors is also well represented at 88.4 percent.

<table>
<thead>
<tr>
<th>Does your community use any form of travel vouchers to provide services to people with disabilities?</th>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it is doing so now</td>
<td>23.8%</td>
<td>29</td>
</tr>
<tr>
<td>No, it does not do so now, but it has during the past 5 years</td>
<td>8.2%</td>
<td>10</td>
</tr>
<tr>
<td>No, it has not done so during the past three years</td>
<td>68.0%</td>
<td>83</td>
</tr>
</tbody>
</table>

answered question 122
skipped question 43

Out of the 122 responses to this question, only 29 (23.8%) indicated that they are currently using transportation vouchers to provide services to people with disabilities. Eighty-three respondents indicated that they have not used any form of transportation voucher within the last three years.

<table>
<thead>
<tr>
<th>Are vouchers issued for one or more specific trip purposes?</th>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, just for specific purposes</td>
<td>53.6%</td>
<td>15</td>
</tr>
<tr>
<td>No, available for all trips by persons who qualify</td>
<td>46.4%</td>
<td>13</td>
</tr>
</tbody>
</table>

answered question 28
skipped question 137

Of the 28 responses to this question, 15 organizations do limit transportation vouchers for specific trip purposes and 13 do not.
<table>
<thead>
<tr>
<th>Please check all specific trip purposes for which vouchers are issued.</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional</td>
<td>28.6%</td>
<td>4</td>
</tr>
<tr>
<td>Educational</td>
<td>21.4%</td>
<td>3</td>
</tr>
<tr>
<td>Social</td>
<td>14.3%</td>
<td>2</td>
</tr>
<tr>
<td>Employment</td>
<td>64.3%</td>
<td>9</td>
</tr>
<tr>
<td>Health Care</td>
<td>92.9%</td>
<td>13</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>14.3%</td>
<td>2</td>
</tr>
</tbody>
</table>

**Answered question:** 14  
**Skipped question:** 151

More than 92 percent of respondents indicated that health-care-related trips are the most prevalent trip purpose for those issued transportation vouchers. This is followed by employment trips at 64.3 percent. The remaining responses include “nutritional” at 28.6 percent; “educational” at 21.4 percent; and “social” and “other” represented equally at 14.3 percent.

<table>
<thead>
<tr>
<th>Are there weekly or monthly limits on the number of trips for which vouchers can be used?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>46.2%</td>
<td>12</td>
</tr>
<tr>
<td>No</td>
<td>53.8%</td>
<td>14</td>
</tr>
</tbody>
</table>

If “Yes”, please provide further detail: 12

**Answered question:** 26  
**Skipped question:** 139

Of the responses to this question, over 53 percent (14 responses) indicated that there are no weekly or monthly voucher trip limits. More than 46 percent (12 responses) noted that they do limit the number of voucher trips provided either weekly or monthly.
More than 58 percent (14 responses) of those responding to this question have established trip distance limits for their voucher programs.

<table>
<thead>
<tr>
<th>Are there any distance limits for trips provided using vouchers?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58.3%</td>
<td>14</td>
</tr>
<tr>
<td>No</td>
<td>41.7%</td>
<td>10</td>
</tr>
</tbody>
</table>

If “Yes”, please provide further detail: 17

answered question 24

skipped question 141

More than 62 percent of respondents indicated that travel vouchers can be used to transport individuals outside the city or county boundaries. Only 37.5 percent of respondents indicated that trips are restricted to areas within a city or county boundary.

<table>
<thead>
<tr>
<th>Can travel vouchers be used to transport individuals outside your city or county boundaries?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>62.5%</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>37.5%</td>
<td>9</td>
</tr>
</tbody>
</table>

If “Yes”, please provide further detail: 15

answered question 24

skipped question 141
### Who accepts or honors travel vouchers from individuals to provide transportation services?

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Volunteers</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>Public Transportation Agencies</td>
<td>48.0%</td>
<td>12</td>
</tr>
<tr>
<td>Taxis</td>
<td>60.0%</td>
<td>15</td>
</tr>
<tr>
<td>Vanpools</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>8.0%</td>
<td>2</td>
</tr>
</tbody>
</table>

*25 respondents answered, 140 skipped question*

Respondents to this question were asked to check all applicable service providers that accept transportation vouchers within their communities. The provider most often noted was taxis at 60 percent, followed by public transportation agencies at 48 percent.

### What sources of funding are used to pay for the travel voucher program(s)?

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal program</td>
<td>37.5%</td>
<td>9</td>
</tr>
<tr>
<td>State program</td>
<td>50.0%</td>
<td>12</td>
</tr>
<tr>
<td>Local program</td>
<td>54.2%</td>
<td>13</td>
</tr>
<tr>
<td>Foundation support</td>
<td>4.2%</td>
<td>1</td>
</tr>
<tr>
<td>Non-profit charitable giving program</td>
<td>4.2%</td>
<td>1</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>16.7%</td>
<td>4</td>
</tr>
</tbody>
</table>

*24 respondents answered, 141 skipped question*

The funding sources specifically used to support transportation voucher programs were identified in this question. More than 50 percent of respondents indicated that both state and local funds are used to support transportation voucher programs, while over 37 percent of respondents noted that federal funds are used to support their voucher programs.
Are passengers required to share in the cost of the rides provided by the travel voucher program?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45.8%</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>54.2%</td>
<td>13</td>
</tr>
</tbody>
</table>

If “Yes”, please provide further detail:

- answered question: 11
- skipped question: 141

The majority of survey respondents (54.2% or 13 respondents) indicated that they do not require passengers to share in the cost of the rides provided by the travel voucher program. More than 45 percent (11 respondents) indicated that they do require passengers to participate in the share of the cost of rides provided within the transportation voucher programs.

The responses received from the survey were used to highlight those agencies that have instituted transportation voucher programs within their communities. Based on these responses, interviews and site visits were conducted with these mobility providers. A summary of both the interviews and site visits are provided in the following sections.

**INTERVIEWS WITH MOBILITY PROVIDERS USING TRANSPORTATION VOUCHERS**

In August and September 2009, in-depth follow-up telephone interviews were conducted with the following agencies that currently use or have used some form of travel vouchers:

- Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA), Flagstaff, Arizona
- Valley Metro, Phoenix, Arizona
- Cab Connection, City of Scottsdale, Arizona
- Maryland Transit Administration (MTA), Baltimore, Maryland
- Mecklenburg Transportation System, Charlotte, North Carolina
- Metro Transit, Oklahoma City, Oklahoma
- Torrance Transit, City of Torrance, California
- Wisconsin Department of Transportation

These agencies were identified through the literature review, the survey of national agencies, and from discussions with mobility professionals. A summary of each interview is provided on the following pages.

**Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA)
Flagstaff, Arizona**

NAIPTA is a regional public transportation authority that serves Coconino and Yavapai counties, the cities of Flagstaff, Sedona, and Cottonwood, and Northern Arizona University. Mobility options in the area include the Mountain Line, which provides fixed route transit services; the Mountain Lift, which provides curb-to-curb paratransit services for people with disabilities and those unable to use the Mountain Line; and the Mountain Lift Voucher Program.

NAIPTA established the Mountain Lift Taxi Voucher Program in May 2006 to provide a transportation alternative that is within the control of the participants, flexible, and relatively affordable. The program is open to all Mountain Lift clients. Trips must either originate or have a destination in Flagstaff. Clients are limited to $200 worth of voucher coupons per month. Individuals who are receiving dialysis treatments are given the opportunity to request 26 additional $10 vouchers per month. Vouchers are valid for 60 days beginning...
with the date the voucher is issued. The vouchers can be used to receive transportation services from local taxi operators (a list of participating taxi companies is provided with each voucher order). Upon the completion of a trip, a participant is required to pay a portion of the taxi fare and surrender the voucher to the taxi driver.

Mountain Lift clients who want to participate in the program may request any number of vouchers up to a full packet, using the order forms provided by NAIPTA. The program staff issues work orders within two weeks. There is no fee to obtain the vouchers. Taxi vouchers may be purchased in the following voucher packet combinations:

- $10 vouchers – 20
- $15 vouchers – 13
- $20 vouchers – 10
- $20 vouchers – 5, plus $10 vouchers – 10
- $15 vouchers – 6, plus $10 vouchers – 10
- $20 vouchers – 3, plus $15 vouchers – 5, plus $10 vouchers – 10

Participants determine their trip destinations in advance. Each voucher is preprinted with the name of the participant, expiration date of the voucher, and the two addresses between which the participant may travel (generally the trip includes either an origin or destination that is the passenger’s home). To provide additional flexibility for unplanned trips, each month clients may order up to four vouchers that do not have their home address included. Participants using blank destination vouchers are responsible for entering the complete destination address information, including name, address, and city of destination, before giving the voucher to a taxi driver. The taxi driver must enter the total fare amount of the trip on the voucher, and the voucher must be signed by both the driver and the rider.

Participants can utilize the vouchers to receive transportation services with any participating taxi company. Participants are responsible for contacting a taxi provider and arranging their transportation. They are asked to provide the taxi company as much detail as possible, including physical assistance needed, transportation for special care attendants, physical accommodations, wheelchair or walker transport, and if service animals will be accompanying the participant.

Mountain Lift Taxi Voucher is a per-mile, fare-based program with no mileage limitations. The maximum fare that NAIPTA will subsidize is at the bottom of each voucher ($10, $15, or $20). Participants in the Americans with Disabilities Act (ADA) complementary paratransit service area in Flagstaff pay the first $2 of the fare. Kachina clients and Flagstaff clients outside the ADA complementary paratransit service area pay the first $5 of the fare. If the fare for a one-way trip exceeds the initial ADA fare amount (either $2 or $5) plus the maximum value amount of the voucher ($10, $15, or $20), the participant pays the remaining balance of the fare. NAIPTA will cover a tip of up to 15 percent on fares up to the maximum fare of $12 to $25, respectively. It is the participant’s decision whether or not to tip the driver. Taxi companies provide billings to NAIPTA on a monthly basis.

Taxi companies are pre-qualified by NAIPTA and work under a contractual agreement. There are currently three taxi providers that have been pre-qualified and are participating in the program. Taxi providers are responsible for providing training in the areas of ADA compliance, defensive driving, first aid/CPR, and passenger assistance training. They are not required to perform background checks or conduct drug/alcohol testing for taxi drivers.

The funding sources for the program include local funds and Federal Transit Administration funds, including New Freedom and Urbanized Area Formula program funds.

The average taxi fare is between $7 and $8. NAIPTA representatives estimate their cost of paratransit services to be approximately $25 per trip. They note significant cost savings to the agency of approximately $17 per trip with the voucher program.

NAIPTA noted significant cost savings to the agency of approximately $17 per trip with the voucher program.
Valley Metro Phoenix, Arizona

Valley Metro is the regional transit system in the Phoenix metropolitan area and is financially supported by the local governments that choose to participate in the system. Valley Metro Board members include representatives from Avondale, Buckeye, Chandler, El Mirage, Gilbert, Glendale, Goodyear, Maricopa County, Mesa, Peoria, Phoenix, Queen Creek, Scottsdale, Surprise, and Tempe. Valley Metro provides fixed-route services and ADA complementary paratransit services. In addition, it has established alternative transportation delivery programs including a subsidized taxi program called “Coupons for Cabs” and a volunteer transportation program called the “Mesa Mileage Reimbursement Program,” which is available only to residents of Mesa. For residents of Chandler and Gilbert, a volunteer transportation program is available through a partnership between Valley Metro and About Care.

The Coupons for Cabs Program provides affordable cab service for senior citizens who are at least 65 years of age and people with disabilities who live in the East Valley communities of Chandler, Gilbert, Mesa, and Tempe. In the Coupons for Cabs program, participants may purchase up to $100 in travel vouchers per month. The coupons are provided in booklets of 10 with each coupon worth $1. Residents of Chandler, Gilbert, Mesa, and Tempe can purchase $100 in coupons for $25. Participants can use the coupons to help pay for cab trips they take with any of the program’s authorized cab companies. For individuals traveling to dialysis treatments, there is no cost for the vouchers (up to six trips per week). The coupons have an expiration date (set between three and six months from the date of purchase) and must be used prior to that date.

Coupons may be used for the taxi fare and tip. Participants must contact one of the authorized cab companies (a list is provided to riders once they have been approved to participate in the program) to schedule a trip. They must indicate that they are using a coupon and request an estimate of the trip cost. If the individual needs a wheelchair-accessible van, they must notify the cab company when scheduling the trip. Valley Metro pre-authorizes the mileage for the trips.

In order to be authorized as a Coupons for Cabs provider, a cab company must be licensed by the State of Arizona Department of Weights and Measures. Cab companies are required to perform background checks and drug and alcohol testing for their drivers. Annual ADA training is required for each driver.

In Mesa, the ADA paratransit service transports approximately 9,000 passengers per month. An additional 5,800 monthly passengers are provided services through the “alternative” programs. Of those services provided through the alternative programs, approximately 30 individuals are using the vouchers for dialysis treatments which equates to approximately 725 trips per month. Officials noted that the average Coupons for Cabs trip to dialysis cost them approximately $27.50, a 21 percent savings over the estimated $35 per trip expended for the same trip on the ADA paratransit service.

The Mesa Mileage Reimbursement Program provides mileage reimbursements to volunteer drivers who transport senior citizens and people with disabilities. The service is available only for qualified Mesa residents. Because this service is paid for by the City of Mesa, it is not available for persons who live outside Mesa. Participants can receive up to $300 of per-mile volunteer reimbursement authorizations per month. The volunteer driver can be a friend, neighbor, or relative, but the driver cannot live in the same household as the participant. The mileage reimbursement may not exceed the current IRS mileage reimbursement rate ($0.55 per mile). Approximately 4,000 trips per month are provided through this program. The Mesa Mileage Reimbursement Program pays an average of $6.50 per trip, compared to the average cost of a dial-a-ride trip of $32.31.

Individuals must complete an application and be approved before they can participate in the Mileage Reimbursement Program. Once they have received their approval notification, they are mailed a welcome packet that includes mileage log sheets. The participant must accurately complete the mileage log sheets and submit them to the
Ride Choice Office by the 5th day of the following month in order to receive the mileage reimbursements. Reimbursement checks are mailed on the 15th of the month. Reimbursement checks are sent to the passengers, who are responsible for turning the money over to their drivers.

For residents of Chandler and Gilbert, seniors and people with disabilities are eligible to schedule transportation with About Care, a nonprofit organization. This service is provided through a partnership between Valley Metro and About Care. About Care recruits volunteer drivers who use their own cars to provide the trips, and Valley Metro provides About Care with funds to reimburse the drivers for mileage.

**Cab Connection**  
**Scottsdale, Arizona**

Cab Connection is a taxi voucher subsidy program that was established in November 2000 to provide a transportation alternative to dial-a-ride service. Cab Connection is within the control of the participant, flexible, and relatively affordable. The program serves all areas within Scottsdale, Arizona. Participants must be Scottsdale residents, who are at least 64 years of age, or have a documented disability. Participants must complete an application process, which includes proof of residency. Participants also must have a valid Valley Metro Reduced Fare Authorization Card. Valley Metro I.D. cards are valid for five years and require renewal to maintain eligibility in the Cab Connection program. Once applications are completed and approved, vouchers are mailed to participants.

Participants may request any number of vouchers during the month, up to 16 one-way vouchers per month, using the mail order forms provided by Cab Connection. Dialysis patients are eligible to receive 26 vouchers per month to travel to dialysis centers, plus 16 additional vouchers for other trip purposes (a total of 42 vouchers per month). Program staff members issue vouchers within two weeks of receipt of an order. Each voucher is preprinted with the name and address of the participant and the expiration date. Vouchers are valid for 30 days beginning with the date the voucher is issued. When using the vouchers, participants are responsible for entering the name of the destination and the complete destination address on the blank destination line of the voucher before giving it to a cab driver. Once the trip is completed, the participant and the driver must sign the voucher.

Cab Connection is a fare-based program and has no mileage limitations. Travel is permitted outside Scottsdale as long as the ride either begins or ends within the Scottsdale city limits. Trip “chaining” or making interim stops is not permitted. The City of Scottsdale will not pay for taxi wait charges. Cab Connection will pay for only one trip as described on the voucher. The City of Scottsdale pays 80 percent of the fare, up to the maximum fare per trip of $12.50. On a fare of $12.50, the City pays $10 and the participant pays $2.50. If the fare for a one-way trip exceeds $12.50, participants pay the full fare, minus $10 (the maximum City subsidy). Tipping in addition to the 15 percent gratuity provided to the taxi companies by Cab Connection is the responsibility of the participant. The City will cover 100 percent of the trip cost for individuals traveling to dialysis treatment centers. The City also will cover 15 percent gratuity for these trips.

Vouchers can be used with any of the participating taxi companies, a list of which is provided to participants and updated as taxi companies choose to participate or as information changes. To arrange a trip, participants select a taxi company from the list provided, and call the taxi company to make a reservation, giving the reservations operator as much detail as possible, such as requests for physical assistance, special physical accommodations, wheelchair or walker transport, service animal transport, etc.

Taxi companies bill the City of Scottsdale at the end of each month. An original invoice with the provider’s company name and address is submitted along with the original vouchers. The City provides taxi companies a spreadsheet template to use when submitting each bill that allows for the entry of each voucher contained in the billing. The City of Scottsdale pays the invoices within 30 days of receipt.

To participate in the program, taxi companies must be licensed by the State of Arizona Department of Weights and Measures. There are currently eight taxi companies participating in the

**Average per trip cost through the Mesa Mileage Reimbursement Program = $6.50. Average dial-a-ride trip = $32.31. Significant cost savings.**
program. Taxi drivers are contract employees who lease vehicles from the taxi companies. While not required for licensing or through the program, some taxi companies do perform background checks on the drivers.

The annual budget for the Cab Connection voucher program is approximately $400,000. The program averages 50,000 to 60,000 trips per year. Based on the average cost of a paratransit trip in the system (approximately $29 per trip) and the average trip cost for a voucher ($9.47), the City of Scottsdale has seen significant savings with the program.

Maryland Transit Administration (MTA) Baltimore, Maryland

MTA is a state-operated public transportation agency that is part of the Maryland Department of Transportation. The MTA operates a comprehensive transit system throughout the Baltimore-Washington Metropolitan Area. More than 50 local bus lines serve Baltimore’s public transportation needs, along with other services that include light rail, the Metro Subway, MTA Maryland Commuter Bus, and MARC Train.

Mobility/Paratransit is a specialized, curb-to-curb service for people with disabilities who are not able to ride fixed-route public transportation, including lift-equipped buses. (The MTA defines the term “fixed-route” to include local bus, light rail, or Metro Subway routes operated by the MTA.) Mobility service is provided within ¼ mile of any fixed-route service in the City of Baltimore and Baltimore and Anne Arundel counties.

In January 2009, MTA Mobility Services implemented Taxi Access II. Taxi Access II is a premium service delivery option for certified MTA mobility/paratransit customers. It is not part of the ADA complementary paratransit services provided by MTA, but rather a separate service provided by taxis and other private companies. Taxi Access II is available within the MTA service area, and services are available 24 hours per day, seven days per week.

To be eligible for the Taxi Access II, customers must have been certified as an MTA Mobility Services customer for at least 90 days and must be at least 13 years of age. All applicants must be capable of boarding, riding, and exiting vehicles either independently or with the assistance of a companion. Customers may travel with up to three other individuals (such as a personal care attendant, a companion, or children) at no additional cost. However, they must have the same trip origin and destination.

Participants in the program receive a “smart” card with a unique number that identifies them as a Taxi Access II customer. These cards are used for trip verification using a mobile tracking device that uses Global Positioning System (GPS) technology. The smart card is not used for monetary tracking. Customers may use the card up to two times per day to travel within the MTA Mobility Service area (within ¼ mile of MTA fixed-route service). The customer pays $3 for each one-way trip. If the total trip cost exceeds $20, the customer will pay the driver the amount over $20 (in addition to the $3 fare).

To access transportation services, customers must contact the dispatch office of a participating transportation provider at least 40 minutes prior to the trip and provide their 16-digit smart card number, their telephone number, the day, date, and time for the trip, and their pickup location and destination. If customers use a mobility device such as a wheelchair, they must notify the provider. Once the transportation provider arrives, customers present their Taxi Access II card and the $3 fare. All travel must begin and end within the established MTA Mobility Service area.

Drivers use the customer’s Taxi Access II card both at the start of the trip and at the end of the trip and must provide a completed receipt to the customer for review and signature. The customer must verify all the information on the receipt for accuracy before signing. The customer’s signature is used to validate the transaction and authorize payment for services. Customers are required to keep all receipts for six months for auditing purposes.

The average taxi trip provided under the Taxi Access II program is seven miles in length with a per-trip cost of $20. ADA paratransit trips provided by the MTA currently average $42 to $50 per trip.
Mecklenburg Transportation System
Charlotte, North Carolina

Mecklenburg County includes seven municipalities, including the City of Charlotte. The Charlotte Area Transit System (CATS) is the public transportation provider in the area. Mecklenburg Transportation System (MTS), managed by the Mecklenburg County Department of Social Services, provides non-emergency transportation to eligible citizens of the county. MTS uses the services provided by CATS through weekly or monthly bus passes, provides transportation directly with county drivers and vehicles, and contracts with private transportation providers, such as taxis and those that operate wheelchair accessible vehicles.

MTS has developed a partnership with the American Red Cross to assist in meeting the transportation needs within Mecklenburg County. Through this program, individuals who are unable to use CATS or the MTS system and who are referred by physicians or medical facilities can receive transportation from the American Red Cross. The American Red Cross uses volunteer drivers who operate agency-owned vehicles. There is no cost to the rider for transportation provided through this program; the services are supported by a grant from the local chapter of the United Way. The program serves approximately 2,600 clients and provides more than 17,000 trips per year. There are 82 volunteer drivers used within the program.

The MTS also is working with Work First in the coordination of transportation options for their clients. Work First clients receive bus passes and gas vouchers and have received support to repair and maintain personal vehicles. Financial support for this program comes through the U.S. Department of Health and Human Services, Administration for Children and Families, Temporary Assistance to Needy Families (TANF) Program.

Metro Transit
Oklahoma City, Oklahoma

Metro Transit is the public transit unit within the Central Oklahoma Transportation and Parking Authority (COTPA) trust, the largest transportation agency in Oklahoma. Metro Transit has 24 interconnecting routes covering the Oklahoma City Metropolitan Area, including two weekday express routes to downtown Oklahoma City and the downtown Trolley network. In addition, Metro Transit has established the “Share-A-Fare” program that provides lower cost taxi fares for seniors and people with disabilities. Participating communities and Metro Transit pay 40 percent of the cost of a taxi ride, and participants cover the remaining 60 percent of the trip.

To participate in the program, an individual must apply for the Share-A-Fare Program through Metro Transit. Eligibility is limited to residents of participating municipalities who are at least 60 years of age or people with disabilities (verified with a doctor’s certification). Once eligibility has been confirmed, participants receive a photo identification card and a punch card. Eligible participants may purchase Share-A-Fare coupon books by presenting their Metro Transit photo identification card and their punch card. Coupon books are $6 each ($10 value) and must be purchased in the city within which they reside.

There is one taxi company currently providing the services within the program. Metro Transit periodically issues requests for proposals for additional providers. Taxi providers must carry minimum liability insurance and be licensed. There are no accessible taxis within the system.

Torrance Transit
City of Torrance, California

Torrance Transit has operated weekday service on eight fixed routes continuously since 1940. Three of the routes provide service within the City of Torrance. Five routes provide regional connections to Los Angeles, Long Beach, the Metro Blue Line Artesia Station, and Los Angeles International Airport. Service also is provided to Gardena, Redondo Beach, Lomita, Carson, and numerous other communities within the South Bay region of Los Angeles County.

Torrance Transit also offers a variety of other transit services to residents of the South Bay area. The Torrance Community Transit Program provides taxi service to people with disabilities and senior residents of Torrance. The Community Transit Program includes two specialized taxi transportation options that enable seniors and people with disabilities to be conveniently picked up and taken to locations throughout the city.

The average cost of a Taxi Access II trip is $20. The average MTA ADA paratransit trip is $42 to $50.
The Senior Taxi is for residents of Torrance who are at least 65 years of age. Seniors must apply to the Torrance Community Transit Program to register for the service. The cost of the taxi trip ticket is $5, but discounted tickets are available for seniors based on household income level. The taxi ticket has a value of $13.

The Dial-A-Taxi program has been established for residents of Torrance or Lomita. The ticket price is $1, regardless of household income. Torrance and Lomita residents with disabilities must apply for the services and must have a physician complete an eligibility form. For those with a temporary disability, eligibility must be renewed each year. Participants who use wheelchairs must notify the taxi provider that they need a lift-equipped vehicle. Reservations should be made at least 24 hours in advance. Same day service is generally not available. Taxi providers are given a 25 minute pick up window. If they do not arrive at the pickup location within the window, the trip must be provided at no cost.

For both the Senior Taxi and Dial-A-Ride Taxi programs, participants may purchase their first batch of taxi tickets at Torrance’s West Annex Transit Center. After the first purchase, all orders must be made by mail. Participants are limited to 16 taxi tickets per month. Individuals also receive eight “Rainy Day” tickets that have no expiration date. These may be used at any time, but no more than eight are issued to an individual.

Taxi providers must be licensed by the City of Torrance. There are currently three taxi companies participating in the program. There are minimum insurance coverage requirements, sensitivity training is required for drivers, and background checks are conducted.

Wisconsin Department of Transportation (WDOT)
The Wisconsin Department of Transportation has established a network of resources to assist local communities in the development and implementation of Mobility Management programs. Through these programs, a number of communities within the state have created and implemented transportation voucher and volunteer programs. WDOT has provided and continues to provide support services to agencies across the state to assist with mobility management approaches. These services include:

- Grant awards to 16 mobility management projects;
- A formalized training program that consists of two-day workshops and other training events (travel related expenses are covered by WDOT);
- Seven teleconferences per year that provides opportunity for technical assistance and networking among peer systems; and
- Two Google groups, one that is open to anyone and one that is for Wisconsin Mobility Management project staff (currently, 26 areas have mobility managers with 48 staff members).

In addition, through the Wisconsin Transportation Assistance Program, support is provided for low-interest used-car purchases (using donated vehicles) to assist in job access and shared-ride taxi programs.

Based upon the interview with the WDOT staff, a literature review, and information obtained through the survey instrument and from representatives from United We Ride and the Community Transportation Association of American (CTAA), visits to Wisconsin transportation voucher sites were conducted.

TRANSPORTATION VOUCHER PROGRAM SITE VISITS

In August 2009, three on-site visits were scheduled with agencies that have developed transportation voucher programs, including:

- Door County Transportation, “Door Tran,” Sturgeon Bay, Wisconsin
- Menominee Regional Public Transit, Keshena, Wisconsin
- Headwaters, Inc., Rhinelander, Wisconsin

Door-Tran
Sturgeon Bay, Wisconsin

Door County is northeast of Green Bay on the Door Peninsula (bordered by Lake Michigan and Green Bay). Although Door County has a year-round population of about 28,000, it experiences a tourist explosion each summer between Memorial Day and Labor Day. During this time, the peak resident and visitor population of Door County can reach 250,000.
In 2006, the Door County Transportation Consortium began research to determine the transportation needs of Door County residents. This research included an annual needs assessment of the community based on surveys of residents and transportation providers. The research results noted that the affordability of transportation services was a large concern for many of the residents of the county. In response to the annual assessments, the Consortium implemented programs to decrease barriers and promote more affordable, available, and accessible transportation for the residents of the area. The programs were established under the operational structure called “Door-Tran,” which functions with a full-time Mobility Manager.

The initial financial support for Door-Tran transportation programs came from the Door County Community Foundation, with support and participation from the Transportation Consortium members and an active governing council. The United Way is the fiscal agent for Door-Tran and is the grant recipient for a recently-awarded Federal Transit Administration New Freedom grant. The services provided by Door-Tran include a free carpool matching service, a transportation resource guide, and a half-price transportation voucher system. Door-Tran also provides an information and referral phone system and website.

The carpool matching program was started by Door-Tran in November 2008, complementing the Wisconsin Employment Transportation Assistance Program (WETAP). This program functions as a “guaranteed ride home” program, matching riders with employment carpools. WETAP also purchases transportation vouchers for its clients.

The Door-Tran Voucher Program was implemented to provide Door County residents the opportunity to purchase transportation vouchers for 50 percent of the value of the vouchers. There is no eligibility process. Anyone who is a resident of Door County is eligible. Vouchers may be purchased at the Door-Tran offices in Sturgeon Bay. Social service agencies may purchase the vouchers for their clients at full face value. Businesses, organizations, and other agencies may also purchase the tickets at full face value. Vouchers are available in $1, $5, and $10 increments. Each voucher is numbered and is assigned to a specific individual. Participants may purchase up to $200 in vouchers per month. The vouchers expire six months after the date of issue, and a one-time, three-month extension may be provided on an individual basis upon approval by Door-Tran.

The transportation providers that currently accept the vouchers include the American Red Cross, the Sunshine House, Door County Senior Transportation, and local taxi operators. All transportation providers must sign a Memorandum of Understanding with Door Tran that identifies and signifies their agreement with the operating conditions and processes established. The American Red Cross uses volunteer drivers and provides services from 8:00 a.m. to 4:30 p.m. Monday through Friday. Sunshine House operates from 7:30 a.m. to 5:00 p.m. Monday through Friday. The Door County Senior Resource Center provides services from 8:15 a.m. to 4:15 p.m. on Monday, Wednesday, Thursday, and Friday in Sturgeon Bay and on Tuesday in northern Door County. Local taxi companies and the Door County/Green Bay Shuttle have transportation services available 24 hours per day, 7 days per week. While Door Tran would prefer 24-hour advanced notice when arranging for a ride, on-demand services are available with taxi cab companies. Riders must make their own transportation reservations with system providers. At the conclusion of a trip, the transportation provider must record the date of the trip and the number of miles for the trip on the voucher.

Most transportation providers invoice Door-Tran on a monthly basis. The Door County Senior Resource Center generally bills on a quarterly basis. Payments are issued in a timely manner, with those invoices submitted by the 5th day of each month paid on or before the 15th day of the same month.

Marketing and publicity for the voucher program is provided through visits with local social services agencies and community organizations, postings in the local newspaper and other press releases, radio broadcast announcements, postings within communities on storefronts or other visible locations, and staff participation at community events.
As of August 2009, 121 individuals had or were currently using the voucher program and four agencies had purchased vouchers. Of these, 64 are individuals with a disability, 42 are age 55 years of age or older and 15 are classified as “general public.” A total of 2,230 rides have been provided since November 2008, with 814 of those categorized as “work” trips, 681 “social/appointments/religious” trips, 299 medical trips, 322 shopping trips, and 114 to education-related activities.

Menominee Regional Public Transit
Keshena, Wisconsin

The City of Keshena is a small community in Menominee County northeast of Green Bay. In 2000, Menominee County had a population of 4,562. Menominee Regional Public Transit (MRPT) is located in Keshena and provides transportation services to all residents of the Menominee Reservation and Menominee County for medical, nutrition, recreation, education and employment-related activities.

MRPT coordinates a local transportation voucher program with the Menominee County Department of Health and Human Services (HHS). Under the program, individuals traveling to an HHS-sponsored service or to a medical visit are provided a transportation voucher. If an individual is referred by a Menominee County clinic or is sent to a specialist, the Menominee County HHS pays 100 percent of the trip cost. Approximately 600 to 700 vouchers are issued per month. Vouchers are tracked by voucher number and a HHS case worker.

The Menominee County HHS has established an annual allocation for transportation services. Quarterly allocations are provided to MRPT, and services are provided directly by MRPT. There are no taxi providers in the area. Services are available Monday through Friday from 4:30 a.m. until 6:30 p.m. Individuals must arrange for their trip at least 30 minutes prior to the trip. Weekend transportation is available for medical trips. Services are door-to-door, although MRPT is considering the expansion of regularly-scheduled fixed-route trips. Currently, six routes per day provide transportation services to Green Bay. Trips to Milwaukee and Madison are also provided daily.

MRPT has a full-time mobility manager, 35 bus drivers, and 3 full-time dispatchers. Sixty minutes of driver training is required per year. Drug and alcohol testing is conducted at a local Menominee Tribal facility and background checks also are conducted.

Headwaters, Inc.
Rhinelander, Wisconsin

Rhinelander is the county seat of Oneida County. In 2008, the estimated population of Rhinelander was 7,649. Headwaters, Inc. was established in 1969 as a not-for-profit community-based work/rehabilitation center. It provides services to people with disabilities, people who are chronically mentally ill or economically disadvantaged, and children with special needs in Forest, Oneida, and Vilas counties.

The adult training program consists of community integration, vocational evaluations, sheltered workshops, case management, transportation, and community employment. Headwaters, Inc. provides services to more than 400 individuals each year.

Headwaters established a transportation voucher program in April 2008. To use the vouchers, riders must have a mobility limitation and be a Headwaters client. Vouchers are used for employment, medical, and social trips, and participants make their own travel arrangements. Individuals can purchase the vouchers for $2.50 each (a 10-pack of vouchers can be purchased), and the balance of the trip cost is covered with Federal Transit Administration New Freedom grant funds and U.S. Department of Education Vocational Rehabilitation funding. Trip costs range from $10 locally to $65 for trips outside the area. Trips within Rhinelander are provided for a fixed flat rate of $10. Transportation services to destinations outside the City of Rhinelander are provided at a flat rate plus mileage.

Taxi drivers are required to provide the origin and destination information on the voucher when received. Vouchers are numbered, and participants must sign the vouchers when used. There are currently two taxi cab companies that accept the vouchers, and each has one accessible van. Services are available 24 hours per day, 7 days per week.
Seventy percent of the trips provided are employment trips. During the first and second quarters of 2009, a total of 1,260 vouchers were issued.

Headwaters, Inc. has approached local government representatives to discuss expanding the program, and staff members are also looking for alternative funding sources to help support the program.

**REPORTED PROGRAM COST SAVINGS**

The majority of the agencies and communities examined through this project have not conducted a formal benefit/cost analysis of their mobility programs. Most agencies report anecdotal evidence to support the success of the programs, the cost savings that were noted since the implementation, customer satisfaction, capacity expansion, and secondary impacts to those individuals who are participating in the program.

Cost savings were noted by a few of those interviewed. Agencies reported that these cost savings allowed them to expand services and increase the number of individuals served. In the City of Scottsdale, it was reported that a trip using dial-a-ride services costs the City approximately $29. The same trip provided by a taxi cab results in a billing to the City of $9.47. In Torrance, the average paratransit trip is $30, while the average trip cost using a voucher is $13. Valley Metro in Phoenix/Mesa, Arizona reported a similar situation—a paratransit trip for dialysis is $27.50 and a dial-a-ride trip is approximately $35. The average taxi voucher trip paid by Valley Metro is $8.00. Valley Metro staff noted that “vouchers provide more capacity at lower per trip costs,” which enables them to provide an additional 30,000 to 40,000 trips per year. The Mesa Mileage Reimbursement Program pays an average mileage reimbursement of $6.50 per trip, compared to an average dial-a-ride trip of $32.31. In Flagstaff, a paratransit trip provided by NAIPTA is around $25. Mountain Lift Taxi Voucher program trips average between $7 and $8.

Valley Metro staff noted that “vouchers provide more capacity at lower per trip costs,” which enables them to provide an additional 30,000 to 40,000 trips per year.

**MOBILITY OPTIONS IN FLORIDA**

For people with disabilities in Florida, access to alternative mobility options can vary greatly depending on where they reside within the state and even within their communities.

**Options**

The mobility options available to people who have limited or no access to a private automobile can be generally grouped into three categories – public transportation, paratransit services, and taxi service. Public transportation exists in many of the urban and urbanizing communities within Florida. People with disabilities who have the ability to access these public transportation services find that the services often are offered during limited operating hours and within defined service corridors and areas.

Paratransit service is a coordinated, shared ride door-to-door transportation service that requires passengers to be registered for the service and to make prior reservations. Paratransit service is provided in each of Florida’s 67 counties either under the auspices of the Florida Commission for the Transportation Disadvantaged (CTD) or by the complementary ADA paratransit services offered by public transit agencies.

Florida’s coordinated system is governed by Chapter 427, Florida Statutes. The transportation services offered within the coordinated system are either provided directly by or coordinated through local Community Transportation Coordinators (CTCs) in each county. The CTCs are given the responsibility of ensuring that coordinated transportation services are provided to transportation disadvantaged individuals who, “because of physical or mental disability, income status, or age, are unable to transport themselves or to purchase transportation services and are, therefore dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are...
Chapter 427, F.S., requires all local government, state and federal funds that are for the transportation of the transportation disadvantaged to be coordinated through CTCs, with services either provided directly by the CTCs or by public, private, or private non-profit transportation operators within the coordinated system.

Private transportation services include those services provided by private taxi companies, and shuttle and limousine services. Historically, private transportation services have been too expensive to be used on a regular basis. In addition, few of these service providers have accessible vehicles within their fleets. Yet, there are public transportation providers and Community Transportation Coordinators that have successfully used private carriers to supplement the services available within their systems.

There currently are no statewide safety standards for private transportation providers operating outside Florida’s coordinated system and those that are not operating under a provider agreement with a public transportation agency. Florida’s cities and counties are authorized to establish local rules, regulations, and procedures for private carriers operating within their communities. As a result, the oversight of the taxi industry varies from community to community and, in some cases, does not exist.

Chapter 14-90, Florida Administrative Code, requires the development of and adherence to local bus system safety program plans and security program plans for public transportation providers and those private providers participating within Florida’s coordinated system. As noted above, private transportation providers that operate outside Florida’s coordinated system are not governed by state established operational safety standards. In the provision of transportation for people with disabilities, safety and security of the rider must be addressed.

The mobility options provided below are not consistently available within all Florida communities. Urban areas tend to provide more mobility options, while rural areas may have few transportation alternatives or, if available, the options may be very limited in service hours or coverage.

**Operating Characteristics of Options**

In addition to the variations in their availability, the three general mobility options (public transit, paratransit/demand response, and taxis) each have unique operating characteristics as summarized below.

---

**Operating Characteristics of Mobility Options**

<table>
<thead>
<tr>
<th>Mobility Option/Characteristic</th>
<th>Public Transit</th>
<th>Paratransit – Demand Response Services</th>
<th>Taxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Vehicle</td>
<td>30-40 ft bus</td>
<td>Van or mini-bus</td>
<td>Taxi or van</td>
</tr>
<tr>
<td>Private or Shared Ride</td>
<td>Shared ride</td>
<td>Shared ride</td>
<td>Private ride</td>
</tr>
<tr>
<td>Cost to Passenger</td>
<td>Minimal</td>
<td>Minimal to moderate (2 to 3 times public transit)</td>
<td>High (3 to 10 times public transit)</td>
</tr>
<tr>
<td>Schedule</td>
<td>Fixed schedule – no reservation</td>
<td>Reservation – day before</td>
<td>Reservation – same day</td>
</tr>
<tr>
<td>Availability</td>
<td>Usually – early morning to early evening, Monday through Saturday</td>
<td>Usually same as public transit</td>
<td>Usually – 24/7</td>
</tr>
<tr>
<td>Service Coverage</td>
<td>City or County limits</td>
<td>Usually same as public transit</td>
<td>City or County limits – beyond on case-by-case basis</td>
</tr>
<tr>
<td>Travel Time</td>
<td>Moderate</td>
<td>Highest</td>
<td>Lowest – most direct</td>
</tr>
</tbody>
</table>

*Local variation may exist*
The cost of providing mobility services to people with disabilities varies by the mode selected. Mobility options available to people with disabilities come with variable costs to the person receiving the services, as well as the social service agencies subsidizing the cost of the trip and the system providing the services. As detailed in the following tables, as the quality of service provided increases, the cost to the individual, the sponsoring agency and the transportation system may be higher. The data used to compile these reports were obtained from FDOT’s “2009 Florida Transit Handbook” prepared by CUTR, the Commission for Transportation Disadvantaged “2008 Annual Operating Reports,” and agency websites.

To provide a comparison of the costs that an individual would incur for the four most common transportation options—public transportation (i.e., bus), complementary ADA paratransit services, transportation disadvantaged (TD) paratransit service, and private taxi—average trip costs were estimated for six Florida metropolitan areas. The table titled Cost Comparisons: Public Transit, ADA, TD Demand Response and Taxi—Out-of-Pocket Cost to Passenger for One-Way Trip provides unit passenger cost for each mode, the cost to the passenger for a five mile trip, and the cost to the passenger for a 10-mile trip.

The cost to the passenger for traditional public transit, ADA complementary paratransit service, or transportation disadvantaged (TD) paratransit service is a flat rate that does not usually vary based on the length of the trip provided. The costs for taxi service, on the other hand, are based on the length of the trip. While the taxi costs for the shorter five-mile trip are generally 12 to 15 times a bus ride and 3 to 4 times the cost of a paratransit ride, as the trip length increases, the cost differential increases dramatically to 24 times for the bus and 6 to 7 times for paratransit trips, thus making the passenger’s cost for the taxi trip cost prohibitive in many cases.

The next table provides a similar comparison for the costs incurred by a sponsoring agency, which includes the public transportation provider. Using the same six metropolitan areas, the typical costs that the agency pays for providing the trip are provided. The total cost of a one way trip to the agency, the net cost of that one way trip (agency cost less the passenger fare), and the one way passenger cost of similar trips using taxis (for both 5- and 10-mile length trips) are represented in the table titled Cost Comparisons: Public Transit, ADA, TD Demand Response and Taxi—Net Cost of a One-Way Trip to Sponsoring Agency.

From this information, it is readily apparent that traditional public transit service is the most cost efficient to provide. Where public transit service is available and when people with disabilities can access the service, public transit is the mobility option that should be promoted.

Another observation is that the cost of using taxis is competitive for shorter trips (i.e., trips of less than 10 miles). This indicates the potential of sponsoring agencies for using taxis to provide some of their shorter passenger trips to provide both a more cost-efficient trip and to provide capacity relief on the paratransit services.

Assuming competitive rates could be negotiated with the taxi companies, the use of taxis in a voucher program is an attractive and cost effective option. These negotiated rates coupled with greater passenger participation due to the premium services that would be provided could make a transportation voucher program cost-effective for a community.

It must be noted that further analysis would be required to identify and measure any additional costs for sponsoring agencies that may become necessary to provide oversight of taxi service providers. These additional costs may include the monitoring and evaluation of system safety program compliance, monitoring the quality of the customer service provided, which may include surveying participants and/or sponsoring agencies, and billing oversight and reconciliation. If training is required for private transportation carriers operating within the voucher program, this may also include the costs associated with providing this training. These additional costs may be offset by well negotiated per unit trip costs and overall system efficiencies.
Cost Comparisons: Public Transit, ADA & TD Demand Response and Taxi

Out-of-Pocket Cost to Passenger for One-Way Trip

<table>
<thead>
<tr>
<th>Florida City</th>
<th>Bus*</th>
<th>ADA Demand Response</th>
<th>Local TD Service</th>
<th>Taxi</th>
<th>Bus*</th>
<th>ADA Demand Response</th>
<th>Local TD Service</th>
<th>Taxi</th>
<th>Bus*</th>
<th>ADA Demand Response</th>
<th>Local TD Service</th>
<th>Taxi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ft. Lauderdale</td>
<td>$0.75</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$2.50 first 1/6 mile + 40 cents per 1/6 mile</td>
<td>$0.75</td>
<td>$3.50</td>
<td>$3.00</td>
<td>$12.10</td>
<td>$0.75</td>
<td>$3.50</td>
<td>$3.00</td>
<td>$22.10</td>
</tr>
<tr>
<td>Ft. Myers</td>
<td>$0.60</td>
<td>$2.00</td>
<td>$2.00</td>
<td>$3.05 first 1/5 mile + 40 cents per 1/5 mile</td>
<td>$0.60</td>
<td>$2.00</td>
<td>$2.00</td>
<td>$12.65</td>
<td>$0.60</td>
<td>$2.00</td>
<td>$2.00</td>
<td>$22.65</td>
</tr>
<tr>
<td>Miami</td>
<td>$1.00</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$2.50 + $2.40 per mile</td>
<td>$1.00</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$12.10</td>
<td>$1.00</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$24.10</td>
</tr>
<tr>
<td>Orlando</td>
<td>$1.00</td>
<td>$4.00</td>
<td>$3.50</td>
<td>$2.50 + $2.50 per mile</td>
<td>$1.00</td>
<td>$4.00</td>
<td>$4.00</td>
<td>$12.50</td>
<td>$1.00</td>
<td>$4.00</td>
<td>$4.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Pensacola</td>
<td>$0.85</td>
<td>$3.50</td>
<td>$3.50</td>
<td>$2.00 first 1/9 mile + 25 cents per 1/9 mile</td>
<td>$0.85</td>
<td>$3.00</td>
<td>$3.50</td>
<td>$13.00</td>
<td>$0.85</td>
<td>$3.00</td>
<td>$3.50</td>
<td>$24.25</td>
</tr>
<tr>
<td>Tampa</td>
<td>$0.85</td>
<td>$3.50</td>
<td>$5.00</td>
<td>$2.00 first 1/5 mile + $2.75 per mile + 45 cents per 1/5 mile</td>
<td>$0.85</td>
<td>$3.50</td>
<td>$3.50</td>
<td>$14.80</td>
<td>$0.85</td>
<td>$3.50</td>
<td>$3.50</td>
<td>$28.55</td>
</tr>
</tbody>
</table>

* Discounted fare

Cost Comparisons: Public Transit, ADA & TD Demand Response and Taxi

Net Cost of a One-Way Trip to Sponsoring Agency

<table>
<thead>
<tr>
<th>Florida City</th>
<th>FY2008 Fixed Route Cost Per One Way Trip</th>
<th>FY2008 ADA Demand Response Cost Per One Way Trip</th>
<th>TD/AOR FY2008 Data Cost Per One Way Trip</th>
<th>Fixed Route Net Cost Per One Way Trip</th>
<th>ADA Demand Response Net Cost Per One Way Trip</th>
<th>TD/AOR Net Cost Per One Way Trip</th>
<th>Taxi - Cost of 5-Mile Ride</th>
<th>Taxi - Cost of 10-Mile Ride</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ft. Lauderdale</td>
<td>$2.56</td>
<td>$28.25</td>
<td>$28.06</td>
<td>$1.81</td>
<td>$25.25</td>
<td>$25.06</td>
<td>$12.10</td>
<td>$22.10</td>
</tr>
<tr>
<td>Ft. Myers</td>
<td>$5.36</td>
<td>$32.38</td>
<td>$27.74</td>
<td>$4.61</td>
<td>$30.38</td>
<td>$25.74</td>
<td>$12.65</td>
<td>$22.65</td>
</tr>
<tr>
<td>Miami</td>
<td>$3.91</td>
<td>$25.15</td>
<td>$28.68</td>
<td>$3.16</td>
<td>$22.15</td>
<td>$25.68</td>
<td>$12.10</td>
<td>$24.10</td>
</tr>
<tr>
<td>Orlando</td>
<td>$3.32</td>
<td>$32.69</td>
<td>$17.51</td>
<td>$2.57</td>
<td>$28.69</td>
<td>$14.01</td>
<td>$12.50</td>
<td>$25.00</td>
</tr>
<tr>
<td>Pensacola</td>
<td>$6.25</td>
<td>$22.21</td>
<td>$23.08</td>
<td>$5.50</td>
<td>$18.71</td>
<td>$21.58</td>
<td>$13.00</td>
<td>$24.25</td>
</tr>
<tr>
<td>Tampa</td>
<td>$6.71</td>
<td>$31.45</td>
<td>$16.87</td>
<td>$5.96</td>
<td>$27.95</td>
<td>$11.87</td>
<td>$14.80</td>
<td>$28.55</td>
</tr>
</tbody>
</table>
Providing safe, reliable, and accessible transportation options for people with disabilities is challenging. The survey of mobility providers detailed in the previous chapter identified several examples of successful programs that have effectively addressed the challenges of meeting the transportation needs of their communities. These programs have instituted alternative mobility options that expand opportunities to people with disabilities. The programs that have excelled in the establishment and management of these mobility options, specifically transportation voucher programs, are highlighted in this chapter. Overall “best practices” observed through the survey, agency interviews, and site visits also are included.

**NORTHERN ARIZONA INTERGOVERNMENTAL PUBLIC TRANSPORTATION AUTHORITY (NAIPTA)**

**Mountain Lift Taxi Voucher Program**

**Flagstaff, Arizona**

**Program Design**

NAIPTA established the Mountain Lift Taxi Voucher Program in May 2006. The program was established to provide a transportation alternative that is within the control of participants and is flexible and relatively affordable. It is a fare-based program and has no mileage limitations. The vouchers can be used to obtain transportation services from local taxi operators.

**Participant Eligibility**

The program is open to all Mountain Lift para-transit clients. All trips must either originate from or have a destination in Flagstaff.

**Voucher Design and Distribution**

Each Mountain Lift voucher is preprinted with the name of the participant, expiration date, and the two addresses between which the participant may travel. The participant’s residence is usually noted as either the trip origin or destination. To provide additional flexibility, each month clients may order up to 4 of the vouchers for which they are eligible with a blank destination. These vouchers may be used for unplanned trips. Participants using these blank destination vouchers are responsible for entering the destination name and address information before giving the voucher to a taxi driver.

Mountain Lift clients who want to participate in the program may request any number of vouchers up to a full packet of 20 - $10 vouchers per month, using the order forms provided by NAIPTA. Clients who are receiving dialysis treatments may request an additional 26 vouchers per month at no cost. A list of participating taxi companies is provided with each voucher order. Vouchers are valid for 60 days from the date of issuance.

**Provider Selection/Qualifications**

Taxi companies are pre-qualified by NAIPTA and work under a contractual agreement. Taxi rates are established on a per-mile fare basis. Taxi providers are responsible for providing training in the areas of ADA compliance, defensive driving, first aid/CPR, and passenger assistance training. The providers are not required to perform background checks or conduct drug/alcohol testing for taxi drivers.

**Trip Rates/Rider Participation**

The maximum fare that NAIPTA will subsidize is indicated on each voucher ($10, $15, or $20). Participants in the Americans with Disabilities Act (ADA) complementary paratransit service area in Flagstaff pay the first $2 of the fare. Kachina clients and Flagstaff clients outside the ADA complementary paratransit service area pay the first $5 of the fare. If the fare for a one-way trip exceeds the initial ADA fare amount (either $2 or $5) plus the maximum value amount of the voucher ($10, $15, or $20), the participant pays the remaining balance of the fare. Participants are required to pay their portion of the taxi fare when the vouchers are provided to the taxi driver upon completion of a trip.
Trip Reservations

Vouchers can be used with any of the participating taxi companies. There are currently three taxi providers participating in the program. Participants are responsible for contacting a taxi provider and arranging their transportation. They are asked to provide the taxi company with as much detail as possible, including the need for physical assistance, transportation for special care attendants, physical accommodations, and/or wheelchair or walker transport, and if there are service animals that will be accompanying the participant.

Billings/Oversight

Taxi companies provide billings to NAIPTA on a monthly basis. Vouchers used and collected during the billing period must be provided with each invoice. Each voucher must have information on the trip’s origin and destination, the total fare for each trip, and must include the signatures of both the driver and the participant.

Funding Sources

The funding sources for the program include local funds and Federal Transit Administration New Freedom and Urbanized Area Formula program grant funds.

Best Practices

- Allowing additional travel vouchers for dialysis patients at no cost to the client.
- Providing up to four blank destination vouchers per month, allowing greater flexibility.
- Purchasing accessible taxi cabs for use by contracted providers.
- Requiring taxi providers to train drivers in ADA compliance, defensive driving, first aid/CPR, and passenger assistance.
- Allowing social service agencies to purchase vouchers and distribute them to their clients.

Valley Metro

Coupons for Cabs and Mesa Mileage Reimbursement Program
Phoenix/Mesa, Arizona

Program Design

The Coupons for Cabs program provides affordable cab service for seniors 65 years of age and older and people with disabilities who live in the East Valley communities of Chandler, Gilbert, Mesa, and Tempe. The Mesa Mileage Reimbursement Program provides a reimbursement to volunteer drivers who transport senior citizens and people with disabilities.

Participant Eligibility

The Mesa Mileage Reimbursement Program is available only to qualified Mesa residents. An application must be completed and approved before an individual can participate in the program.

Voucher Design and Distribution

In the Coupons for Cabs program, participants may purchase up to $100 in travel vouchers per month. The coupons are provided in booklets of 10, with each coupon worth $1. Residents of Chandler, Gilbert, Mesa, and Tempe can purchase $100 worth of coupons for $25. Participants can use the coupons to help pay for cab trips they take with any of the program’s authorized cab companies. For individuals traveling to dialysis treatments, there is no cost for the vouchers (up to six trips per week). The coupons have an expiration date that ranges from three to six months from the date of purchase and must be used prior to that date. Coupons may be used for the taxi fare and tip.

Mileage Reimbursement Program Design

Participants can receive up to $300 of per mile volunteer reimbursement authorizations per month. Once participants are enrolled in the program, they receive a welcome package that includes mileage log sheets. Participants must complete the log sheets and submit them to the Mesa Ride Choice office for reimbursements. The reimbursements are paid to the participant who is responsible for reimbursing the volunteer driver. The mileage reimbursement is $0.55 per mile (the current IRS rate).
Provider Selection/Qualifications
Cab companies are licensed by the State of Arizona Department of Weights and Measures. Cab companies perform background checks and drug and alcohol testing for their drivers. Annual ADA training is required for each driver. Volunteer drivers providing services as part of the Mileage Reimbursement Program can be a friend, neighbor, or relative of the participant. However, the volunteer cannot reside with the participant.

Trip Rates/Rider Participation
The trip cost is based upon a metered taxi rate. Valley Metro pre-authorizes a mileage limit for each trip. Each voucher coupon is worth $1. Participants are required to provide the taxi driver the number of coupons necessary to cover the cost of the trip.

Trip Reservations
To schedule a trip, participants must contact one of the program’s approved cab companies. They must indicate that they are using a coupon and request an estimate of the trip cost. If passengers need a wheelchair-accessible van, they must notify the cab company when scheduling the trip.

Billings/Oversight
Mileage log sheets must be completed accurately and received in the Ride Choice Office by the 5th day of the month. Reimbursement checks are mailed on the 15th of the month. Reimbursement checks are sent to the passengers, whose responsibility it is to turn the money over to their volunteer drivers.

Funding Sources
The Coupons for Cabs and Mesa Mileage Reimbursement Program are supported by general revenue funding from participating municipalities, a $0.05 sales tax, state lottery funds, the City of Mesa and a Federal Transit Administration New Freedom grant.

Best Practices
- Using volunteer drivers in the Mileage Reimbursement Program which provides considerable system cost savings.
- Providing transportation vouchers to dialysis trips for up to six trips per week at no cost to the participant.
- Ensuring participating taxi providers conduct background tests, establish drug and alcohol testing programs, and provide ADA training for their drivers.
- Requiring taxi providers to be registered with the State of Arizona Department of Weights and Measures.

CAB CONNECTION
Scottsdale, Arizona

Program Description
Cab Connection is a taxi voucher subsidy program designed to provide a transportation alternative to dial-a-ride service. Cab Connection is within the control of the participant and is flexible and relatively affordable. The program serves all areas within the City of Scottsdale.

Participant Eligibility
Participants must be City of Scottsdale residents, age 65 or older or with a documented disability. Participants must complete an application process that includes proof of their physical address. Participants must have a valid Valley Metro Reduced Fare Authorization Card. Valley Metro identification cards are valid for five years and require renewal to maintain eligibility in the Cab Connection program.

Voucher Design and Distribution
Participants may request up to 16 one-way vouchers per month, using the mail order forms provided by Cab Connection. Dialysis patients are eligible to receive an additional 26 vouch-
ers per month to travel to dialysis centers for a total of 42 vouchers per month. Program staff issue vouchers within two weeks of receipt of an order. Vouchers are mailed directly to the participant at their address of record (vouchers are not mailed to post office boxes). Each voucher is preprinted with the name and address of the participant and an expiration date. Vouchers are valid for 30 days from the date the voucher is issued.

**Provider Selection/Qualifications**

To participate in the program, taxi companies must be licensed by the State of Arizona Department of Weights and Measures. There are currently eight taxi companies participating in the program. Taxi drivers are contract employees who lease vehicles from the taxi companies. While not required for licensing or through the program, some taxi companies perform background checks on the drivers.

**Trip Rates/Rider Participation**

Cab Connection is a fare-based program and has no mileage limitations. Travel is permitted outside Scottsdale as long as the ride either begins or ends within the Scottsdale city limits. Trip chaining or making interim stops is not permitted. The City of Scottsdale will not pay for taxi wait charges. Cab Connection will pay for only one trip as described on the voucher. The City of Scottsdale pays 80 percent of the fare, up to the maximum fare of $12.50 ($10 subsidy). If the fare for a one-way trip exceeds $12.50, participants pay the full fare, minus $10. The City will cover 100 percent of the trip cost for individuals traveling to dialysis treatment centers.

**Trip Reservations**

Vouchers can be used to obtain transportation from any participating taxi company. A list of participating providers is provided to participants and is updated as taxi companies choose to participate or withdrawal their participation. The list is also updated if any contact information changes for the provider. To arrange a trip, participants select a taxi company from the provider list. Participants then call the taxi company to make their reservation, giving the operator as much detail as possible, including requirements for physical assistance, special physical accommodations, wheelchair or walker transport, or service animal transport. Participants must show their Valley Metro Reduced Fare Authorization Card to the driver upon pickup.

Participants are responsible for entering complete destination address information, including the name of the location, on the blank destination line of the vouchers before giving it to the cab driver. The driver must provide the total fare, the amount paid by the participant, and the name of the transportation provider. The participant and driver must sign the voucher upon the completion of the trip.

**Billing/Oversight**

Taxi companies bill the City of Scottsdale at the end of each month. An original invoice must be submitted along with the original vouchers. The provider’s company name and address are printed on the invoice. An Excel spreadsheet in the exact format prescribed by the City of Scottsdale listing all the vouchers is also provided electronically each time an invoice is submitted. A spreadsheet template is mailed to taxi providers to use when submitting each billing. The City of Scottsdale pays the invoices within 30 days of receipt.

**Funding Source**

Funding is received from a portion of a one-half cent sales tax levied in the region for transportation improvements (passed by voter referendum in 2004—known as “Proposition 400”) that is collected by the county. While the majority of these funds are used to support highway projects, a portion of the revenue is used to offset the costs of providing dial-a-ride services and dialysis trips and supporting the Cab Connection. Funding is also made available from the City of Scottsdale.

**Best Practices**

- Expanding the services provided to people with disabilities and seniors utilizing the cost savings generated by the Cab Connection program.

- Utilizing the Valley Metro Reduced Fare Authorization Card confirms the identity of participant and their eligibility for services.

- Allowing additional travel vouchers for dialysis patients at no cost to the participant.

- Requiring taxi providers to be registered with the State of Arizona Department of Weights and Measures.
Program Description

Taxi Access II is a premium service delivery option for certified MTA mobility/paratransit customers. Services are provided by taxi and other private companies and are available within the MTA service area. Services are available 24 hours per day, 7 days per week.

Participant Eligibility

To be eligible for the service, customers must be certified as an MTA Mobility Services customer and must have been certified for at least 90 days. Participants must also be 13 years of age or older. All applicants must be capable of boarding, riding, and exiting vehicles either independently or with the assistance of a companion.

Voucher Design and Distribution

Participants in the program receive a “smart card” with a unique number that identifies them as a Taxi Access II customer. These cards are used for trip verifications using a mobile tracking device that uses GPS technology. The smart card is not used for monetary tracking. Customers can use this card up to two times per day to travel within the MTA Mobility Service area (within ¾ mile of MTA fixed-route service).

Provider Selection/Qualifications

Taxi providers operating within the City of Baltimore and Baltimore County function under the authority of the Public Service Commission. Taxi companies or drivers operating in Anne Arundel County function under the regulatory control of the Anne Arundel Department of Licensing. MTA has a broker who contracts with the taxi providers for the services. There currently are 11 taxi and sedan companies participating in the Taxi Access II program.

Trip Rates/Rider Participation

Participants pay $3 for each one-way trip. If the total trip cost exceeds $20, the customer pays the driver the amount over $20 (in addition to the $3 fare).

Trip Reservations

To access transportation services, customers must contact the dispatch office of a participating transportation provider at least 40 minutes prior to the trip and provide their 16-digit smart card number. They also must provide their telephone number; the day, date and time of the trip; and the pickup location and destination. Customers who use a mobility device, such as a wheelchair, must notify the provider. Customers may travel with up to three other individuals (such as a personal care attendant, a companion, or children) at no additional cost but all must have the same trip origin and destination. Once the transportation provider arrives, the customer must present the Taxi Access II card and the $3 fare. All travel must begin and end within the established MTA Mobility Service area.

Billing/Oversight

The driver uses the customer’s Taxi Access II card both at the start of the trip and at the end of the trip and must provide a completed receipt to the customer for review and signature. The customer must verify all the information on the receipt for accuracy before signing. The customer’s signature validates the transaction and authorizes payment for services. Customers are required to keep all the receipts for a period of six months for auditing purposes.

Funding Source

Funding is provided by the State of Maryland Department of Transportation.

Best Practices

- Applying smart card technology has significantly increased system efficiency, reduced fraud and abuse, and reduced billing errors and associated reconciliation activities. In addition, data obtain from the card readers can assist with performance measurement and monitoring and system planning.
- Purchasing mobile data terminals (MDTs) with card readers and leasing them to participating taxi providers.
- Utilizing a broker to contract with participating taxi providers.
DOOR TRAN
Sturgeon Bay, Wisconsin

Program Description
The Door-Tran Voucher Program is a transportation option implemented by Door County to decrease barriers and promote more affordable, available, and accessible transportation for residents of the county. The program provides residents of Door County with the opportunity to purchase transportation vouchers at 50 percent of their face value. These vouchers can be used to purchase transportation services from participating service providers.

Participant Eligibility
There is no eligibility determination process. Anyone who is a resident of Door County is eligible for the services.

Voucher Design and Distribution
Participants may purchase up to $200 in vouchers per month. Vouchers may be purchased at the Door-Tran offices in Sturgeon Bay. Social service agencies may also purchase the vouchers for their clients at full face value. Businesses, organizations, and other agencies also may purchase the tickets at full face value. Vouchers are available in increments of $1, $5, and $10. Each voucher is numbered and assigned to a specific individual. The vouchers are valid for 60 days from the date of issue. A one-time, three-month extension may be provided on an individual basis upon approval by Door-Tran.

Provider Selection/Qualifications
Transportation providers in the area are invited by Door-Tran to participate in the voucher system by agreeing to accept vouchers from passengers. All transportation providers in the system must sign a Memorandum of Understanding with Door-Tran that identifies the operating conditions and processes established. The transportation providers that currently accept the vouchers include the American Red Cross, the Sunshine House, Door County Senior Transportation, and local taxi operators. The American Red Cross uses volunteer drivers and provides services from 8:00 a.m. to 4:30 p.m. Monday through Friday. The Sunshine House operates from 7:30 a.m. to 5:00 p.m. Monday through Friday. The Door County Senior Resource Center provides services from 8:15 a.m. to 4:15 p.m. on Monday, Wednesday, Thursday, and Friday in Sturgeon Bay and on Tuesday in northern Door County. Local taxi companies and the Door County/Green Bay Shuttle have transportation services available 24 hours per day, 7 days per week.

Trip Rates/Rider Participation
Participants can purchase vouchers for 50 percent of their face value. Taxi providers are paid with vouchers for the full meter rate for the trip. The vouchers are provided to the drivers upon completion of the trip, and participants are required to record the date of the trip and the number of miles travelled on the voucher.

Trip Reservations
Participants are asked to make reservations 24 hours in advance of the trip, although on-demand services are available based on system capacity. Riders must make their own transportation reservations with participating service providers.

Billing/Oversight
Most transportation providers invoice Door-Tran on a monthly basis. The Door County Senior Resource Center generally bills on a quarterly basis. Payments are issued in a timely manner, with those invoices submitted by the 5th of each month paid on or before the 15th of the same month. Participating providers are reimbursed for 95 percent of the face value of the voucher or at 95 percent of the cost of the service provided, whichever is less.

Funding Sources
Initial funding for the program was provided by the Door County Community Foundation. A New Freedom Program grant from the Federal Transit Administration has also been awarded. Support also is provided by Door County and community organizations and agencies.
Best Practices

- Successfully securing initial financial support from the Door County Community Foundation.
- Benefiting from an active transportation consortium and governing council.
- Successfully gaining community and local government financial support.
- Utilizing a Memorandum of Understanding with transportation providers that identifies minimum operating conditions and system processes.
- Utilizing volunteer drivers to reduce costs.
- Using transportation vouchers for dialysis trips. Individuals who have received dialysis treatments will have reduced wait times for return trips following those treatments.
- Distributing the vouchers by mail to participants enrolled in the program. This is more convenient for participants and allows greater distribution control.
- Allowing social service agencies to purchase vouchers and distribute them to their clients.
- Implementing voucher and volunteer programs in rural areas where there is little to no public transportation, thereby increasing opportunities for people with disabilities.
- Implementing voucher and volunteer programs as supplemental services in areas where there is limited public transportation available.

Overview of Best Practices—Key Success Factors and Program Elements

In addition to the five community mobility programs highlighted, there are several agencies and organizations that have implemented transportation voucher and volunteer programs that have key success factors and program elements that bear discussion, as indicated in the literature review, the survey, and site interviews. Through program startup, gaining community and governmental entity coordination and “buy-in,” the implementation process, system operation, and interaction with other voucher/mobility option program staff members, additional best practices have been identified.

Those best practices that hold relevance for this study are noted below. They include procedures and policies related to the use of federal and state funds, other funding mechanisms and structures, operational characteristics, rider responsibilities and qualifications, taxi driver requirements and qualifications, establishment of rate structures for transportation services, participation in the program by social service agency clients, and billing procedures. These practices are categorized and listed in the sections that follow.

Voucher Program Design and Distribution

- Using photo identification cards (or smart cards) that identify participants and their eligibility for services.
- Allowing vouchers to be used to pay mileage reimbursements to volunteer drivers.
- Incorporating volunteer driver programs within the voucher program to improve system efficiency and reduce program costs.
- Annually conducting procurement processes for private service (taxi) providers, allowing greater competition and participation.
- Optimizing customer choice in areas where there are several taxi providers by contracting with multiple providers. If riders are dissatisfied with the services provided, they simple select a different provider.
- Requiring taxi drivers to be trained in ADA compliance, defensive driving, first aid/CPR, and passenger assistance.
- Requiring participating taxi providers to conduct background tests and establish drug and alcohol testing programs for their drivers.
**Trip Rate/Rider Participation**
- Negotiating fixed price trip rates with local taxi operators, limiting the opportunity for overbilling and reducing the time spent reconciling billings.
- Reducing the co-payment or requiring no co-payment for individuals using vouchers for transportation to dialysis treatments.

**Trip Reservations**
- Allowing participants to schedule transportation directly with a participating provider.
- Allowing participants to choose their transportation provider.

**Billing/Oversight**
- Using a mobility manager or transportation coordinator to effectively implement, administer, monitor and manage a transportation voucher program and coordinate with and engage the transportation interest network within the community.
- Using smart card technologies as a mechanism to improve system efficiency and improve the issuance, billing, tracking, and reconciliation processes. Smart cards can significantly increase system efficiency, reduce fraud and abuse, and reduce billing errors and associated reconciliation activities. In addition, data obtain from the card readers can assist with performance measurement and monitoring and system planning.
- Establishing voucher distribution thresholds per month or per individual to reduce the risk of budget shortfalls.
- Closely monitoring the voucher program budget. This is critical in areas where taxi services are not provided at a fixed flat rate. Variations in average trip costs can significantly affect the program budget and sustainability.
- Having both the rider and the driver sign the voucher confirms the trip was made and provides documentation of the trip origin and destination.
- Using safety paper for vouchers or numbering them reducing the likelihood of duplication or the risk of fraud.

**Funding**
- Creatively using social service agency funds, including U.S. Department of Health and Human Services funding, to match federal and state transportation funds.
- Using federal stimulus funds from the Federal Transit Administration to pay for mobility management services and to supplement the program budget.
- Using federal transportation funds to purchase accessible taxis or other vehicles and leasing those vehicles to private providers for use within the system.
- Using federal transportation funds to purchase technology applications, including global positioning system (GPS)/automatic vehicle locator (AVL) technologies, mobile data terminals, other capital items necessary for the application of smart cards (such as card readers), and associated hardware/software.
- Effectively directing funds saved through the voucher programs to expand services to those who use paratransit services or to expand voucher programs.
- Actively pursuing financial support from charitable organizations, non-profit and community groups, and foundations.
Transportation voucher programs, including those that incorporate services provided by volunteers, are feasible mobility options for Florida. The success of voucher programs, including those hybrid programs that incorporate characteristics of both voucher and volunteer programs, has been demonstrated in communities across the country, and the programs or elements of the programs can be replicated in Florida. Additional discussion follows regarding the considerations necessary for the implementation of transportation voucher programs in the state.

The feasibility of implementing transportation voucher programs and the implementation of pilot or demonstration programs are discussed in this chapter. Implementation strategies, a recommended timeline for the selection and implementation of a pilot program, and performance measures that can be incorporated into a competitive procurement for one or more pilot projects are provided, as are the operational parameters for implementation. These parameters are based on the best practices described in Chapter 4, as well as the dialogue with the agencies and organizations that have successfully implemented such programs.

Also included in this chapter is the identification of some of the more frequently-used federal funding sources that could be used to support these programs. This is followed by a discussion of the barriers or challenges to the implementation of a voucher program, the likelihood that these could be overcome, and mechanisms that may be used to alleviate or eliminate these barriers and challenges. The discussion encourages the close coordination and cooperation among stakeholders, one of the most critical elements to overcoming barriers and challenges in implementing a successful voucher pilot program. Stakeholders involved in a voucher pilot program could include local program coordinators, Regional Planning Councils, Community Transportation Coordinators, local private for-profit transportation providers, social service agencies and organizations, local government representatives, private charitable and faith-based organizations, state agencies (including Florida's Commission for the Transportation Disadvantaged, the Florida Department of Transportation, the Florida Governor's Commission on Disabilities, and the FDDC, as well as others), program participants, and local transportation providers.

PILOT PROJECT IMPLEMENTATION STRATEGY

To establish consistency, it is recommended that the pilot projects be developed under a set of similar parameters, such as the type of vouchers issued, the voucher distribution process, the method for determining program eligibility, the ability of social service agency providers to purchase vouchers for their clients, the financial participation of the individuals who will be using the vouchers, the provider selection process, the method by which providers will be paid (including how rates are set), the billing reconciliation process, and program oversight-related activities. It is recognized that the final operating parameters will be subject to local negotiations that will occur during the implementation process and should be tailored to meet local conditions and situations.

The following provides a summary of the type of processes and policies that must be considered in the development stages of the pilot projects.

Selection of Pilot Projects
The best method to establish transportation voucher pilot projects will be to conduct a competitive selection or formal project application process to solicit local project coordinators. It is recommended that a minimum of two sites be selected, one in an urban setting and one in a rural environment. Pilot program sites should be contained within areas that have fully-established mobility management planning activities and processes.

Competitive Program Coordinator Procurement
In the development of a competitive selection process for the coordinator of the program and the resulting scope of services, a number of minimum operational considerations will need to be addressed. Respondents should be encouraged to propose regional delivery applications. The proposal evaluation process should favorably weigh proposals from agencies and organizations that have demonstrated advanced mobility management strategies that include a menu of transportation service options of which a transportation voucher program could be a part. The proposals should include the method by which service providers will be selected. In addition, respondents...
that have extensive transportation service delivery experience should be weighed favorably. Agencies or organizations that are selected to implement pilot projects should have demonstrated managerial and fiscal qualifications, including internal controls that ensure that effective control and accountability are maintained through the project. It will also be important to select agencies or organizations that will be eligible to apply for and accept federal and state grant awards.

Voucher Pilot Program Management
The implementation of a voucher program will require the coordination of social service programs, community groups, private transportation providers, and state and federal grants. The selected program coordinators should be able to manage contracts with service providers, coordinate with program sponsors at the local level, manage state and federal grant awards, have financial management capabilities, and ensure the establishment and monitoring of performance measures.

It is recommended that the pilot project locations establish a program steering committee or advisory committee that will provide advice, direction, and support to the program coordinator.

Voucher Program Design
One area of priority should be the use of transportation vouchers by people with disabilities for employment trips. As demonstrated in the APRIL program summary, one of the greatest benefits of the program was the significant increase in the number of participants who were able to obtain and maintain their employment status. The program should focus the use of transportation vouchers for dialysis trips. The use of taxis by dialysis patients affords them more direct and timely service. The movement of some employment and dialysis trips to the voucher program may free up capacity on the paratransit system. Once the program is successfully established, the expansion of the program to other groups and for varying trip purposes will be encouraged.

At a minimum, the transportation voucher program should operate during the same hours that other mobility services are operated in the area. Ideally, the transportation voucher program would be available 24 hours per day, 7 days per week.

Selection of Service Providers
A method should be established for the selection of the transportation service providers. Initial discussion of this topic should be contained within the proposal submitted by the selected program coordinator. In areas that contain several qualified service providers, a competitive process such as a Request for Bids should be conducted. In areas where there are few transportation providers, a Request for Qualifications may be done, or there may be direct negotiations with service providers. A contract should be executed between the program coordinator and the transportation service providers. In the selection of and negotiation with a service provider, minimum safety and operational requirements will need to be addressed and confirmed.

Trip Rate Negotiations
Trip rates should be negotiated with the local taxi companies. Flat per-trip or zonal rates facilitate recordkeeping, billing and budget control, but per-mile trip rates are workable. Out-of-area trips should be negotiated on a per-trip basis for each destination.

Participant Eligibility Requirements
Subject to the funding source criteria, it is suggested that eligibility for participation in the transportation voucher program initially be limited to individuals with a confirmed disability, senior adults age 60 or above, and dialysis patients. An application and approval process should be developed to identify eligible program participants.

Voucher Instrument Design and Distribution
Upon registration and establishment of participant eligibility, vouchers would be issued to eligible passengers either by mail or by other distribution method, as agreed upon by the program coordinator. The vouchers should be paper vouchers printed on security paper and should include the participant’s name (vouchers will be non-transferable) and a number. They should be available in booklets of 10 to 20 in a quantity not to exceed a certain number of vouchers per month. The voucher should have a specific value or indicate a “not-to-exceed” amount. The final design of the voucher program may require the payment of a co-pay to be paid by the participant for each trip. Financial participation by riders would allow the
program to provide additional trips. Vouchers should be valid for a specific period of time set by the program (for example, for no more than 60 days from date of issue).

The use of vouchers to reimburse volunteer drivers for mileage accumulated in the delivery of transportation services should also be considered. In programs that have used volunteer drivers within the system, program cost savings have been documented. The local voucher program coordinator should determine the rate of the mileage reimbursement and the qualifications for volunteer drivers. The local project coordinator must register any volunteer drivers that will be used in the system. Voucher trips provided by volunteer drivers should be delivered at no cost to the participant.

**Trip Reservations and Provider Contact**
Participants would be allowed to choose a provider (including approved volunteer drivers) based on a list of eligible providers. Provider contact information should be provided by the program coordinator and should be included in voucher packets and updated as required. Participants would contact the provider directly to make travel arrangements. Participants using taxi cab services should be required to provide two-hour notice for all local trips and should arrange for out-of-area trips the day before the trip will occur. The notice requirements for volunteer drivers would be established between the volunteer driver and the participants. If participants require an accessible vehicle, the trip should be arranged a day in advance.

**Participant Co-Pay**
The amount per trip for which a passenger is responsible should be negotiated. The participant co-pay could be based on program sponsor, passenger income level, time of day of the service, or the type of service provided (e.g., dialysis trips may require no co-payment). The co-pay policy could be designed to require individuals traveling out of the area to pay the difference between the value of the voucher and the negotiated trip rate for the destination. Co-pays could either be collected by the private transportation provider who would bill for the balance of the trip rate or, a participant may pay the co-payment to the voucher project coordinator when requesting coupons.

Transportation services provided by volunteer drivers should be completed without participant co-pay. This may encourage participants to actively identify potential volunteer drivers who could be registered within the system. The use of volunteer drivers would result in significant per trip cost savings.

**Program Billings and Oversight**
Participants would provide the private providers (taxi drivers) with the voucher upon completion of the trip. The voucher should include the destination and trip cost and should be signed by both the driver and the participant. The taxi companies would collect all vouchers and submit them to the program coordinator within the timeframe specified in the provider agreement. If participant co-payments are required to be paid to the private provider, the provider would bill for the total per trip negotiated rate minus the co-payment received. Payments would be made to the private provider in a timeframe specified in the provider agreement. The payment would be the difference between the negotiated trip rates less the fare paid by the passenger.

Trips and vouchers would be randomly selected by the program coordinator for oversight review. Participants (or their designees) would be contacted to confirm the date of the trip and the destination.

If the program is designed to issue vouchers at no upfront cost to the passengers, the financial recordkeeping requirements would be simplified. The taxi companies would be reimbursed for the completed and signed transportation vouchers collected at a predetermined per-trip flat rate (cost of trip less fare collected).

Volunteer drivers must maintain a log of the trips provided and the mileage for each trip. The log with corresponding mileage must be turned in for mileage reimbursements.

**Grant Management**
The project coordinator should monitor the project to ensure that all grant supported activities are being conducted in compliance with those grants. Grant management responsibilities should include:

- Demonstrating the ongoing legal, financial, and technical capacity to carry out all aspects of the pilot project.
- Providing administrative and managerial support throughout project implementation.
- Providing, or directing by contract, adequate technical expertise and supervision in the conduct of the project related activities.
Ensuring conformity to any federal and state grant agreement, state and federal laws, and requirements specifically related to the pilot project.

Maintaining the work schedule developed through the project award effort, subsequent contract scope of services, and as directed by the project management team.

Keeping all expenditures related to the voucher program, including management and administration, within the approved project budget.

Ensuring that subcontractors maintain compliance with the requirements of the agreement.

Providing periodic reporting that includes performance measurement, financial status, participant service characteristics and operating data, and other data summaries consistent with the terms of the pilot project agreement.

Quality Assurance and Control
The perspectives represented in a pilot project should include the grantor (or state agency management entity), the project coordinator, the transportation service providers, and the participants of the voucher pilot program. These perspectives represent quality assurance and control at the program level, at the project level, and at the participant level. The definition of “quality” will vary within each of these levels and for each perspective represented. Because of the subjective nature of quality, the performance standards should be addressed, developed, and monitored. The expectations of each member of the transportation voucher pilot project “community” should be identified and addressed with requisite performance thresholds established.

At a minimum, to ensure quality assurance and control, standards for the provision of the transportation services should be established. Service standards should be developed in the following areas:

- Reliability
- Dependability
- Availability
- Responsiveness
- Security
- Accessibility
- Customer service

Participants should have a method to report incidents that involve the provision of transportation at less than the service standards defined for the services. Incidents could include, but not be limited to, difficulty in arranging a trip; a transportation service provider that arrives outside an assigned pickup window; a transportation vehicle that is unclean, unsafe, or in poor operational condition; and poor customer service by reservationists, drivers, or others involved in service provision. The availability of a toll-free phone number or local number that can be used by participants to report issues would be a valuable tool. It is also suggested that random mail and telephone surveys be conducted to gauge participant satisfaction with the services provided.

The overall quality of a voucher pilot project should be monitored to ensure that the project is being implemented and managed in a manner consistent with the performance standards developed, contract terms, and grant requirements, and that the project successfully expands the opportunities for people with disabilities. It is recommended that an independent entity be contracted to help facilitate the implementation the voucher program, document the process of its establishment, monitor the performance standards developed for the program, and evaluate and report on the success of the program.

### ESTIMATED VOUCHER PILOT BUDGET

The following tables reflect annualized budget estimates for the provision of a transportation voucher pilot project. The budget considerations include variability in the number of participants (from 100 to 1,000), the number of trips per week per participants (from 2 one-way trips per week to 10 one-way trips per week), an estimated per trip cost of $15.00 (amount paid to private carrier for each one-way trip provided), and co-pay versus no co-pay options. The accuracy of these tables is highly dependent upon the success of local pilot project coordinators in negotiating fixed per trip fees with private transportation providers.
Annualized Budget Estimate at $15.00 per Trip—No Passenger Co-Payment

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>2 Trips Per Week/Participant</th>
<th>4 Trips Per Week/Participant</th>
<th>6 Trips Per Week/Participant</th>
<th>8 Trips Per Week/Participant</th>
<th>10 Trips Per Week/Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annualized Cost</td>
<td>Total Trips</td>
<td>Annualized Cost</td>
<td>Total Trips</td>
<td>Annualized Cost</td>
</tr>
<tr>
<td>100</td>
<td>$156,000</td>
<td>10,400</td>
<td>$312,000</td>
<td>20,800</td>
<td>$468,000</td>
</tr>
<tr>
<td>250</td>
<td>$390,000</td>
<td>26,000</td>
<td>$780,000</td>
<td>52,000</td>
<td>$1,170,000</td>
</tr>
<tr>
<td>500</td>
<td>$780,000</td>
<td>52,000</td>
<td>$1,560,000</td>
<td>104,000</td>
<td>$2,340,000</td>
</tr>
<tr>
<td>750</td>
<td>$1,170,000</td>
<td>78,000</td>
<td>$2,340,000</td>
<td>156,000</td>
<td>$3,510,000</td>
</tr>
<tr>
<td>1,000</td>
<td>$1,560,000</td>
<td>104,000</td>
<td>$3,120,000</td>
<td>208,000</td>
<td>$4,680,000</td>
</tr>
</tbody>
</table>

Annualized Budget Estimate at $12.50 per Trip with $2.50 Passenger Co-Payment

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>2 Trips Per Week/Participant</th>
<th>4 Trips Per Week/Participant</th>
<th>6 Trips Per Week/Participant</th>
<th>8 Trips Per Week/Participant</th>
<th>10 Trips Per Week/Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annualized Cost</td>
<td>Total Trips</td>
<td>Annualized Cost</td>
<td>Total Trips</td>
<td>Annualized Cost</td>
</tr>
<tr>
<td>100</td>
<td>$130,000</td>
<td>10,400</td>
<td>$260,000</td>
<td>20,800</td>
<td>$390,000</td>
</tr>
<tr>
<td>250</td>
<td>$325,000</td>
<td>26,000</td>
<td>$650,000</td>
<td>52,000</td>
<td>$975,000</td>
</tr>
<tr>
<td>500</td>
<td>$650,000</td>
<td>52,000</td>
<td>$1,300,000</td>
<td>104,000</td>
<td>$1,950,000</td>
</tr>
<tr>
<td>750</td>
<td>$975,000</td>
<td>78,000</td>
<td>$1,950,000</td>
<td>156,000</td>
<td>$2,925,000</td>
</tr>
<tr>
<td>1,000</td>
<td>$1,300,000</td>
<td>104,000</td>
<td>$2,600,000</td>
<td>208,000</td>
<td>$3,900,000</td>
</tr>
</tbody>
</table>
The implementation of transportation voucher pilot projects must be approached conservatively. It is critical to design, implement, monitor and correct any deficiencies. In addition, funding to provide the services may be limited. An initial program budget of $650,000 and the participation by 100 individuals, 50 individuals within two voucher pilot project locations, are recommended. Under this scenario, this will also allow individuals to obtain up to 10 one-way trips per week (52,000 trips per year). This will sufficiently enable participants to use vouchers for employment trips, a focus benefit area for the program. The use of volunteer drivers within the program will extend the available funding and should aggressively be pursued.

To effectively manage the voucher program, an annual budget allocation should be established for the purposes of supporting a mobility manager for the program. In addition, administrative costs associated with printing vouchers; coordinating with community resource staff, grant awarding agencies, and social service agencies; vendor monitoring; billing and reconciliation activities; and overall program support will also need to be provided. Grants for mobility management activities are available through the Federal Transit Administration, New Freedom and Job Access and Reverse Commute grant funding programs administered by the Florida Department of Transportation (discussed in the Funding Opportunities section of this chapter).

**GENERALIZED IMPLEMENTATION TIMETABLE**

As with any new transportation initiative, careful planning and collaboration are important aspects of a successful transportation voucher program. In its “Toolkit for Operating a Rural Transportation Voucher Program,” the Association of Programs for Rural Independent Living (APRIL) recommended 10 steps to guide a community in the establishment of a new voucher program. These steps include:

1. Identify need and estimate the demand for service. Voucher programs are designed to fill gaps in existing transportation or mobility services. An inventory of a community’s existing services will help focus on areas of need where transportation voucher programs should be directed. The transportation voucher program should be designed to meet the needs of the eligible population based on available resources. This step should include defining the geographical area to be served in which eligible voucher rides will be provided and the hours of service. In addition, eligibility for program participants needs to be defined and the eligibility process needs to be detailed. Both of these factors may be dictated, in part, by the funding sources used to support the transportation voucher program.

2. Identify a program coordinator. The program coordinator for the transportation voucher service needs to be identified by the lead or sponsoring agency. The program coordinator would have primary responsibility for the oversight and management of the program.

3. Identify appropriate funding sources and establish roles for program stakeholders. A critical component of this step is identifying the appropriate funding sources to support the transportation voucher program and securing the funding. This step will help define the program parameters and help identify the key stakeholders that should be involved.

4. Develop an implementation plan and timeline. To ensure that all the program elements are in place, the lead or sponsoring agency needs to develop an implementation plan and timeline for the completion of critical tasks, including:
   - Finalizing the planning for the program.
   - Developing and submitting any funding proposals.
   - Securing additional funding from federal, state, local and private sources.
Developing contractual arrangements with transportation providers, including the establishment of trip rates.

Finalizing the details of the voucher instrument and its distribution.

Developing methods for tracking usage and reimbursement to providers.

Developing and implementing promotion of the voucher program and recruitment of prospective passengers.

Successfully launching the service.

5. Determine sponsoring agency’s relationship with transportation providers. It will be necessary to determine the roles and relationships among the lead or sponsoring agency, the program coordinator, and the transportation providers.

6. Identify appropriate funding sources and obtain funding. The local program coordinator needs to develop a program budget that can be used in the process of identifying and obtaining program funding.

7. Identify potential issues that may arise and strategies to address them. The lead or sponsoring agency and the program coordinator need to address how several critical elements of the transportation voucher program will be handled, including:

   - Management of information and records.
   - Definition of minimal insurance requirements of transportation providers.
   - Setting of trip fares for passenger and reimbursement rates for the transportation providers.
   - Availability of accessible vehicles.
   - Safeguards to minimize program abuse by passengers and transportation providers.
   - Setting and monitoring minimal operational safety parameters for transportation providers.

8. Implement and evaluate a pilot run of the voucher program. A pilot project or projects should be developed to provide a test of the transportation voucher program. Goals and milestones should be established to provide measure to evaluate the program at the end of the test run period. All aspects of the pilot project should be documented and evaluated to provide a blueprint for the expansion of the transportation voucher programs to other passenger segments or other communities.

9. Publicize the program and educate the riders. Once the pilot transportation voucher program is ready to start, a well-thought-out program implementation plan should be developed to publicize the program, contact prospective customers and caseworkers, and provide an understanding of the passenger duties and responsibilities. As the transportation voucher pilot projects progress, they should be publicized to other prospective markets and communities to provide a blueprint to reproduce transportation voucher programs in other areas.

10. Implement and expand the transportation voucher program to additional markets and communities.

**FLORIDA PILOT PROJECT IMPLEMENTATION TIMETABLE**

With this background, the following table provides a list of the key process steps and their respective timelines to move forward from this report to the establishment two transportation voucher pilot projects. This timetable includes the establishment of a working collaboration between the FDDC and the Florida Governor’s Commission on Disabilities, the Florida Commission for Transportation Disadvantaged and the Florida Department of Transportation. This “Collaboration” will develop and issue a request for proposals for a project coordinator in each pilot area that will implement the transportation voucher program. Additional duties for the Collaboration are delineated in the Recommendations section of this report. This timetable was developed with the assumption that a level of base pilot project funding would be identified prior to initiating the pilot project selection process (Request for Proposals or Request for Qualifications).

The 27-month timetable includes 15 steps, beginning with the endorsement of this report’s recommendations and concluding with the documentation, evaluation, and assessment of the transportation voucher pilot projects.
### Key Process Steps to Initiate and Implement Transportation Voucher Pilot Program

#### TIMELINE (By Month)

| STEPS                                                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
|----------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1. Endorse Report Recommendations                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2. Define Roles of FDDC, Inc.                                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 3. Seek and Secure Funding                                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 4. Conduct Pilot Project Selection Process                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 5. Identify Transp. Voucher Pilot Project Coordinator                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 6. Hold Organizational Meeting (key parties, agencies, organizations) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 7. Establish Project Oversight Committee                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 8. Develop Final Details for Transp. Voucher Pilot Project            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 9. Seek and Negotiate with Transp. Providers                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 10. Initiate Marketing and Community Outreach Efforts                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 11. Register and Certify Prog Participants                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 12. Finalize Voucher Instrument and Process                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 13. Finalize Program Reporting & Reimbursement Process                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 15. Document, Evaluate and Assess Pilot Project                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

*Ongoing*
Under the assumption that the pilot transportation voucher pilot project (or projects) coordinators would be selected through a competitive procurement process, this section details the recommended technical elements that should be included in a Request for Proposal (RFP) or Request for Qualifications (RFQ) package. These recommendations were developed assuming that some base project funding will have already been identified.

1. General Description of the Proposed Pilot Project. Provide a brief overview and description of the proposed pilot transportation voucher program.

2. Specific Details of the Proposed Pilot Project. Provide specific details on the proposed pilot transportation voucher program, addressing, at a minimum, the following components:
   - Description of the Voucher Plan.
   - Description of types of passengers to be served.
   - Estimate of number of individuals to be served.
   - Estimate of number of trips to be provided (i.e., daily, monthly, annually).
   - Hours that service will be available for the Voucher Plan (i.e., hours per day, days per week).
   - Service coverage area of the Voucher Plan.
   - Eligibility requirements and process.
   - Passenger registration process.
   - Trip reservation process.
   - Description of proposed voucher instrument:
     - Overview description of voucher.
     - Distribution process.
     - Costs to passenger (co-pay).
     - Reimbursement process to providers and volunteer drivers
     - Accounting and fraudulent use safeguards.

3. Description of the Proposed Project Management Plan. Provide an overview and details on the proposed project management plan, addressing, at a minimum, the following components:
   - Description of organization providing grant and financial oversight.
   - Description of lead program coordinating agency.
   - Staffing and organization.
   - Prior experience in mobility delivery and management.
   - Proposed key staff member qualifications and resumes.
   - Performance measures and project reporting.
   - Description of any proposed project advisory or steering committees.

4. Describe Proposed Transportation Vendor Selection Process. Provide details on the selection process that will be used to select transportation vendors addressing, at a minimum, the following components:
   - The process used to select transportation providers for the voucher program (e.g., Request for Proposals or Request for Bids).
   - The proposed contractual arrangements with transportation providers.
   - The process that will be used to identify, approve and register volunteer drivers.
5. Detail Minimal Vehicle Operator Requirements. Provide details on the vehicle operator/driver qualifications, addressing, at a minimum, the following components:
   - Minimum vehicle operator requirements/qualifications.
   - Background and motor vehicle record check processes and detail.
   - Safety requirements, including drug and alcohol testing.
   - Vehicle operator training program.

6. Detail Proposed Vehicle Types. Provide details on the vehicles to be used in the voucher program, addressing, at a minimum, the following components:
   - Types of vehicles to be used.
   - Vehicle accessibility features and mix.
   - Overview of the vehicles (age, mileage, seating capacity, and equipment/accessories).
   - Number of available vehicles, indicating the number of those that are accessible.

7. Detail Proposed Vehicle Maintenance Plan. Provide details on the proposed vehicle maintenance plan, addressing, at a minimum, the following components:
   - Description of who will be maintaining the vehicles.
   - Standards for maintaining vehicles, including proposed preventative maintenance program.

8. Detail Proposed Project Safety and Security Plan. Provide details on the proposed project safety and security plan, addressing, at a minimum, the following components:
   - Current safety and security plan.
   - If federal or state funding is being used, detail how the requirements of Chapter 14-90, FAC will be met.
   - Minimum safety requirements for taxi drivers.
   - Requirements for volunteer drivers.

9. Provide Detailed Proposed Financial Plan and Budget. Provide details on the proposed pilot transportation voucher financial plan and budget, addressing, at a minimum, the following components:
   - Overview of financial management process.
   - Proposed project revenues, including grants, local matches, passenger revenues, and other sources.
   - Proposed project expenses, including the estimated costs for the provision of transportation services, administrative expenses, insurance expenses, vehicle maintenance expenses, transportation reservation expense, and other related expenses.

**FUNDING OPPORTUNITIES**

Federal Transportation Funding Programs

The following section provides information on federal funding programs that could be accessed to support transportation voucher pilot programs in Florida. The greatest opportunity for funding exists within those programs funded by the U.S. Department of Transportation, Federal Transit Administration, codified in Chapter 49 of the United States Code (U.S.C.). Except as otherwise noted, the majority of these programs are distributed to local counties, cities, public transportation providers or other public agencies. For these programs, accessing these funds for a local or regional transportation voucher program will require a locally developed application and recipient. Because of this element of program implementation, it is recommended that once a regional transportation voucher pilot project application site has been selected, the local program coordinator or mobility manager work with local Florida Department of Transportation district staff to identify available transportation funding sources and make application for those sources. A map of the FDOT Districts and a listing of FDOT district staff members are provided in Appendix A.
**U.S. Department of Transportation, Federal Transit Administration**

**Formula Grants for Special Needs for Elderly Individuals and Individuals with Disabilities Program (49 U.S.C. Section 5310)**

This program provides formula funding to states for the purpose of assisting private non-profit groups in meeting the transportation needs of seniors and people with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds are apportioned based on each state’s share of the population for these groups of people.

In Florida, the Section 5310 Program is administered by FDOT. Program funds are distributed to each FDOT district office based on its percentage of the state’s seniors and people with disabilities populations. An annual application and discretionary award cycle is conducted within each district.

**Formula Grant for Other than Urbanized Areas (49 U.S.C. Section 5311)**

This program provides formula funding to states for the purpose of supporting public transportation in areas of less than 50,000 in population. Program funds are apportioned to each state in an amount proportional to each state’s non-urbanized population. Program funds may be used for capital, operating, state administration, and project administration expenses. Each state prepares an annual program of projects, which must provide for fair and equitable distribution of funds within the states, including American Indian tribes, and must provide for maximum feasible coordination with transportation services assisted by other federal sources. The state must use 15 percent of its annual apportionment to support intercity bus service, unless the governor certifies that these needs of the state are adequately met.

In Florida, the Section 5311 Program is administered by FDOT. Program funds are distributed to each FDOT district office based on its percentage of the state’s rural population. Each district office allocates program funds to designated eligible recipients through an annual grant application process.

**Job Access and Reverse Commute Program (JARC) (49 U.S.C. Section 5316)**

This program provides funding to develop transportation services for welfare recipients and low-income individuals to and from jobs and from urban centers to suburban employment opportunities. JARC Program funds are distributed by formula to designated recipients in urbanized areas with over 200,000 in population and to states through an application process. In urbanized areas under 200,000 in population and in rural areas, funds are allocated through a competitive grant solicitation process administered by FDOT district offices. Eligible activities for Job Access grants include capital and operating costs of equipment, facilities, and associated capital maintenance items related to providing access to jobs. Also included are the costs of promoting the use of transit by workers with non-traditional work schedules, promoting the use of transit vouchers, and promoting the use of employer-provided transportation including transit benefits. For Reverse Commute grants, eligible activities include operating costs, capital costs, and other costs associated with reverse commute by bus, train, carpool, vans, or other transit service.

To be eligible to receive JARC funds, a local area must develop a Coordinated Public Transit-Human Services Transportation Plan (in most areas, the Transportation Disadvantaged Service Plan will meet the requirements for this document). The recipient must also develop a Program Management Plan.

**New Freedom Program (49 U.S.C. Section 5317)**

This formula program provides funding for services that are developed beyond that required by the Americans with Disabilities Act (ADA) to assist in meeting the transportation needs of people with disabilities. Sixty percent of the apportionment under the program is allocated directly to large urbanized areas (over 200,000 population), and the remaining 40 percent is allocated to states for use in urbanized areas of less than 200,000 population and in rural areas. Labor protection provisions (Section 13c) do not apply to this program. In Florida, FDOT applies for program funds for areas under 200,000 in population and administers this grant program. Each FDOT district office has a grant application process to evaluate proposed projects and award program funds for these areas. Coordination with the Commission for the Transportation Disadvantaged is required. To be eligible to receive New Freedom funds, a local area must develop a Coordinated Public Transit-Human Services Transportation Plan (in most areas, the Transportation Disadvantaged Service Plan will
meet the requirements for this document). The recipient also must develop a Program Management Plan.

**Other Federal Funding Programs**

There are funding opportunities that reside outside the U.S. Department of Transportation, Federal Transit Administration, which may provide funding for voucher programs. This includes grant funding programs administered by the U.S. Department of Health and Human Services, the U.S. Department of Education, and the U.S. Department of Labor. The local transportation voucher pilot project coordinator should work closely with local Centers for Independent Living, and Workforce Florida/Regional Workforce Boards and/or Work Force Solutions to identify any available funding that may exist to provide transportation options to people with disabilities within their service areas.

**U.S. Department of Health and Human Service (DHHS), Administration for Children and Families**

**Social Services Block Grant Program**

Social Services Block Grant (SSBG) funds are available to each state to provide support services to meet the needs of the individuals residing within that state. Eligible grant activities include, but are not limited to, daycare for children or adults, protective services for children or adults, special services to people with disabilities, adoption, case management, health-related services, transportation, foster care for children or adults, substance abuse, housing, home-delivered meals, independent/transitional living, employment services, or any other social services found necessary by a state for its population. The goals for the program and the services that are provided include achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency; achieving or maintaining self-sufficiency, including reduction or prevention of dependency; preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest, or preserving, rehabilitating, or reuniting families; preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care; and/or securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

SSBG funds are awarded directly to states, not to individuals. States are fully responsible, within the limitations of the law, for determining the use of their funds. Each state has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among various services. States and/or local agencies (i.e., county, city, and regional offices) may provide services directly or purchase them from qualified providers.

In Florida, SSBG and Community Services Block Grant funds are distributed to local communities to implement programs and services to support the needs within those communities. In many counties, the recipient is the county. Once a pilot program area is identified and designated, the program coordinator or mobility manager will need to discuss funding opportunities with local recipients. For areas that are currently supporting transportation services, such as assisting with the cost of vehicle repairs or other direct outlays for individual participants, the option of purchasing transportation vouchers to accommodate transportation needs may be viewed as a viable access solution.

**Temporary Assistance to Needy Families (TANF)**

Under the welfare reform legislation of 1996 (the Personal Responsibility and Work Opportunity Reconciliation Act—PWRORA—Public Law 104-193), TANF replaced the welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program, and the Emergency Assistance (EA) program. TANF is a block grant program that provides states, territories, and tribes with federal funds each year. These funds cover benefits, administrative expenses, and services targeted to needy families.

The TANF program provides tremendous flexibility for funding a wide variety of activities, support services, and benefits to accomplish the purposes of the program. Possible uses of TANF funds for transportation services include, but are not limited to:

- Providing transportation allowances to cover incidental expenses and participation-related expenses for unemployed families.
- Providing transit passes or tokens.
Arranging with another agency to use its buses or vans or share in the costs of purchasing transportation services.

Investing in reverse commute projects and other local initiatives to improve the existing transportation network so that needy parents can access jobs.

Reimbursing clients for mileage, auto repairs, or auto insurance to facilitate finding employment and job retention.

Contracting with a private organization or service providers to refurbish previously-owned cars and provide the cars to TANF recipients or provide financing support that enables recipients to purchase a car.

Subsidizing the costs of transporting needy children to child care.

**U. S. Department of Education (DOE), Office of Special Education and Rehabilitative Services**

**Independent Living State Grants Program**

This program offers formula grants to states for one or more of the following purposes:

- To provide resources to statewide independent living councils (SILCs).

- To provide independent living (IL) services to people with significant disabilities.

- To demonstrate ways to expand and improve IL services.

- To support the operation of centers for IL that complies with the standards and assurances of Section 725 of the Rehabilitation Act.

- To support activities to increase the capabilities of public or non-profit agencies and organizations and other entities in developing comprehensive approaches or systems for providing IL services.

- To conduct studies and analyses and gather information, approaches, strategies, findings, conclusions, and recommendations for federal, state, and local policymakers to enhance IL services for people with significant disabilities.

- To provide training on the IL philosophy.

- To provide outreach to populations currently not being served or are underserved by programs under Title VII of the Rehabilitation Act, including minority groups and urban and rural populations.

**Centers for Independent Living (CIL)**

This program provides support for planning services, administration, and evaluation of centers for independent living that complies with the standards and assurances in Section 725 of the Rehabilitation Act, consistent with state plans for establishing statewide networks of centers. Local centers are consumer-controlled, community-based, cross-disability, non-residential, private, non-profit agencies that are designed and operated within local communities by people with disabilities. Centers provide an array of independent living services.

CIL discretionary grants are available to:

- Preserve and create jobs and promote economic recovery.

- Assist those most impacted by the recession.

- Provide investments needed to increase economic efficiency by spurring technological advances in science and health.

- Invest in transportation, environmental protection, and other infrastructure that will provide long-term economic benefit.

- Stabilize state and local government budgets to minimize and avoid reductions in essential services and counterproductive State and local tax increases.

To expand local services beyond those provided through the Transportation Voucher Pilot Project, a local coordinator should approach local CILs to determine if the use of transportation vouchers would benefit their participants and if a local CIL is willing to financially support these services.

**Vocational Rehabilitation Services Program**

This program provides grants to states to support a wide range of services designed to help individuals with disabilities prepare for and engage in gainful employment. Eligible individuals are those who have a physical or mental impairment that results in a substantial impediment to employment, those who can benefit from vocational rehabilitation (VR) services for employment, and those who require VR services. Priority is given to serving people with the most significant disabilities if a state is unable to serve all eligible individuals.
Funds are distributed to states and territories to cover the cost of direct services and program administration. The distribution formula includes the population and per capita income of targeted groups within each state or territory. Grant funds are administered under an approved state plan by VR agencies designated by each state. The state-matching requirement is 21.3 percent; however, the state share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

**U.S. Department of Labor (DOL), Employment and Training Administration**

**Welfare-to-Work (WtW)**

WtW funding can be used for job retention and support services that are provided after an individual is placed in a job readiness activity, in vocational education or job training, in one of the employment activities, or in any other subsidized or unsubsidized job. WtW participants who are enrolled in Workforce Investment Act (WIA) activities may also receive job retention and support services funded with WtW monies while they are participating in WIA activities. Job retention and support services can be provided with WtW funds only if they are not otherwise available to the participant. Job retention and support services include such services as:

- Transportation assistance.
- Substance abuse treatment (except that WtW funds may not be used to provide medical treatment).
- Child care assistance.
- Emergency or short-term housing assistance.
- Other support services.

**State Agencies and Local Commitments**

Funding also may be available from state agencies for innovative transportation programs that provide increased access for people with disabilities or for programs that provide expanded employment or health care access. Local financial commitment will also be critical. In a number of examples from the surveys and the interviews for this report, local governments, private foundations and charitable organizations (such as the United Way) have provided financial support for the voucher programs. It will be important to gauge and generate local government support, as well as the support of potential non-government sources of funding that may include private foundations and charitable organizations.

**BARRIERS AND CHALLENGES**

Several factors may inhibit or restrict the ability to fully implement transportation voucher programs in Florida, including those that use volunteer drivers. These factors may be institutional, programmatic, policy-related, or legislatively-created. Some restrictions have been established at both the state and federal levels related to the design and coordination of transportation systems and the funding for those systems.

**Funding**

Institutional challenges exist within the area of funding. In the preceding section, a sample of Federal funding programs that support transportation services was provided. However, according to the General Accounting Office (GAO), 62 separate Federal programs provide funding for transportation services. The development and implementation of a transportation voucher pilot project or volunteer program will require financial support and may necessitate the use of more than one of these funding sources. Many of these funding programs have very restrictive service requirements. This includes those who can be transported (i.e., only those people with disabilities, only those who are over the age of 60, or the “general public”) and, in some cases, the purpose of the trip (i.e., for some programs, only trips for medical appointments). Some of these sources may be used for capital expenses or operating assistance only. A variety of match requirements exist for each program and the definition of local match also vary. Each program is accompanied by separate reporting and monitoring structures.

The identification of a financing structure for a transportation voucher program, including one that uses volunteer drivers, is a critical step in the planning process. The financing structure will have to accommodate the requirements of the program while, at the same time, avoiding undue administrative burden. This effort will require close coordination and cooperation among local program managers and program sponsors. The lead organization that will be implementing a
transportation voucher program must have the requisite knowledge and experience in identifying, applying for, and managing federal grants. It will also be important to have a lead organization that is an eligible recipient for many of these program funds.

The availability of funds to support the needs of those within a transportation voucher project area may prove to be problematic. Demand for transportation services is significantly greater than the supply of those services. Once funding sources have been identified and secured, it may be necessary to restrict the services provided. This could mean setting a threshold on the number of individuals who can participate, limiting the number of trips that can be provided per week or month, requiring a co-pay or client fare, establishing trip priorities, or limiting the service area (e.g., not allowing out-of-county or out-of-area trips). Without preset budgetary safeguards, a pilot project location may have to interrupt service or significantly reduce the number of vouchers available. These service interruptions could cause hardships for individuals who become reliant on the services. A successful method that can be employed to eliminate some of the variability in program costs and stabilize the budget is the negotiation of flat per trip rates for vouchered trips. Local program managers, social service agency representatives, and advisory groups will have to identify other cost-saving methods and determine how the supply of trips will be managed.

**Accessible Vehicles**
The anticipated lack of accessible vehicles operated by private taxi providers is a challenge. Without the availability of lift-equipped vehicles or other accessible vehicles, those individuals with mobility limitations that require the use of wheelchairs or other mobility assistance devices may not be able to participate in the program. Only those individuals who are “ambulatory” will benefit from the program. One method that may be used to address this challenge is the purchase of accessible taxi cabs or other accessible vehicles and leasing them to private carriers. Federal funds, such as the Federal Transit Administration Section 5310 Program, can be used to purchase accessible taxi cabs or other accessible vehicles to provide transportation services to seniors and people with disabilities. The program allows eligible recipients to lease these vehicles to private carriers to increase system capacity.

**Contracting with Private Carriers and Chapter 14-90, Florida Administrative Code**
An additional barrier or challenge to the implementation of a transportation voucher project will be the ability to contract with private for-profit transportation providers that can meet or be willing to meet the system safety requirements of Chapter 14-90, Florida Administrative Code and federal drug and alcohol testing regulations. The current state transit safety legislation requires each “bus transit system” to comply with the terms of Chapter 14-90, Florida Administrative Code. The term “bus transit system” includes “a Community Transportation Coordinator, a public transit provider, or a private contract transit provider that owns, operates, leases, or controls buses or taxi cabs where such transportation consists of continuous or recurring transportation under the same contract; or a privately-owned or operated transit provider that receives operational or capital funding from FDOT and owns, operates, leases, or controls buses, other than non-public sector buses that provide transportation services available for use by the general riding public.” During negotiations with local taxi cab providers, it will be necessary to address these safety-related requirements and confirm their ability and willingness to meet compliance goals for system safety programs.

**Volunteer Drivers**
The use of volunteer drivers to provide transportation services under a voucher program presents a number of barriers and issues, as discussed in Chapter 1. The most notable issues include:

- Recruiting and retaining volunteers
- Limited carrying capacity
- Sustainability
- Fuel costs/mileage reimbursements
- Liability
- Risk
- Insurance

**Recruiting and Retaining Volunteers**
Successful volunteer driving programs use several strategies to identify potential volunteers, recruit, train, and incorporate them into their transportation services. Common strategies include the distribution of pamphlets and brochures and giving presentations at community events, senior centers, churches, and advocacy chapters. Posting
advertisements in local newspapers and community newsletters is also a common practice. Senior adults provide the greatest pool of volunteers. Many volunteer programs focus their recruitment activities within senior communities and during activities and events that draw senior adults.

**Limited Carrying Capacity**
Actively and aggressively recruiting volunteers and training them for incorporation within the transportation system will enhance system carrying capacity. Funding to support volunteer drivers may limit the number of trips that can be provided within the system (or the carrying capacity). However, system cost savings that result when volunteer drivers are used to supplement services provided by private carriers extend program budgets and increase the overall carrying capacity of the system.

**Sustainability**
The ability to sustain a volunteer driver program is dependent upon the ability to retain volunteers and provide financial support to continue. The recruiting and retention strategies identified above, coupled with aggressive pursuit of grant funding, including community funding, foundation support, state and federal discretionary funds, and traditional transportation grants will improve the sustainability of a volunteer driver program.

**Fuel Costs/Mileage Reimbursements**
The high cost of motor fuel is a deterrent to volunteer drivers who would use their own vehicles to provide transportation services. The current Internal Revenue Service income tax deduction for individuals who use their vehicles in the provision of charity related transportation is 14 cents per mile. Volunteer driver programs must provide sufficient mileage reimbursement for their volunteers. Volunteer programs should consider the cost of fuel, vehicle wear-and-tear, and any increases in personal auto insurance premiums that come as a result of providing volunteer transportation services when establishing the reimbursement rate.

**Liability**
A level of liability protection can be obtained by identifying the scope of volunteer responsibilities within the program. A written scope that thoroughly defines a volunteer driver’s duties is a useful tool. A volunteer program coordinator would need to make sure that volunteer drivers understand these duties, responsibilities, and obligations. The Federal Volunteer Protection Act provides protection for volunteer drivers if certain criteria are met. One of those conditions that would need to be met to be protected from liability is that a volunteer must have been acting within the scope of their responsibilities. Delineating those responsibilities may decrease the likelihood that a volunteer would be held liable for an event that occurred while the volunteer was providing transportation services.

**Risk**
The reduction of risk through formalized risk management activities is important to controlling costs – including insurance costs and reduction of liability claims both to individuals and agencies. Driver training is an important risk management activity that must be a part of a volunteer driver program. Reducing distractions is another important measure in a risk management program. Agencies that have effectively addressed distractions have used methods such as requiring volunteers to know the route to be taken and restricting the use of cell phones and other mobile devices (including GPS) while driving.

Other methods to reduce risk and liability that have been used by volunteer driver programs include:

- Restricting the hours of operation—avoiding “night driving and driving during heavily congested periods;
- Restricting the days of operation—avoiding weekend trips;
- Requiring passengers to be ambulatory; and
- Establishing a driver code of conduct to address items such as level of personal assistance provided (i.e., assistance leaving or enter the vehicle, escorting passengers to the vehicle and from the vehicle to their destination).

**Insurance**
HB 359, signed by Florida Governor Charlie Crist in 2007, provides some level of protection for volunteer drivers against insurance companies and any practice that results in the increase of insurance premiums or the refusal to insure individuals or charitable organizations that use volunteer drivers. Section 627.7261(2)(a) provides:

---

**CHAPTER 4 | VOUCHER PILOT PROGRAM IMPLEMENTATION**
“An insurer may not deny an application for automobile liability insurance or impose a surcharge or otherwise increase the premium rate for an automobile liability policy solely on the basis that the applicant (or another regular user of the vehicle) ... is a volunteer driver.”

The use of insurance pools and insurance providers that focus their services to charitable organizations is gaining momentum. These options do provide remedy for those organizations and individuals who still find it difficult to obtain automobile insurance.

While there are barriers and challenges that will be problematic for the implementation and operation of transportation voucher pilot projects and volunteer demonstration programs, there are methods as described above to overcome these barriers.

**SUMMARY**

This chapter discussed the feasibility of establishing a transportation voucher program in Florida. The use of private carriers and volunteers within the program was discussed. The conclusion that was drawn from the discussion is that a transportation voucher program is a feasible mobility option. As a result, considerations that will need to be made for the implementation of a program in Florida were discussed. A summary of some of the more frequently-used federal funding sources that may be used to support transportation voucher services was provided. This was followed by a discussion of the barriers or challenges to the implementation of a transportation voucher or a volunteer program and the likelihood that these could be overcome.

The following chapter provides specific recommendations that should be considered to effectively implement transportation voucher pilot projects within the state, including those that utilize volunteer drivers. The recommendations include the initial establishment of pilot or demonstration projects that can be evaluated, and, if successful, replicated throughout Florida.
In the Florida Governor’s Commission on Disabilities 2009 Report, within the area of transportation it was noted:

“Transportation is about choices, options, employment, and the essential component for community-based services—the freedom of having full and quality access to the community. Having multiple systems in place to provide this access is essential. Without reliable and dependable mobility, the community-based service model for people with disabilities cannot work as intended. Transportation provides freedom. For persons with disabilities, transportation that is cost-efficient, reliable, and accessible means independence.”

This report, Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida, identifies the transportation options currently available within the state and describes alternative mobility options that could be incorporated into communities to increase access and provide greater freedom and independence for people with disabilities.

This chapter provides specific recommendations to the Florida Developmental Disabilities Council, Inc. to increase consumer-directed choice options in the provision of transportation services in Florida through the development and implementation of transportation voucher pilot projects. These recommendations are consistent with the strategies contained within the Florida Governor’s Commission on Disabilities 2009 Commission Report, the National Council on Disability and the National Disability Policy: Progress Report, March 2009, and supported by this research.

Recommendation 1:
The FDDC shall work with the Florida Governor’s Commission on Disabilities to:

1. Educate legislators on the benefits of providing alternative mobility options for people with disabilities, as provided within this report;
2. Provide specific examples to legislators on the successful transportation voucher programs that have been implemented, as referenced and described in this report;
3. Endorse and encourage the use of transportation vouchers programs; and
4. Request state legislators to budget and allocate discretionary funding to assist in the implementation of two or more transportation voucher pilot projects.

Recommendation 2:
The FDDC shall establish a Transportation Mobility Options Collaboration consisting of representatives of the FDCC, the Florida Governor’s Commission on Disabilities, the Florida Commission for Transportation Disadvantaged, and the Florida Department of Transportation. The tasks and focus of the Collaboration will include:

1. Continue to maintain an active focus on the need for timely, dependable, and affordable transportation services for Floridians with disabilities;
2. Encourage the expansion of all mobility services and options available to Floridians;
3. Encourage that transportation mobility services be designed to provide access to employment, education, healthcare, and community life and developed on a regional level, not restricted to specific political boundaries;
4. Promote an all-encompassing mobility management approach at all levels of government—state, county, and local—to foster working relationships among all public transportation service providers and policy makers;
5. Address and overcome any institutional barriers that impede the implementation of innovation mobility approaches, such as travel vouchers and volunteer programs;
6. Encourage and promote the acquisition and use of accessible taxi vehicles, which would expand the mobility options available to people with disabilities; and
7. Endorse and encourage the use of transportation vouchers and volunteer programs which have been proven to be feasible, cost-effective, and effective in satisfying some of gaps in transportation service.
Recommendation 3:
The Transportation Mobility Options Collaboration shall develop, undertake and evaluate the implementation of two or more transportation voucher pilot projects within Florida from applicants who express a willingness to establish, implement and manage transportation voucher programs. This undertaking shall:

1. Utilize a competitive Request for Proposal or Grant Application process to solicit local project coordinators;

2. Utilize the discretionary seed funding identified by the FDDC and the Florida Governor’s Commission on Disabilities and require applicants to provide a minimum funding match to maximize the project impact and to measure local interest;

3. Determine a minimum combined funding (i.e., discretionary and local match) level based upon estimated voucher pilot project budgets provided in the report to ensure an adequate annual allocation for the pilot projects;

4. Develop an applicant submittal package that would address the parameters and technical requirement elements addressed in this report;

5. Include transportation pilot projects that are regional in nature and represent both rural and urban/rural operating environments;

6. Provide preference to applicants whose proposals work within existing transportation mobility systems to avoid duplication of expenses and effort;

7. Provide preference to regions that have been actively planning for and developing coordinated human service transportation plans;

8. Provide preference to applicants who demonstrate fiscal and managerial capacity to coordinate federal and state funded transportation services and managing corresponding grants;

9. Establish a set of minimum performance standards to address insurance requirements, driver requirements, vehicle types, and program management;

10. Require that the pilot projects adhere to all existing rules, regulations, and laws, including Chapter 14-90, Florida Administrative Code; and

11. Evaluate and document the transportation voucher and volunteer programs from inception to completion.

Recommendation 4:
The Florida Developmental Disabilities Council, Inc. shall continue to work in a unified manner with its partners, including the Florida Governor’s Commission on Disabilities, to seek additional revenues for transportation projects that benefit people with disabilities.
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Administration for Children and Families</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act of 1990</td>
</tr>
<tr>
<td>AoA</td>
<td>Administration on Aging</td>
</tr>
<tr>
<td>APTA</td>
<td>American Public Transportation Association</td>
</tr>
<tr>
<td>ARRA</td>
<td>American Recovery and Reinvestment Act</td>
</tr>
<tr>
<td>CUTR</td>
<td>Center for Urban Transportation Research</td>
</tr>
<tr>
<td>CTD</td>
<td>Florida's Commission for the Transportation Disadvantaged</td>
</tr>
<tr>
<td>CTAA</td>
<td>Community Transportation Association of America</td>
</tr>
<tr>
<td>CTC</td>
<td>Community Transportation Coordinator</td>
</tr>
<tr>
<td>DR</td>
<td>Demand Response</td>
</tr>
<tr>
<td>FAC</td>
<td>Florida Administrative Code</td>
</tr>
<tr>
<td>FDDC</td>
<td>Florida Developmental Disabilities Council, Inc.</td>
</tr>
<tr>
<td>FDOT</td>
<td>Florida Department of Transportation</td>
</tr>
<tr>
<td>FPTA</td>
<td>Florida Public Transportation Association</td>
</tr>
<tr>
<td>FS</td>
<td>Florida Statutes</td>
</tr>
<tr>
<td>FTA</td>
<td>Federal Transit Administration</td>
</tr>
<tr>
<td>JARC</td>
<td>Job Access and Reverse Commute</td>
</tr>
<tr>
<td>MPO</td>
<td>Metropolitan Planning Organization</td>
</tr>
<tr>
<td>NCD</td>
<td>National Council on Disabilities</td>
</tr>
<tr>
<td>NCST</td>
<td>National Center for Senior Transportation</td>
</tr>
<tr>
<td>RFB</td>
<td>Request for Bids</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposals</td>
</tr>
<tr>
<td>RFQ</td>
<td>Request for Qualifications</td>
</tr>
<tr>
<td>RPC</td>
<td>Regional Planning Council</td>
</tr>
<tr>
<td>SSPP</td>
<td>System Safety Program Plan</td>
</tr>
<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families</td>
</tr>
<tr>
<td>TD</td>
<td>Transportation Disadvantaged</td>
</tr>
<tr>
<td>USC</td>
<td>United States Code</td>
</tr>
<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
</tr>
<tr>
<td>USDOE</td>
<td>United States Department of Education</td>
</tr>
<tr>
<td>USDHHS</td>
<td>United States Department of Health and Human Services</td>
</tr>
<tr>
<td>USDHUD</td>
<td>United States Department of Housing and Urban Development</td>
</tr>
<tr>
<td>USDOL</td>
<td>United States Department of Labor</td>
</tr>
<tr>
<td>USDOT</td>
<td>United States Department of Transportation</td>
</tr>
<tr>
<td>UWR</td>
<td>United We Ride</td>
</tr>
</tbody>
</table>
GLOSSARY OF TERMS

ADVANCE RESERVATION SERVICE: Shared or individual paratransit service that is readily delivered with at least prior day notification, 7 days a week, 24 hours a day.

AGENCY: An official, officer, commission, authority, council, committee, department, division, bureau, board, section, or any other unit or entity of the state or of a city, town, municipality, county, or other local governing body or a private non-profit transportation service providing entity.

AMERICANS WITH DISABILITIES ACT (ADA): A federal law, P.L. 101-336, signed by the President of the United States on July 26, 1990, that provides protection for people with disabilities.

ADA COMPLEMENTARY PARATRANSIT SERVICES: Transportation services required by the Americans with Disabilities Act (ADA) for people with disabilities who are unable to use fixed-route transportation systems. This service must be comparable to the level of service provided to people without disabilities who use the fixed-route system and meet the requirements specified in Sections 37.123-137.133 of Transportation Services for Individuals with Disabilities (Part 37), Code of Federal Regulations, Title 49, Volume 1.

AVAILABILITY: A measure of the capability of a transportation system to be used by potential riders, such as hours the system is in operation, route spacing, seating availability, and pickup and delivery time parameters.

BUS: Any motor vehicle designed for carrying more than 10 passengers and used for the transportation of persons for compensation.

CENTER FOR URBAN TRANSPORTATION RESEARCH (CUTR): A research group housed within the University of South Florida’s College of Engineering. CUTR a federally designated University Transportation Center and houses the National Center for Transit Research and the National Bus Rapid Transit Institute.

CHAPTER 427, FLORIDA STATUTES: The Florida statute establishing Florida’s Commission for the Transportation Disadvantaged and prescribing its duties and responsibilities.

COMMUNITY TRANSPORTATION COORDINATOR (CTC): A transportation entity competitively procured or recommended by the appropriate official planning agency and local Coordinating Board and approved by Florida’s Commission for Transportation Disadvantaged to ensure that safe, quality coordinated transportation services are provided or arranged in a cost-effective manner to serve the transportation disadvantaged in a designated service area.

COMPETITIVE PROCUREMENT: A procurement process that ensures that full, fair, and open competition is used in the selection of a vendor for a service or product.

COMPLAINT: Any documented customer concern involving timeliness, vehicle condition, quality of service, personnel behavior, and other operational policies.

COORDINATED TRANSPORTATION SYSTEM: Includes the CTC, the transportation operators and coordination contractors under contract with the CTC, the official planning agency, and the local Coordinating Board involved in the provision of service delivery to the transportation disadvantaged within the designated service area.
COORDINATED TRIPS: Are passenger trips that provided by or arranged through a CTC.

COORDINATION: The arrangement for the provision of transportation services to the transportation disadvantaged in a manner that is cost-effective, safe, and efficient and that reduces fragmentation and duplication of services. Coordination is not the same as total consolidation of transportation disadvantaged services in any given service area.

DEMAND RESPONSE: A transit mode comprising passenger cars, vans, or small buses operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle to pick up the passengers and transport them to their destinations. A demand response (DR) operation is characterized by the following: a) the vehicles do not operate over a fixed route or on a fixed schedule except, perhaps, on a temporary basis to satisfy a special need, and b) typically, the vehicle may be dispatched to pick up several passengers at different pickup points before taking them to their respective destinations and may even be interrupted en route to these destinations to pick up other passengers.

FIXED ROUTE: Also known as fixed route/fixed schedule, a service in which the vehicle(s) repeatedly follows a consistent time schedule and stopping points over the same route, whereby such schedule, route, or service is not at the user’s request (e.g., conventional city bus, fixed guideway).

FLORIDA ADMINISTRATIVE CODE (FAC): A set of administrative codes regulating the State of Florida.

FLORIDA’S COMMISSION FOR THE TRANSPORTATION DISADVANTAGED (CTD): An independent agency created in 1989 to accomplish the coordination of transportation services provided to the transportation disadvantaged in Florida.

FLORIDA STATUTES (FS): The laws governing the State of Florida.

FULLY-ALLOCATED COSTS: The total cost, including the value of donations, contributions, grants, or subsidies, of providing coordinated transportation, including those services that are purchased through transportation operators or provided through coordination contracts.

GENERAL TRIPS: Passenger trips by individuals to destinations of their choice, not associated with any agency program.

LIMITED ACCESS: The inability of vehicles, facilities, or equipment to permit entry or exit to all persons.

LOCAL GOVERNMENT: An elected and/or appointed public body existing to govern, plan, fund, and administer public services within a designated, limited geographic area of the state.

MOBILITY MANAGEMENT: Consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers. Mobility management refers to both the coordination of transportation services, as well as networking and coalition and partnership building.
NON-PROFIT ORGANIZATION: A corporation or association by the United States Secretary of the Treasury designated to be an organization described by 26 U.S.C. Section 501(c), which is exempt from taxation under 26 U.S.C. Section 501(a) or one which has incorporated within the State of Florida and is certified a non-profit by the Secretary of State.

OPERATING EXPENSES: The sum of all expenses associated with the operation and maintenance of a transportation system.

OPERATING REVENUES: All revenues and subsidies used by an operator in the provision of transportation services.

PARATRANSIT: Elements of public transit that provide service between specific origins and destinations selected by the individual user, with such service being provided at a time that is agreed upon between the user and the provider of the service. Paratransit services are provided by sedans, vans, buses, and other vehicles.

PASSENGER TRIP: A unit of service provided each time a passenger enters a vehicle, is transported, and exits the vehicle. Each different destination constitutes a passenger trip. This unit of service is also known as a one-way passenger trip.

PEOPLE WITH DISABILITIES: People with a physical or mental impairment that substantially limits at least one major life activity (i.e., caring for oneself, walking, seeing, hearing, speaking, learning).

PERFORMANCE MEASURE: A statistical representation of how well an activity, task, or function is being performed. Performance measures are usually computed from operating statistics by relating a measure of service output or use to a measure of service input or cost.

PUBLIC TRANSIT: The transporting of people by conveyances or systems of conveyances traveling on land or water, local or regional in nature, and available for use by the public. Public transit systems may be governmental or privately owned. Public transit specifically includes those forms of transportation commonly known as paratransit.

RIDESHARING: The sharing of a vehicle by clients of two or more agencies, or by two or more individuals, thus allowing for greater cost efficiency and improved vehicle use.

RULE 14-90, FLORIDA ADMINISTRATIVE CODE: Establishes the operational and safety considerations for public transportation systems operating within Florida.

RULE 41-2, FAC: Implements the provisions established in Chapter 427, Florida Statutes for Florida’s coordinated systems and Florida’s Commission for the Transportation Disadvantaged.

SOLE SOURCE: A procurement that results when an entity selects a specific vendor without going through a competitive procurement process.

SYSTEM SAFETY PROGRAM PLAN (SSPP): A documented, organized approach and guide to accomplishing a system safety and security program, as set forth in Chapter 14-90, FAC.
**TRANSPORTATION DISADVANTAGED (TD):** Those persons, including children as defined in s. 411.202 F.S., who because of physical or mental disability, income status, or inability to drive due to age or disability are unable to transport themselves or purchase transportation and have no other form of transportation available. These persons are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, or medically-necessary or life-sustaining activities.

**TRANSPORTATION DISADVANTAGED FUNDS:** Any local government, state, or available federal funds that are for the transportation of the transportation disadvantaged. Such funds may include, but are not limited to, funds for planning, Medicaid transportation, transportation provided pursuant to ADA, administration of transportation disadvantaged services, operation, procurement and maintenance of vehicles or equipment, and capital investments. Transportation disadvantaged funds do not include funds expended by school districts for the transportation of children to public schools or to receive service as a part of their educational program.

**TRANSPORTATION DISADVANTAGED TRUST FUND:** A fund administered by Florida’s Commission for the Transportation Disadvantaged in which all fees collected for the transportation disadvantaged program are deposited. The funds deposited are appropriated by the legislature to the Commission to carry out the Commission’s responsibilities. Funds that are deposited may be used to subsidize a portion of a transportation disadvantaged person’s transportation costs that are not sponsored by an agency.

**TRANSPORTATION VOUCHER:** Tickets or coupons provided to eligible riders with mobility needs that can be exchanged for a ride. The provider of the ride can then submit the vouchers to the sponsoring agencies for payment of the transportation services supply.

**UNMET DEMAND:** The number of trips desired but not provided because of insufficient service supply.

**URBANIZED AREA:** An area defined by the U. S. Census Bureau that includes one or more incorporated cities, villages, and towns (central place) and the adjacent densely settled surrounding territory (urban fringe) that together have a minimum of 50,000 persons. The urban fringe generally consists of contiguous territory having a density of at least 1,000 persons per square mile.

**VOLUNTEER:** An individual who performs selected tasks for organizations, including social service and non-profit agencies, for little or no compensation.

**WILL-CALLS:** Trips that are requested on a demand response basis, usually for a return trip. The transportation provider generally knows to expect a request for a will-call trip, but cannot schedule the trip in advance because the provider does not know the exact time a passenger will call to request the trip.
FDOT DISTRICT MAP AND DISTRICT MODAL DEVELOPMENT PERSONNEL

Florida Department of Transportation Districts

District 1        BARTOW
        Charlotte
        Collier
        Desoto
        Highlands
        Hendry
        Lee
        Manatee
        Okeechobee
        Polk
        Sarasota

District 2        JACKSONVILLE
        Alachua
        Baker
        Bradford
        Clay
        Columbia
        Dixie
        Duval
        Gilchrist
        Hamilton
        Lafayette
        Levy
        Madison
        Nassau
        Putman
        St. Johns
        Suwannee
        Taylor
        Union

District 3        CHIPLEY
        Bay
        Calhoun
        Escambia
        Franklin
        Gadsden
        Gulf
        Holmes
        Jackson
        Jefferson
        Leon
        Liberty
        Okaloosa
        Santa Rosa
        Walton
        Washington
        Wakulla

District 4        FT. LAUDERDALE
        Broward
        Palm Beach
        Martin
        St. Lucie
        Indian River

District 5        ORLANDO
        Brevard
        Flagler
        Lake
        Marion
        Orange
        Osceola
        Sumter
        Seminole
        Volusia

District 6        MIAMI
        Dade
        Monroe

District 7        TAMPA
        Citrus
        Hillsborough
        Hernando
        Pasco
        Pinellas
FDOT District 3
Modal Development Office
P.O. Box 607
Chipley, FL 32428
Fax: (850) 638-6021
Donnie Duce, District Modal Development Manager
(850) 638-0250 x 1545
donne.duce@dot.state.fl.us
Kathy Rudd, Modal Programs Manager
(850) 638-0250 x 1549
kathy.rudd@dot.state.fl.us
Vanessa Strictland, Modal Programs Manager
(850) 638-0250 x 1549
vanessa.strictland@dot.state.fl.us

FDOT District 4
Modal Development Office
3400 West Commercial Boulevard
Ft. Lauderdale, FL 33309
Fax: (954) 677-7892
Nancy Ziegler, District Modal Development Administrator
(954) 777-4492
nancy.ziegler@dot.state.fl.us
Jeff Weidner, Mobility Manager
(954) 777-4670
jeff.weidner@dot.state.fl.us
Larry Merritt, Multi-Modal Programs Manager
(954) 777-4683
larry.merritt@dot.state.fl.us
Jaclyn Meli, Transit Grants Coordinator
(954) 777-4491
jaclyn.meli@dot.state.fl.us

FDOT District 5, Modal Development Office
133 Semoran Boulevard
Orlando, FL 32807
Fax: (407) 275-4188
Karen Adamson, Strategic Intermodal System Manager
(407) 482-7861
karen.adamson@dot.state.fl.us
Shayla Brown, Transit Analyst
(407) 482-7859
shayla.brown@dot.state.fl.us

FDOT District 6
Public Transportation Office
1100 NW 111th Avenue, Room 6105
Miami, FL 33172
Fax: (305) 470-5179
Carl Filer, Public Transportation Manager
(305) 470-5137
carl.filer@dot.state.fl.us
Ed Carson, Transit Programs Manager
(305) 470-5255
ed.carson@dot.state.fl.us

FDOT District 7
Office of Modal Planning and Development
11201 North McKinley Drive, MS-7-500
Tampa, FL 33612
Fax: (813) 975-6443
George Boyle, Multi-Modal Systems Administrator
(813) 975-6409
George.boyle@dot.state.fl.us
Ricardo Feliciano, Public Transit Coordinator
(813) 975-6421
ricardo.feliciano@dot.state.fl.us
Deborah Lyons, Public Transit Coordinator
(813) 975-6406
Deborah.lyons@dot.state.fl.us
Tracy Dean, Public Transit Coordinator
(813) 975-6195
tracy.ddean@dot.state.fl.us

Diane Poitras, Transit Analyst
(407) 482-7860
diane.poitras@dot.state.fl.us
Karen Paul, Transit Planner
(407) 482-7858
karen.paul@dot.state.fl.us