



TRANSPORTATION PROVIDER INFORMATION TECHNOLOGY SURVEY

Name/Agency

Title/ Department

Address

City State Zip Code

Email Address Phone Number

1. What type of agency are you?

- Public Transit Provider
 Human Service Agency
 Private Transit Provider
 State Government Agency
 Local Government Agency
 Other _____

2. What type of primary services does your agency provide? (please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Mental Health Service |
| <input type="checkbox"/> Employment Placement | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Community Support Networks | <input type="checkbox"/> Life Skills Development |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Alcohol, Tobacco or Drug Education & Treatment |
| <input type="checkbox"/> Adult/Elderly Services | <input type="checkbox"/> Family Support & In-home Assistance |
| <input type="checkbox"/> Family Safety | <input type="checkbox"/> Other _____ |

3. What type of transit service does your agency provide?

- Fixed-Route
 Demand Response
 Flexible Route
 Other _____

4. Who provides technical support for your agency e.g. maintaining hardware and software?

5. What type of computer operating system does your agency use: (e.g. Windows 2000/XP/Vista/2010)



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6. What is the average year/age of your existing computer hardware:

7. What type of internet connection does your agency have?

- Dial-Up ISDN DSL Cable Modems Other _____

Who is your service provider?

8. What type of computer network design does your agency have?

- Local Area Network (LAN) Wireless Local Area Network Wide Area Network Other

9. What is the make/model of your phone system?

10. What is your average daily call volume?

11. Does your agency utilize geographic information system (GIS) data sets?

- Yes No

If yes, what is the format of the data?

12. In what format is your current data stored (e.g. Microsoft Excel, SPSS, Paperbased)

13. What is the total number of active customer records?

14. Does your agency use any type of software for routing and scheduling trips?

- Yes No

If yes, what type of software is used?

15. Does your agency use any other type of software to assist in scheduling, billing and other reporting activities?

- Yes No

If yes, what type of software is used?



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16. How many of your agency's staff members are responsible for scheduling trips?

17. How many transportation dispatchers are at your agency?

18. Are your transportation dispatchers also responsible for scheduling trips?

- Yes
- No

If yes, what other job responsibilities do they have?

19. What staff person is responsible for entering data for transportation trip verification?

20. Do you provide Medicaid transportation services?

- Yes
- No

If yes, are forms processed electronically?

21. Please select any additional Information Technologies relevant to your agency?

- Automatic Vehicle Location Systems or AVL
- Electronic Swipe Cards
- Mobile/Web Application
- Automatic Passenger Counting Systems APC
- Wayside Signage
- Interactive Voice Response
- Other _____

Please list any additional comments/questions:

THANK YOU