**WORKSHEETS FOR**

**DEVELOPING**

**INDIVIDUALIZED TRANSPORTATION PLAN**

**(to be completed with program participant)**

**Step 1: Customer Transportation Worksheet**

*Begin by having a discussion with the customer about their current transportation options, using the following questions. Note that some questions might not be applicable based on what is available in the area and the*

*customer’s individual situation.*

How did you get here today?

Is that also an option for traveling to [*recommended service/training/job*]?

**Private vehicle options**

1. Do you have a valid driver’s license? \_\_\_Yes \_\_\_No

2. Do you have a car? \_\_\_Yes \_\_\_No

3. Is the car you drive mechanically dependable? \_\_\_Yes \_\_\_No

4. Is the car insured for your use? \_\_\_Yes \_\_\_No

5. Are your county decals, inspection stickers, and license

plates up to date ? \_\_\_Yes \_\_\_No

**Shared ride options**

1. Can you ride with a neighbor, friend, or relative? \_\_\_Yes \_\_\_No

2. Will the driver be willing to let you take your child with you

and drop him/her off at the child care provider? \_\_\_Yes \_\_\_No

3. Do you or the driver have a child's car seat? \_\_\_Yes \_\_\_No

4. Do you need to pay the driver to share a ride? \_\_\_Yes \_\_\_No

If so, how much? \_\_\_\_\_\_\_\_\_\_\_

**Bus/rail services**

*(Follow up here with training on any of these items if necessary)*

1. Do you know how to ride the bus/train? \_\_\_Yes \_\_\_No

2. Would you be comfortable riding the bus/train? \_\_\_Yes \_\_\_No

3. Are you familiar with or have you ever used the local bus/train services? \_\_\_Yes \_\_\_No

4. Here is a bus schedule. Do you know how to read it? \_\_\_Yes \_\_\_No

5. Do you know how to use the transit agency’s website? \_\_\_Yes \_\_\_No

6. Do you know how to use the transit agency’s trip planner? \_\_\_Yes \_\_\_No

7. Is there a friend, neighbor, or relative who would be willing to drive you to the nearest bus stop or transit station? \_\_\_Yes \_\_\_No

**Step 2: Customer’s Travel Needs**

*“Let’s look at your weekly schedule, where you need to go, and the times you need to be there.” Consider transportation needs related to these destinations. Add lines as needed.*

|  |  |  |
| --- | --- | --- |
| School/training for self | School/training for dependents | Grocery store |
| Work | Dependent care (e.g., child care) | Medical appointments |
| Social activities | Religious activities |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Outbound** | **Time** | **Return trip** | **Time** |
| **Mondays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |
| **Tuesdays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |
| **Wednesdays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |
| **Thursdays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |
| **Fridays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |
| **Saturdays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |
| **Sundays** |  |  |  |  |
| Trip 1 |  |  |  |  |
| Trip 2 |  |  |  |  |

**Step 3: Considerations that May Impact Customer’s Mobility**

**Basic skills**

Can the customer

|  |  |
| --- | --- |
| \_\_\_Follow directions | \_\_\_Board correct bus or subway |
| \_\_\_Handle unexpected situations | \_\_\_Cross streets safely |
| \_\_\_Read and understand printed maps or schedules | \_\_\_Recognize/avoid dangerous situations/ obstacles |
| \_\_\_Recognize need for help and request from appropriate source | \_\_\_Use turnstiles, card readers, devices for entering/ exiting transit systems |
| \_\_\_Recognize and disembark at correct destinations | \_\_\_Manage his/her service animal during transportation |
| \_\_\_Handle small amounts of money | \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Mobility considerations**

Does the customer use any of the following?

|  |  |  |
| --- | --- | --- |
| \_\_\_Medical equipment (e.g., oxygen tank) | \_\_\_Cane | \_\_\_Crutches |
| \_\_\_ Assistive technology (e.g., GPS devices) | \_\_\_Walker | \_\_\_Service animal |
| \_\_\_Wheelchair (weight with user: \_\_\_\_\_\_\_\_\_) | \_\_\_Scooter (weight with user: \_\_\_\_\_\_\_\_\_) | |
| \_\_\_Other: | | |

**Functional considerations**

Is the customer able to

|  |  |
| --- | --- |
| \_\_\_ Walk or climb stairs | \_\_\_Stand for long periods of time |
| \_\_\_ Get up from a seated position | \_\_\_Tolerate exposure to sun/other weather conditions |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Sensory considerations**

Does the customer have difficulty with any of the following?

|  |  |
| --- | --- |
| \_\_\_Hearing verbal questions or instructions | \_\_\_Reading printed material |
| \_\_\_Deciphering small print schedules or  other materials | \_\_\_Locating emergency exits and other features  (e.g., elevators, stairs) |
| \_\_\_Distinguishing colors (e.g., on color  -coded routes) | \_\_\_Tolerating chemical scents  (e.g., perfume, diesel fumes) |
| \_\_\_Tolerating being touched | \_\_\_Responding to visual direction |
| \_\_\_Depth perception | \_\_\_Tolerating bright light |
| \_\_\_Seeing in dimly lit places | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Intellectual/cognitive/emotional considerations**

Does the customer have difficulty with any of the following?

|  |  |
| --- | --- |
| \_\_\_Verbal expression | \_\_\_Implementing multi-step instructions |
| \_\_\_Understanding verbal instructions | \_\_\_Staying focused on task at hand |
| \_\_\_Interacting appropriately with strangers | \_\_\_ Maintaining appropriate behavior in public situations |
| \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Hidden disabilities**

Does the customer have any hidden disabilities that may impact their ability to travel?

\_\_\_ Mental health considerations (e.g., anxiety, depression, phobias, post-traumatic stress disorder,

inappropriate emotional reactivity, compulsive behavior, paranoid or psychotic thinking and behavior)

\_\_\_Substance abuse

**\_\_\_**Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other issues**

Are there any other issues that may affect the customer’s ability to travel, such as

|  |  |
| --- | --- |
| \_\_\_Speaking and understanding English | \_\_\_Being confident about traveling independently |
| \_\_\_Personal issues | \_\_\_Cultural issues |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Eligibility for ADA-complementary transportation services**

Is the customer eligible for ADA-complementary transportation services? \_\_\_\_Yes \_\_\_No

Does the customer need assistance applying for/appealing denial of ADA-eligible transportation services?\_\_\_\_Yes \_\_\_No

**Step 4: Applicable Community Transportation Options**

*Note all of the community transportation options available to the customer, and relevant details of those services. Consider:*

|  |  |
| --- | --- |
| *Public transportation service* | *Paratransit (ADA complementary or other) service* |
| *Volunteer driver programs* | *Carpool/vanpool* |
| *Shuttle/circulator* | *Taxi* |
| *Personal vehicle or shared ride* | *Bicycling or walking* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Transportation service** | **Hours** | **Relevant routes** | **Cost** | **Accessible (if needed)** | **Fixed route or demand-response** | **Advanced reservations/ (how far in advance)? Subscriptionservice?** | **Agency cancellation policy** |
| **Option 1: (name)** |  |  |  |  |  |  |  |
| Phone: |  |  |  |  |  |  |  |
| Website: |  |  |  |  |  |  |  |
| Monday-Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| **Option 2: (name)** |  |  |  |  |  |  |  |
| Phone: |  |  |  |  |  |  |  |
| Website: |  |  |  |  |  |  |  |
| Monday-Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| **Option 3: (name)** |  |  |  |  |  |  |  |
| Phone: |  |  |  |  |  |  |  |
| Website: |  |  |  |  |  |  |  |
| Monday-Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| **Option 4: (name)** |  |  |  |  |  |  |  |
| Phone: |  |  |  |  |  |  |  |
| Website: |  |  |  |  |  |  |  |
| Monday-Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |

**Step 5: Ability to Pay for Transportation and Potential Sources of Support**

*Record the customer’s current status for financing their trips and note available sources of financial support from agencies and organizations in your community****.***

1. How much is the customer paying for transportation now each week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Can customer deduct the cost of his/her travel expenses off income level used to determine SSI/SSDI eligibility? \_\_\_\_\_\_\_

3. How much is the customer able to comfortably budget for transportation each week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How much additional funding does the customer need to afford necessary transportation each week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Identify potential sources of financial/in-kind assistance available in your community to assist the customer in paying for transportation. Consider the following:

|  |  |
| --- | --- |
| *Workforce development agency* | *Social services agency/organization* |
| *Family and child services agencies* | *Public housing agencies* |
| *Educational institutions* | *Hospital/medical provider* |
| *Volunteer driver organizations* | *Faith-based and community-based organizations* |
| *Community action agencies/organizations* | *Transit agencies* |

1. Agency/organization:

Eligibility criteria/process:

Type of support: \_\_\_Bus pass \_\_\_Vouchers \_\_\_Gas card/repairs \_\_\_Cash assistance

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1. Agency/organization:

Eligibility criteria/process:

Type of support: \_\_\_Bus pass \_\_\_Vouchers \_\_\_Gas card/repairs \_\_\_Cash assistance

6. Does the customer need assistance applying for financial assistance?

\_\_\_\_Yes \_\_\_\_No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Step 6: CREATE THE PLAN WITH THE PARTICIPANT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Step 7: Plan Familiarization and Other Support Services Needed**

*Answer the following questions regarding the customer’s understanding of the plan and determine whether the customer could benefit from additional services to increase their confidence in using the recommended transportation services.*

**In-house orientation to plan**

Does customer fully understand the individualized transportation plan? \_\_\_Yes \_\_\_No

Does the plan need any last-minute revisions (e.g., denied eligibility, expected financial assistance fell through)? \_\_\_Yes \_\_\_No

Does the customer understand that the plan can be adapted to her/his changing circumstances? \_\_\_Yes \_\_\_No

**Travel training**

Does customer need orientation to available transportation services? \_\_\_Yes \_\_\_No

Have staff accompanied customer on a test trip to help familiarize them with the plan? \_\_\_Yes \_\_\_No

Could customer benefit from travel orientation on the public transportation system? \_\_\_Yes \_\_\_No

Could customer benefit from travel training? \_\_\_Yes \_\_\_No

Is travel orientation a service provided by the transit agency? \_\_\_Yes \_\_\_No

Travel training? \_\_\_Yes \_\_\_No

How will the customer/agency pay for such travel training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List available travel trainers in your community:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has a travel trainer been contacted? If so, list the name, address, and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was the feedback from the travel trainer and the customer on the training experience?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other support customer needs to successfully implement plan:**

Budgeting/financial management classes \_\_\_Yes \_\_\_No

Social skills training \_\_\_Yes \_\_\_No

English as a second language (ESL) classes \_\_\_Yes \_\_\_No

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 8: Follow Up After Plan Implementation**

*Document the follow-up you have provided with the customer one week and one month after the customer has begun implementing the ITP.*

**Short-term follow-up (e.g., after 1 week)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the customer been able to implement the individualized transportation plan?

\_\_\_Yes \_\_\_No

What problems has the customer encountered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What has been the experience of the transportation provider if customer is using other than fixed-route service (if appropriate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the plan need to be adjusted? \_\_\_Yes \_\_\_No

**Long-term follow-up (e.g., after 1-2 months)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the customer been able to implement the individualized transportation plan?

\_\_\_Yes \_\_\_No

What problems has the customer encountered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What has been the experience of the transportation provider if customer is using other than fixed-route service (if appropriate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the plan need to be adjusted? \_\_\_Yes \_\_\_No