

## **Transportation Service Checklist**

Use this checklist to evaluate transportation services (simply print out one checklist per service you plan to review). The checklist is designed to help you know what to ask and to remember specific details. Use the back of the checklist to write down any additional comments. After reviewing the services, use the checklists to compare one provider with another.

Transportation Service's Name:		
Owner/Contact Person:		
Address:		
Phone:	Website or Fmail:	

Who is Served?	
🗆 Yes 🗖 No	Does the transportation service cover the area where you live and the places where you need to go?
□ Yes □ No	Is it a county service that can only provide services within a particular county?
□ Yes □ No	Does the service have any restrictions on who it will serve?
🗆 Yes 🗖 No	If yes, are you eligible?
🗆 Yes 🗖 No	Can the service's vehicles accommodate any adaptive equipment you use (for example, wheelchair, walker)?

Services	
🗆 Yes 🗖 No	Does the service operate every day of the week? Days of operation: Hours of operation:
🗆 Yes 🗖 No	Does the service have a brochure explaining its services, service areas and fees? If so, have a copy sent to you.
🗆 Yes 🗖 No	Does it have a system for making reservations? If so, how far in advance can one make a reservation?
🗆 Yes 🗆 No	Can you have standing reservations for particular days and times?
□ Yes □ No	Does it have a system for notifying you in case a driver is running late?
🗆 Yes 🗖 No	Does it have a backup system should a driver be held up and not be able to pick you up?
🗆 Yes 🗖 No	Will drivers wait for you while you run short errands?



**Transportation Center Checklist** 

hysical Enviro	nment
□ Yes □ No	Are the vehicles clean and comfortable?

🗆 Yes 🗖 No	Do the vehicles have a regular maintenance schedule?
------------	--

Staff	
🗆 Yes 🗖 No	Are drivers given special safety training?
□ Yes □ No	Is the staff trained in emergency procedures, including CPR?
🗆 Yes 🗖 No	Does the service require criminal record checks for employees?
Credentials	
🗆 Yes 🗖 No	Is the service licensed, if required in your state?

	How many years has the service been in operation?
Cost	
🗆 Yes 🗖 No	Are there discounts for seniors and people with disabilities?
🗆 Yes 🗖 No	Is the service subsidized by the county or other government agency?
🗆 Yes 🗖 No	Are some trips reimbursable as part of another service (for example, Medicaid reimbursement for a visit to the doctor)? How much would the service cost you, for where you want to go?

Can the service provide a list of references for itself?



 $\Box$  Yes  $\Box$  No



This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, email spd.web@state.or.us, or call 1-800-282-8096 (voice or TTY).

2

Ρ