



Palm Beach County TD LCB Meeting CTC Evaluation

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CTC Evaluation

- LCB reviews CTC annually to evaluate operations and performance
- Surveying riders/beneficiaries, purchases of service, and contractors
- Now → April
- Present findings at May LCB Meeting

CTC
EVALUATION WORKBOOK

Florida Commission for the



**Transportation
Disadvantaged**

CTC BEING REVIEWED: _____

COUNTY (IES): _____

ADDRESS: _____

CONTACT: _____ PHONE: _____

REVIEW PERIOD: FY REVIEW DATES: _____

PERSON CONDUCTING THE REVIEW: _____

CONTACT INFORMATION: _____

CTC Evaluation (cont.)

- LCB Member Tasks:
 - Make at least 20 survey calls to riders
 - Complete a rider evaluation
- Review Workbook for errors
- Provide general feedback
- Feedback, Surveys and Evaluations due by
April 24, 2020

RIDER/BENEFICIARY SURVEY

Rider Name (First, Last) _____
Staff making call: _____ County: _____
Date of Call: ____/____/____ Funding Source: _____

- 1) When did you last receive transportation service? _____
- 2) Were you charged an amount in addition to the co-payment? Yes or No
If so, how much? _____
- 3) How often do you normally obtain transportation?
 Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/Week
- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
If none, skip to question # 4.
B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____
- 5) What do you normally use the service for?
 Medical Education/Training/Day Care
 Employment Life-Sustaining/Other
 Nutritional
- 6) Did you have a problem with your trip on _____?
 Yes. If yes, please state or choose problem from below
 No. If no, skip to question # 6
What type of problem did you have with your trip?
 Advance notice Cost
 Pick up times not convenient Late pick up-specify time of wait
 Assistance Accessibility
 Service Area Limits Late return pick up - length of wait
 Drivers - specify Reservations - specify length of wait
 Vehicle condition Other
- 7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

- 8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Thank You!

Any Questions?

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