

Livable Community Mobility Evaluation

Community Surveyed _____

Availability of Public Transportation

YES NO

▼ ▼

- | | | |
|---|---------------------------------------|---------------------------------------|
| <p>1. Does your community have a regularly scheduled bus or other public transportation service that picks up passengers at established stops? IF NO SKIP TO #23</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>2. Are stops located within a 10-minute walk of residences in the sections of town with older residents?.....</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>3. Are the sidewalks that serve bus stops maintained? Is shade available? Are street crossings safe?</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>4. Does this system serve hospitals, clinics, shopping facilities, and other routine destinations of interest to older persons?</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>5. Which key destinations are NOT served?</p> | | |

- | | | |
|--|---------------------------------------|---------------------------------------|
| <p>6. When is this service available?</p> | | |
| <p>a. Every day including Saturdays and Sundays.....</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>b. Monday through Friday only.....</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>c. On holidays</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>7. Are schedules and route maps readily available in the following locations?</p> | | |
| <p>a. public libraries</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>b. senior centers</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>c. medical facilities</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>d. shopping centers.....</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>e. transit stops</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| <p>f. nursing homes</p> | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |



Availability of Public Transportation

	YES	NO
	▼	▼
8. Are schedules and route maps easy to read?.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
9. Is it possible to call the transportation company for route and schedule information?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
10. Is information available for those who have difficulty hearing?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
11. Is information also available for those with limited sight?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
12. Is transportation information available in languages other than English?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
13. Does the transportation information in languages other than English meet the language needs of the community?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
14. Are reduced public transportation fares available for older residents?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

Quality of Transit Stops

15. Are the transit stops well marked?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
16. Are routes and schedules served by each stop clearly posted?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
17. Do most of the transit stops offer shade, seats, and shelter from the weather?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
18. Is there adequate room for a wheelchair?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
19. Are the transit shelters well lighted in the evening?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

Quality of Public Transportation Vehicles

20. Are upcoming stops announced?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
21. Is preferred seating available near the door for those who have difficulty walking or standing??	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

Quality of Public Transportation Vehicles

YES

NO



22. Are accommodations made accessible for individuals with the following disabilities?.....

₂

₁

a. vision impairments.....

₂

₁

b. hearing impairments.....

₂

₁

c. wheeled mobility devices.....

₂

₁

Dial-a-Ride

23. Does your community have a dial-a-ride service?.....

₂

₁

24. Do older residents in the community express concerns about the cost or convenience of dial-a-ride fares?

₂

₁

25. What do riders have to do to participate?

Taxi

26. Is taxi service available in the community?.....

₂

₁

27. Do older residents express concerns about the cost or reliability of taxis?

₂

₁

Volunteer Services

28. Is there an organized volunteer driver program in your community?

₂

₁

29. Is it available to all older residents?.....

₂

₁

30. How is it advertised?

Specialized Services

YES

NO



31. Do local organizations (such as senior centers, churches, or other groups) offer van service to meal sites, doctor's appointments, or special recreational excursions?

₂

₁

a. Who is eligible for this type of trip?

32. Do medical centers offer their own transportation service for dialysis and other regular medical needs?

₂

₁

a. Who is eligible for this type of trip?

33. Do leisure communities have their own van to take residents shopping, to the doctor, and to cultural activities?

₂

₁

a. Who is eligible for this type of trip?

About You

D1. Do you currently live in the community surveyed?

- ₁ No
₂ Yes

D2. If yes, How long have you lived in the community? _____ (in years)

D3. Contact Information

Name:
Address:
Phone:
Fax:

Need Help? Try These Resources

U.S. Census Bureau

The U.S. Census Bureau can provide information on sections of the community with significant numbers of older residents.

Local Resources

Local library staff, city planning staff, city or county transportations agency, and senior centers may be able to provide information about mobility options in your community.

Thank you for completing this evaluation. Please mail or fax it to:

AARP New York
c/o Will Stoner
780 Third Ave, 33rd Floor
New York, NY 10017

Fax Number: (212) 644-6390

**FOLD ON THE LINES WITH ADDRESS
FACING OUT AND SEAL EDGES WITH
TAPE BEFORE MAILING**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1214 NEW YORK NY

POSTAGE WILL BE PAID BY ADDRESSEE

AARP NY
780 3RD AVE FL 33
NEW YORK NY 10164-4124

