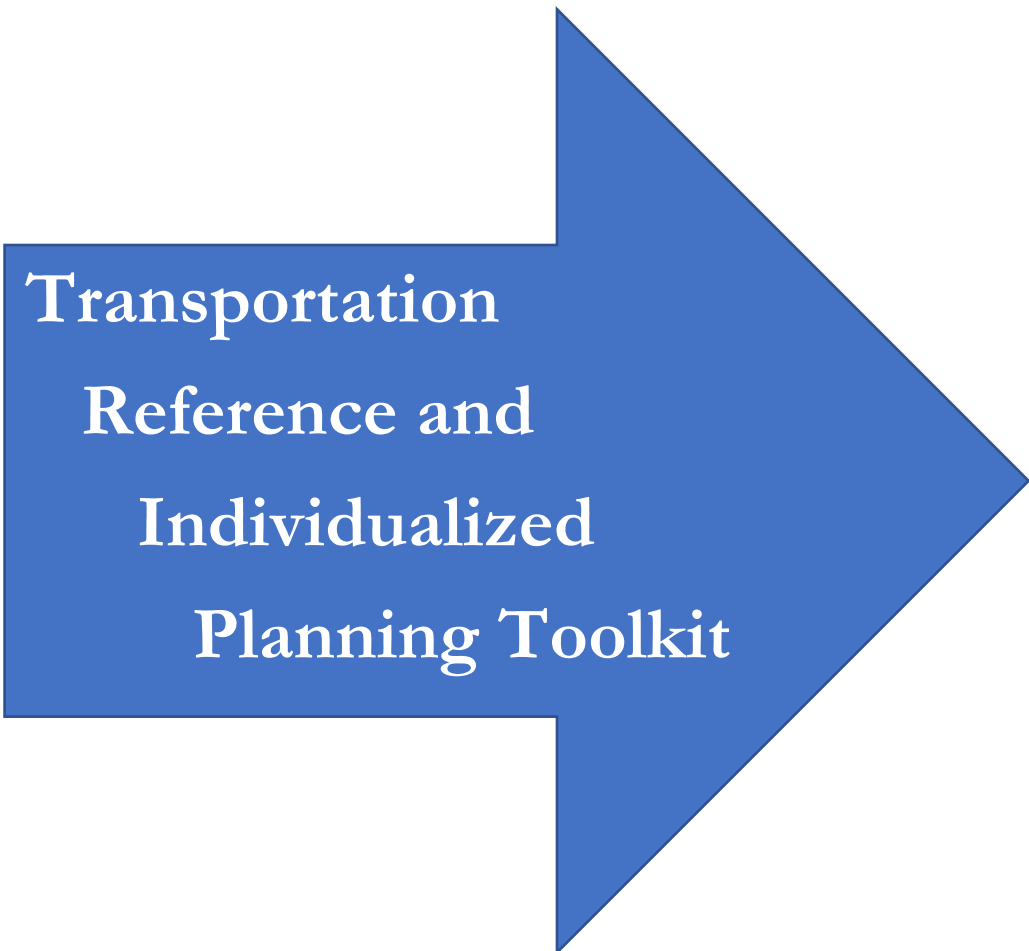


Dane County

T.R.I.P. Toolkit

Transportation Reference and Individualized Planning Toolkit

for Youth and Adults with Developmental Disabilities



Transportation
Reference and
Individualized
Planning Toolkit

ISSUE DATE: April 2019

Prepared by the Transportation Independence Project.

We wish to acknowledge the individuals with disabilities who shared their travel journeys, their families and advocates, and community stakeholders who participated in each phase of the design-think process.

Thank you!

To learn more about the design-think process, visit the National Center for Mobility Management at:
<https://NationalCenterforMobilityManagement.org/e-learning/>

This toolkit is prepared by the Transportation Independence Project.

The Transportation Independence Project (TIP) is funded in part by Dane County Department of Human Services, and the Federal Transit Administration (FTA) as authorized under 49 U.S.C. Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program. Funds are made available by the Madison Area Transportation Planning Board (MPO), in cooperation with the Wisconsin Department of Transportation (WisDOT) and Metro Transit.

Note: The contents of this toolkit are intended to increase informed decision making and should not be considered advice. Decisions regarding transportation planning are the sole responsibility of the individuals using the toolkit, not the Transportation Independence Project (TIP). Information in this toolkit is subject to change and may not include every option. Contact the Dane County Transportation Call Center at (608) 242-6489 with corrections and additions.



Dane County Transportation Call Center

The **Dane County Transportation Call Center** is a Dane County and regional resource center, operated by Mobility Managers, that provides personalized assistance with your transportation needs. The Call Center provides information on all transportation options.

Telephone: (608) 242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of operation: Monday - Friday 9:00 am - 4:30 pm

[Dane County T.R.I.P. Toolkit](#)

[Transportation Reference and Individualized Planning Toolkit for Youth and Adults with Developmental Disabilities](#)
Prepared by the Transportation Independence Project, 2019.

Foreword

Welcome to the **Dane County Transportation Reference and Individualized Planning Toolkit for Youth and Adults with Developmental Disabilities- T.R.I.P. Toolkit** for short! The Transportation Independence Project (TIP) has prepared this toolkit to increase informed transportation decision making in people with developmental disabilities as they consider: how transportation helps them live the life they choose, self-assess their needs, explore the full continuum of transportation options, select the best option for each trip and take steps to arrange services and supports. The toolkit may be used independently, or with the help of family, a caregiver or a team who supports an individual. The toolkit includes the following pieces:

T.R.I.P. Toolkit Contents:

Toolkit Introduction

- How to use the tools within the 4-step Planning Process

T.R.I.P. Planning Guide

- Module 1- Know what transportation you need
- Module 2- Assess what is needed to get there safely
- Module 3- Explore and select best option for each trip

Appendix A: Planning Workbook

- Blank worksheets to record your planning decisions

Appendix B: Facilitation Handbook

- Supports teams through a 4-step Planning Process

Quick Reference: Transportation Provider Options in Dane County

- Simple steps to arranging transportation with current transportation providers

Mobility Training in Dane County

- Examples and mobility training resources

Here's how to get additional copies:

Online link for easy and paper-free reference or to download:

<https://danecountyhumanservices.org/Transportation/sts.aspx>

Electronic version (PDF) of this toolkit may be emailed to you by contacting the Dane County Transportation Call Center. **Email:** TransportationCallCenter@CountyofDane.com

Toolkit Introduction

Informed decision-making is the key to solving transportation challenges. Being informed means you have a clear understanding of your transportation needs, the level of service you require from the person providing your ride, and available options in your community that can get you where you need to go. We have learned from individuals, families and teams that it takes time to step through the process, find a solution, and became more confident in their transportation decision-making skills. Here are examples of teams who selected tools from the toolkit to help them step through the [4-step Planning Process](#).

Sally's Story

Step 1: Define the Challenge

As a young adult, Sally is looking forward to gaining more independence and going new places in her community. The challenge is that Sally's parents have given her a ride to and from school for 15 years and they have concerns about allowing a stranger to take responsibility for their daughter's transportation. They were hesitant to make changes.

Step 2: Research and Assessment

A facilitator familiar with the TRIP Toolkit used the [1.2 Time Blocking Chart](#) to illustrate for the family all the congestion in their schedule due to needing to take Sally to and from school, as well as providing rides for their younger child who has numerous doctor appointments. Next, to help assess where Sally's strengths were and where she needed more support the facilitator selected [2.1 Skill Sets Assessment](#) and [2.3 Supports and Accommodations Checklist](#). She asked members of Sally's team to complete the tools. They discovered that riding a taxi might be a good alternative.

Step 3: Generate a Solution

The tools helped the family uncover their fears. Seeing Sally's support needs on paper made it feel more real for them. A 'pros and cons' list helped sort out the details and come to consensus. Information about what Sally will need while traveling was then put into the [2.4 Personal Supports and Accommodations Summary](#). The parents were comforted knowing Sally will keep this in her backpack at all times and she knows how to access it and show it to somebody.

Step 4: Implement, Monitor, and Iterate

Finally, the facilitator set up controlled trial rides in the community to build confidence in Sally and her parents.

Al's Story

Step 1: Define the Challenge

Now that Al will be graduating from high school, he needs a safe alternative to get to his classes at Madison College. The family's language barrier makes it challenging to get accurate information to find a solution.

Step 2: Research and Assessment

A high school teacher used the [Quick Reference booklet](#) to help Al and his mother explore options. He used to ride the bus to school, and currently he uses a taxi but the cost is not affordable. They discovered there is a bus stop near his home and the college but the amount of time and required transfers make this option unsafe due to his skill gaps.

Step 3: Generate a Solution

The teacher called the [Dane County Transportation Call Center](#) and found that Al may qualify for Madison Metro paratransit as an alternative when bus routes are inaccessible, and for mobility training to learn to safely use the city bus. He also qualifies for a disability discount on his bus pass.

Step 4: Implement, Monitor, and Iterate

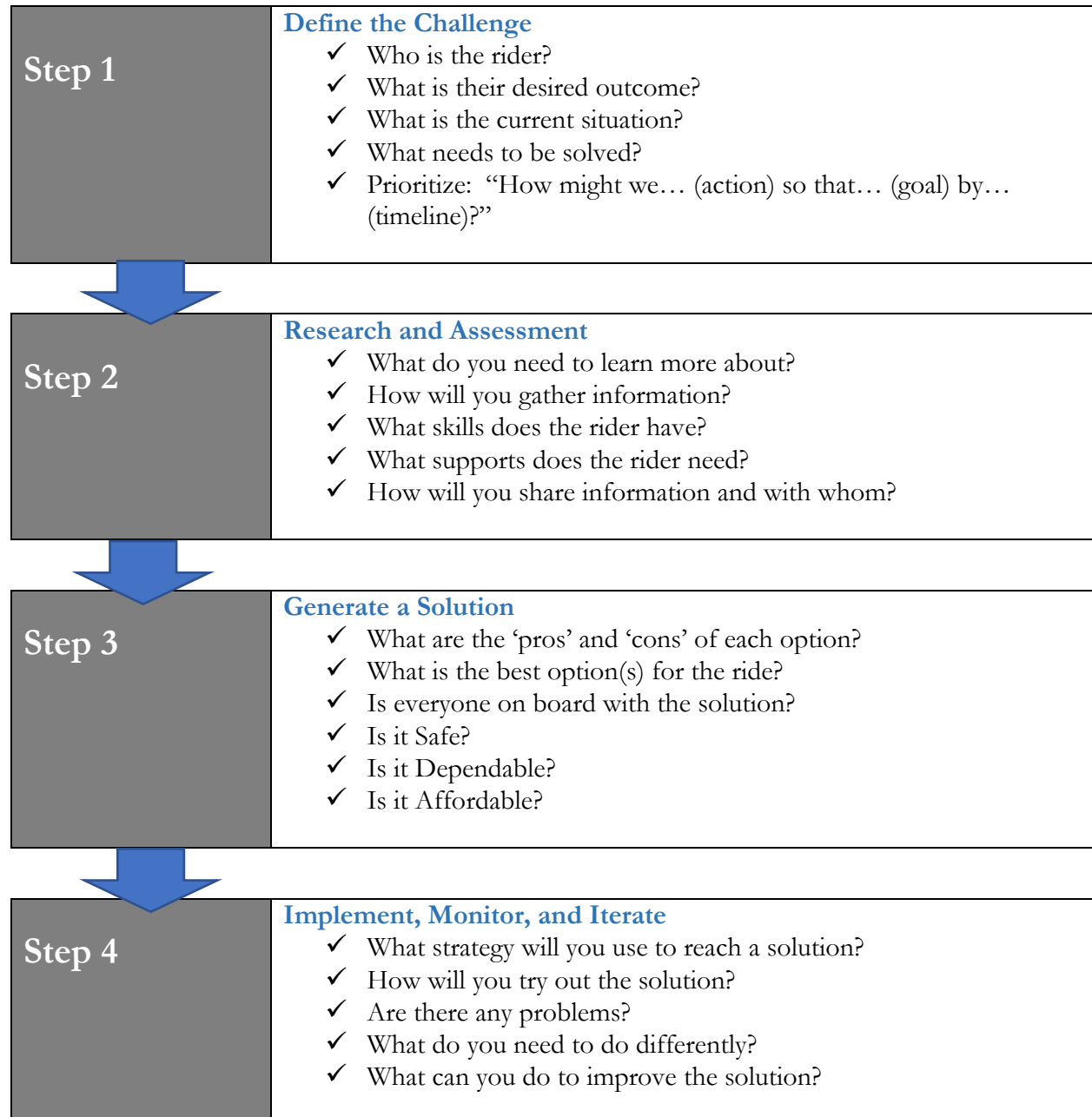
Al has a paratransit evaluation scheduled and is excited to begin mobility training to learn new ways to get to his college and other new places in his community. With training, support and practice, Al will be able to ride the city bus.

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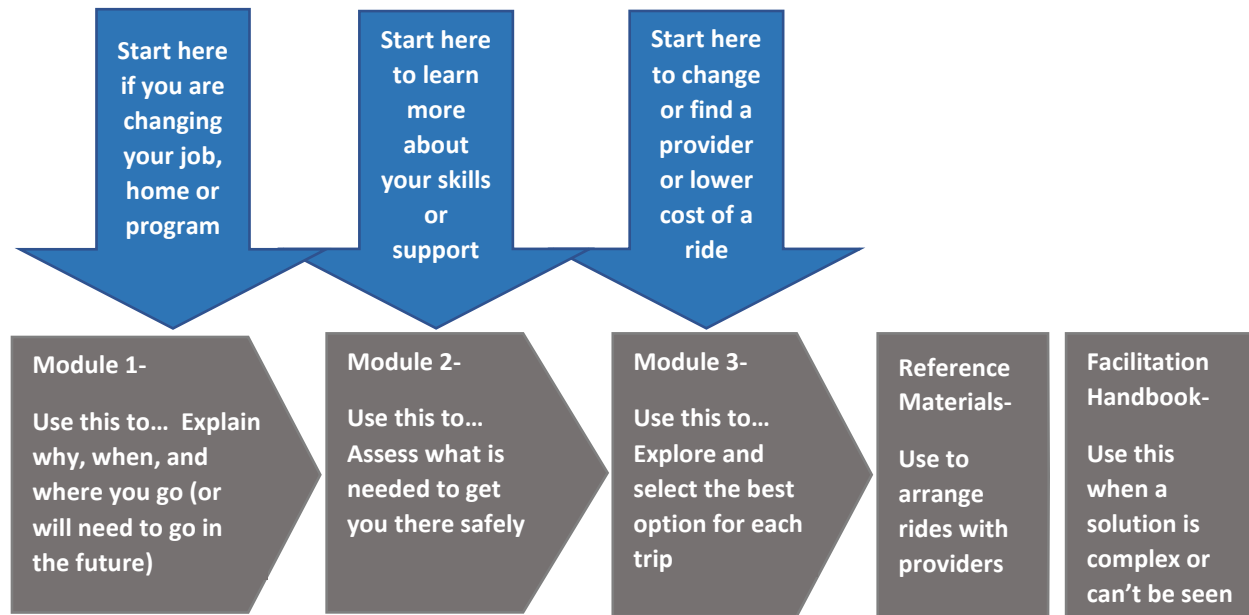
The 4-step Planning Process

This toolkit offers a [4-step Planning Process](#) that is rooted in design think- a “step-wise, measured, and fully vetted approach that will lead you to the right solution.” At each step in the process you will answer key questions that build a foundation of understanding on what you learned in the previous step. The focus should always be on keeping your personal transportation needs and life outcomes in mind. At the end of the process, you will know you have a good solution when you can answer “yes” to: Is it safe? Is it dependable? Is it affordable?



How to use this toolkit with the 4-step Planning Process

The tools you select will depend on what you need to learn at each step in the planning process. You may decide to use the entire toolkit or enter the toolkit at a point that is most helpful to you. The toolkit is designed to help you lay a foundation to build on. As your needs change, you may find it helpful to return to a module in the toolkit to fine tune your individualized transportation plan.



T.R.I.P. Planning Guide includes these three modules:

Here is a description of each module and how the tools may be useful.

Module 1- Explain why, when and where you go (or will need to go in the future)

This module helps you... think about how transportation is important to living the life you choose.

You will... focus on outcomes, where you go and when.

At the end of this module... we hope you will see where you want to focus efforts first so that you can fill in the gaps and keep moving forward on achieving the life you see for yourself.

Module 2- Consider what level of service and support you need for each trip

This module helps you... determine your level of service and personal support needs.

You will... assess your present skills, health and safety factors, and what helps.

At the end of this module... you will be able to select transportation options and needed support.

Module 3- Explore and select the best option for each trip

This module helps you... determine your current access to transportation and consider a full continuum of transportation options.

You will... explore options, who can provide rides, costs and ways to pay for a ride.

At the end of this module... you will be able to compare and select the best options for each trip.

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Questions to get you started

This toolkit provides a set of activities, worksheets and reference materials to help you learn more about your transportation challenges and make a plan to solve them. The list of questions below will help you get started. The page number that is noted will take you to the tool that best answers each question. An example is given for how each tool might be completed. To find a blank copy of each tool, go to the [Appendix A: Planning Workbook](#). If you are planning for both current and future needs, you may find it useful to make two copies and label one with today's date and the other with a target date in the future.

T.R.I.P. Planning Guide includes:

Module 1- Explain why, when and where you go (or will need to go in the future)

How does transportation help you live the life you choose?	p. 4
Are you satisfied with your current arrangements?	p. 9
When do you need to be at your scheduled activities?	p. 10
Where do you want or need to go?	p. 12
What are the addresses of the places you go?	p. 13

Module 2- Assess what you need to get you there safely

What skills do you currently have?	p. 15
What will help you to reduce barriers and increase access?	p. 18
Where can you learn more about mobility training and supports?	p. 19
What level of service might you need for various types of rides?	p. 20
What is your health and safety concerns?	p. 22
What do others need to know about your support needs?	p. 29
What information would be helpful for a provider to know about you?	p. 30

Module 3- Explore and select the best option for each trip

What modes of transportation do you currently have access to?	p. 34
What do you need to consider when selecting the best mode for each trip?	p. 37
What factors affect the cost of your ride?	p. 38
Who are the transportation providers in your community?	p. 39
Which of these options, alternatives, and innovative ideas might you explore?	p. 40
What is the best option for you for each trip?	p. 42
What is your transportation plan and what will it cost?	p. 44
What information is needed to arrange your transportation?	p. 45
What are ways to keep track of your rides and providers?	p. 46

More Planning Tools:

Where might you record your planning decisions?	Appendix A: Planning Workbook
How might we help teams solve transportation challenges?	Appendix B: Facilitation Handbook
Where might you find a listing of Dane County options?	Quick Reference: Transportation Options in Dane County for People with Developmental Disabilities
How might learning new skills increase options?	Mobility Training in Dane County for People with Developmental Disabilities

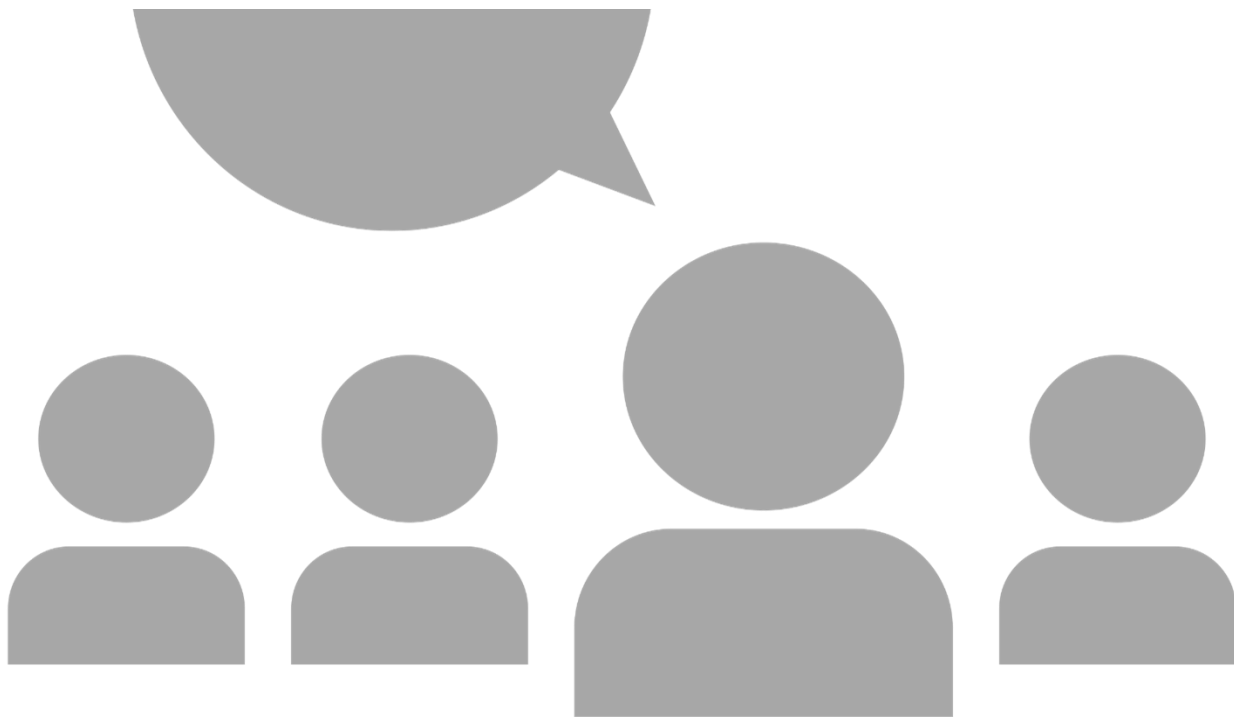
[Dane County T.R.I.P. Toolkit](#)

Notes:

Dane County

Transportation Reference and Individualized Planning Toolkit

for Youth and Adults with Developmental Disabilities



T.R.I.P. Planning Guide

ISSUE DATE: April 2019

Quote by Stakeholder who participated in the initial toolkit prototype review:

“The toolkit was very well received by the stakeholder group – especially the inventory of rides needs, identification of personal supports, health and safety checklist, passenger profile, time blocking chart, mapping activity, and how the visuals of the pricing scale and continuum of transportation options help to get people thinking a little more about their rides. For many people (and teams) they work with, they see themselves using several pieces of the toolkit to guide discussions around transportation. They felt it was a very good training experience for them to walk through the whole thing in order to have a more global understanding of transportation planning.”

Quote by Lead TIP Grant Coordinator:

“Getting a ride is not just a way to get from point A to point B. Transportation opens the door and gives us a pathway to reach employment, shopping, and ultimately to exercise citizenship! Getting a ride can mean reducing isolation and increasing wellness for even the most complex passengers. Whether waiting at a bus stop, sharing a taxi ride, carpooling with a co-worker, or getting there on pedestrian pathways, access to the community creates opportunity to build relationships with other community members and gain a valued role.”

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1.3 Time Blocking Chart	p. 10
1.4 Community Map	p. 12
1.5 Destinations List	p. 13

TOOLS in Module 2- Assess what is needed to get you there safely

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2.2 Skills and Supports Scale	p. 18
2.3 Mobility Training in Dane County	p. 19
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2.5 Personal Supports Checklist	p. 22
2.6 Personal Supports Summary	p. 29
2.7 Passenger Profile	p. 30

TOOLS in Module 3- Explore and select the best option for each trip

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3.2 Community Access Summary	p. 37
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Module 1- Explain why, when and where you go

This module helps you... think about how transportation is important to living the life you choose, now and into the future.

You will... focus on outcomes and possible strategies to reach the goals.

At the end of this module... we hope you will see where you want to focus efforts first so that you can fill in the gaps and keep moving forward on achieving the life you see for yourself.

Tools in this module:

1.1 Life Outcomes and Goals

How does transportation help you live the life you choose?

Having a written plan helps you share with others what is needed for you to live the life you choose. An important first step, especially as you transition between systems or programs, is to be able to explain why you need transportation. Use the set of questions in the [1.1 Life Outcomes and Goals](#) worksheet to guide the discussion about your desired life outcomes.

1.2 Quick Week-at-a-Glance

Are you satisfied with your current arrangements?

Use this quick chart to record what is current, what's missing and where to begin to address gaps in your week.

1.3 Time Blocking Chart

When do you need to be at your scheduled activities?

Use the [1.3 Time Blocking Chart](#) to record your activities. Notice if there are times in your week where you wish you were more active or had more access to activities you enjoy in the community. Frequent trips, as well as gaps in ride availability and cost, may be priorities for you to focus on.

1.4 Community Map

Where do you want or need to go?

There is a direct correlation to the number of places you go and the opportunities you have to try new things. Use this [1.4 Community Map](#) template (or an actual map of your community!) to create a diagram of the places you currently go, places you hope to explore, and places you would go if you had a way to get there.

1.5 Destination List

What are the addresses of the places you go?

Use this [1.5 Destinations List](#) to record all the addresses to places you go in the community. This is a good reference once you begin to explore the distance between and prepare to arrange your rides.

How does transportation help you live the life you choose?

Having a written plan helps you share with others what is needed for you to live the life you choose. If you have not yet created a plan, we encourage you to talk to your team to make arrangements to complete one. A 'person-centered plan' documents the details of your wishes, goals and desired outcomes for your life. With this vision in mind, you and your team can begin to effectively work to fill in your transportation service and supports needs.

Ask them to help you think about why, where and when you need a ride. Taking time to think about how transportation helps you live the life you choose will serve to lay a solid foundation to build your transportation plan on now and into the future.

1.1 Life Outcomes and Goals

Access to transportation affects nearly every part of most people's lives. Here are a few questions to get the conversation started toward understanding and planning for your transportation needs: Why is getting to this activity important to my quality of life? Would I be able to sustain this activity if I did not have access to transportation? What is the consequence if I don't have a way to get there?

INSTRUCTIONS: This first activity is best led by you and people you trust. Begin to talk to people who know you well and who are deeply invested in your wellbeing. For each of the outcomes, record your thoughts about possible goals and strategies to help achieve them. Include in the goals column any gaps in your schedule or support needs you want to fill. In the 'strategies' column list ways to address barriers you experience to reaching the goal and what is needed. Examples are provided for each section below.

EXAMPLE: Throughout this guide you will find an example of how Tina and her team responded to each tool (in red italics). In this first tool, life outcomes were shared by her family and input was offered by others who Tina trusts and who know her well. The elements that are essential to solving her transportation challenge are underlined. These will become the elements for a solution and can point to what might be missing. (This is a helpful exercise for any scenario!)

How does access to transportation help you maintain a HOME OF YOUR OWN?		
<p>Outcome: I have choices of where I live and who I live with.</p> <p>Note: <u>When considering moving to a new address, always contact Madison Metro Transit to determine if the address is within their service boundaries for mainline bus and paratransit. This will increase transportation options for you and those who wish to visit you.</u></p>	<p>My goals: <i>I will live confidently and comfortably in my own place with a roommate with similar interests in the community and the support needed to be successful, safe, and happy.</i></p>	<p>Strategies: <i>I will hire <u>support to plan for transitioning to living in an accessible home away from but within 5 miles of my parent's home, including finding a compatible roommate.</u></i></p>

<p>Outcome: My hired supports and visitors have access to bus line, and available parking. <i>(currently, I live outside the city bus line)</i></p>	<p>My goals: <i>I will have a home with ample parking for my support staff and access to the bus line for non-driving staff and visitors.</i></p>	<p>Strategies: <i><u>Experienced team members</u> will help me begin to explore and visit <u>options</u> for a home of my own in the next year.</i></p>
<p>Outcome: I have a way to arrange activities related to community living (also known as Instrumental Activities of Daily Living, or IADL) (such as cell phone and Internet use, pet care, maintaining a vehicle, booking rides, yard care, snow removal from walks and driveway, etc.)</p>	<p>My goals: <i>My future home and IADLs must be easy to maintain by hired staff.</i></p>	<p>Strategies: <i>I will hire a <u>residential support agency</u> and arrange for <u>staff training on all my care and safety plans.</u></i></p>
<p>Outcome: I have a way to access transit options (such as safe pedestrian pathways, city bus, shared-rides, etc.)</p>	<p>My goals: <i>I will have support staff who will help me use my mobility devices and access various modes of transportation.</i></p>	<p>Strategies: <i>I will acquire an adult size <u>walker</u>, <u>all-terrain stroller</u>, and <u>wheelchair</u> that can be safely tied-down to an <u>accessible bus or lift van.</u></i></p>
<p>Outcome: I have a way to get to places to purchase goods (such as household items, furniture, etc.)</p>	<p>My goals: <i>(future)</i></p>	<p>Strategies: <i>(future)</i></p>
<p>Outcome: I have a way to get to places to purchase services (such as banking, post office, laundromat, print shop, etc.)</p>	<p>My goals: <i>(future)</i></p>	<p>Strategies: <i>(future)</i></p>
<p>How does access to transportation help you create and sustain opportunities for EMPLOYMENT and a MEANINGFUL DAY?</p>		
<p>Outcome: I have meaningful activities to fill my weekdays and weekends.</p>	<p>My goals: <i>I will have predicable days and socializing with others who I can share a ride to a variety of activities.</i></p>	<p>Strategies: <i>I will hire a <u>Community Connector</u> to help me <u>plan my time</u> and connect to <u>other riders</u> to <u>share rides.</u></i></p>
<p>Outcome: I have places to go where I establish a valued role as an employee, co-worker, classmate or volunteer</p>	<p>My goals: <i>I will have a variety of paying jobs and volunteer positions at easily accessed sites nearby where I live.</i></p>	<p>Strategies: <i>My <u>Job Coach</u> will help me drop off <u>earnings reporting</u> to the local <u>SSA office</u> and deposit <u>paychecks</u> at my <u>bank.</u></i></p>

<p>Outcome: I have a way to continue my life-long learning (such as vocational training, mobility or travel training, conferences, skills development, etc.)</p>	<p>My goals: <i>I will regularly use the city bus to get to the public library, my pottery class and other adult continuing ed classes with a Personal Attendant authorized</i></p>	<p>Strategies: <i>I will have authorized <u>Personal Bus Attendants (no fare charged) who will attend bus orientation on using the fixed-route schedule, and purchasing a reduced fare pass.</u></i></p>
<p>Outcome: I have a way to get to and from my vocational activities (such as pre-vocational experience, employment, micro-enterprise, and self-employment with appropriate vocational supports)</p>	<p>My goals: <i>I will hire agencies who build my transportation needs into their rate and are committed to training their staff.</i></p>	<p>Strategies: <i>I will have <u>trained staff drivers who are skilled at my transfer, boarding and seat securement protocols.</u></i></p>
<p>Outcome: I have a way to get to and from career and personal development opportunities (through job opportunities such as career exploration, interviews, mentorship, etc.)</p>	<p>My goals: <i>I will participate in activities with my co-workers, peers, friends and other community members.</i></p>	<p>Strategies: <i>I will select agencies who organize <u>enrichment and social activities with others in the community.</u></i></p>
<p>How does access to transportation help promote your participation and COMMUNITY MEMBERSHIP?</p>		
<p>Outcome: I have a way for exploring new opportunities in the community.</p>	<p>My goals: <i>I will have regular opportunities to explore new activities in my community.</i></p>	<p>Strategies: <i>I will hire a Community Connector help arrange <u>new activities, needed support, and rides.</u></i></p>
<p>Outcome: I have a way to establish belonging to a place of worship, clubs, teams, bowling, leagues, special Olympics, and other common experiences</p>	<p>My goals: <i>I will continue to join the Sp. Olympics track and ski teams.</i></p>	<p>Strategies: <i><u>Respite care (escort) will allow me to get to team practices and for my residential supports to receive time off.</u></i></p>
<p>Outcome: I have a way to practice citizenship by fulfilling responsible roles, voting, sharing gifts and talents</p>	<p>My goals: <i>My life skills coach will mentor me as an ambassador for my city parks committee.</i></p>	<p>Strategies: <i>I will test <u>pedestrian accessibility of local parks, paths and play structures.</u></i></p>

<p>Outcome: I have a way to form connections with others who share my interests in ordinary places in a community like visiting a local coffee shop, library, gym, pool, parks or hiking trails, barber or hair stylist</p>	<p>My goals: <i>I will go to regular appointments to get my hair cut.</i></p>	<p>Strategies: <i>I will find a <u>stylist with a chair that will support me</u> and a <u>driver escort</u> to assist me at my <u>appointment</u>.</i></p>
<p>Outcome: I have a way to contribute by volunteering, helping a family or friend, and other acts of giving</p>	<p>My goals: <i>I will be a greeter at my church on Sunday mornings.</i></p>	<p>Strategies: <i>I will have a <u>volunteer from church</u> give me a ride to and from and assist me.</i></p>
<p>How does access to transportation help you build and maintain RELATIONSHIPS?</p>		
<p>Outcome: I have established and documented supports training and communication methods for both paid and unpaid supports, including drivers</p>	<p>My goals: <i>I will have a support team who are well trained on my personal needs and know best how to assist me.</i></p>	<p>Strategies: <i>My team will implement, monitor and update my <u>personal support plan</u>.</i></p>
<p>Outcome: I have established social activities with family, friends, romantic interest, co-workers, and others I care about</p>	<p>My goals: <i>I will join my family for vacations and summer camping trips.</i></p>	<p>Strategies: <i>I will rent an <u>accessible cabin</u> and travel in a <u>vehicle with storage</u> for my all-terrain stroller.</i></p>
<p>Outcome: I attend skills classes, such as communication, self-regulation, self-awareness, mindfulness, social skills, etc.</p>	<p>My goals: <i>I will have opportunities to socialize daily and support to facilitate my communication.</i></p>	<p>Strategies: <i>I will hire a <u>day support agency</u> and train staff on how to use <u>signs I know</u> and my <u>voice output device</u>.</i></p>
<p>Outcomes: I am supported by trusted people who help with decision-making, planning, organizing, assisting and attending to my needs</p>	<p>My goals: <i>I will have guardians to arrange my finances and a long-term care team to plan my care.</i></p>	<p>Strategies: <i>I will hire an <u>IRIS program consultant</u> and rely on my parents as <u>Representative Payee</u>.</i></p>
<p>Outcome: I have shared interests and mutual enjoyment with others in a variety of activities, such as art, music, theater, festivals, gardening, hobbies, and other recreation</p>	<p>My goals: <i>My care team will advocate for my inclusion in the community and summer camp / retreats.</i></p>	<p>Strategies: <i>I will hire a shared <u>Community Connector</u> who helps me and <u>others who are also seeking activities in the community</u>.</i></p>

How does access to transportation help you maintain your WELLNESS AND SAFETY?		
EXAMPLE: Outcome: My personal care needs are met (in the home and community)	My goals: <i>I will have support from my personal care while I am in the community, especially doctor visits. (NEMT doesn't provide adequate level of service)</i>	Strategies: <i>My self-directed <u>personal care worker</u> will drive me, escort me to my <u>medical appointments</u> and assist me with my <u>personal care needs</u>.</i>
Outcome: My medical needs are met (including primary and acute healthcare, dental, eye care and lenses, therapeutic sessions, prescriptions and pharmacist consultation, etc.)	My goals: <i>I will have an established schedule of regular healthcare visits.</i>	Strategies: <i>My self-directed personal care will work with my guardians to <u>schedule monthly appointments</u>.</i>
Outcome: My wellness practices are met (such as selecting appropriate seasonal clothing, ready access to personal hygiene and care products (at home and when traveling), regular haircuts, skincare, nailcare, self-image practices, choices about my care)	My goals: <i>I will stay comfortable, healthy and feel good about myself when I am traveling.</i>	Strategies: <i>I will have staff trained on my <u>dressing, care and hygiene routines</u> when I am traveling or in the community.</i>
Outcome: My nutritional needs are met (including access to sources of fresh food, shopping for nutritious groceries, healthy food preparation, cooking classes, allergy/intolerance management, etc.)	My goals: <i>I will have access to preferred ingredients prepared to avoid choking risk.</i>	Strategies: <i>My home staff will be trained join me for trips to the <u>grocery store</u>.</i>
Outcome: My strength and fitness activities are met (such as walking, biking, exercise classes, yoga, swimming, and other physical activity)	Outcomes: <i>I will stay strong and injury-free when I travel.</i>	Strategies: <i>I will have staff trained on my <u>strength and range of motion routines</u>.</i>

Next Steps: If you would like to consider making changes to how you access transportation, continue working through this toolkit to explore a full continuum of options. Here are additional questions you might ask: Are there other ways to reach my goal? What strategies might I use for: increasing, reducing, eliminating, conserving, sustaining, choosing a different provider or creating new options?

Are you satisfied with your current arrangements?

It might be easiest to begin by writing down what you are already doing and where you are already going in your day and week. Looking at a snap shot of your ‘Week-at-a-Glance’ can help you see and share with others where you are satisfied and where there are gaps or barriers to explore.

1.2 Quick ‘Week-at-a-Glance’- Scheduled and desired activities

INSTRUCTIONS: Use this chart to jot down your current activities. Are you satisfied with your current level of activity each day? If not, what would you like to consider adding to your schedule?

EXAMPLE: Here is a quick snapshot of Tina’s current week and future activities to plan for.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>a.m. volunteer at childcare center</i>	<i>a.m. volunteer at childcare center</i>	<i>a.m. volunteer at childcare center</i>	<i>a.m. volunteer at childcare center</i>	<i>a.m. volunteer at childcare center</i>	<i>a.m. groceries (future)</i>	<i>a.m. church (future)</i>
<i>afternoon café job (future)</i>	<i>afternoon at mall</i>	<i>afternoon café job (future)</i>	<i>afternoon at mall</i>	<i>Adult skills class (future)</i>	<i>Restaurant then theater with friends (future)</i>	<i>socialize with church (future)</i>
<i>eve- Special Olympics</i>	<i>swimming</i>	<i>eve-Special Olympics</i>	<i>swimming</i>	<i>Occasional doctor visits</i>		
X all good <input type="checkbox"/> there are gaps or barriers to explore	X all good <input type="checkbox"/> there are gaps or barriers to explore	X all good <input type="checkbox"/> there are gaps or barriers to explore	X all good <input type="checkbox"/> there are gaps or barriers to explore	X all good <input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> all good X there are gaps or barriers to explore	<input type="checkbox"/> all good X there are gaps or barriers to explore
Comments: <i>Tiring day</i>	Comments:	Comments: <i>Tiring day</i>	Comments:	Comments: <i>Occasional eve movies</i>	Comments: <i>Consider roommates</i>	Comments: <i>Visit a few churches</i>

Tips for keeping a CALENDAR:

Allow time in your day between activities for walking to your pick-up point, waiting for your ride to arrive, traffic delays at peak rush hours in am and pm. When planning for transportation, consider and discuss time restrictions for the individual and the transportation provider. Some providers have limited hours while others offer rides 24 hours / 7 days a week.

Suggestions for SCHEDULING rides:

Reservation might be a ‘standing ride’ which means the ride repeats automatically. This helps with ensuring your ride will be available. Other rides may be ‘flexible’ and allow you to reserve 10 minutes prior. When you reserve your ride, ask what the allowable arrival window is for drivers. If possible, arrange for the driver to text you upon arrival at your agreed upon pick-up point.

When do you need to be at your scheduled activities?

1.3 Time Blocking Chart

INSTRUCTIONS: Block in more details about where you go, when and what times.

EXAMPLE: Here are details about Tina's activities for a typical week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MOR	Purpose: Pre-VOC Time Block: 8:30-11:30 Frequency: every week Pick-up: Home Drop-off: CC Center	Purpose: Pre-VOC Time Block: 8:30-11:30 Frequency: every week Pick-up: Home Drop-off: CC Center	Purpose: Pre-VOC Time Block: 8:30-11:30 Frequency: every week Pick-up: Home Drop-off: CC Center	Purpose: Pre-VOC Time Block: 8:30-11:30 Frequency: every week Pick-up: Home Drop-off: CC Center	Purpose: Pre-VOC Time Block: 8:30-11:30 Frequency: every week Pick-up: Home Drop-off: CC Center	Purpose: GROCERIES Time Block: 9:00-12:00 Frequency: every other Pick-up: Home Drop-off: Market	Purpose: CHURCH Time Block: 10:00-12:00 Frequency: Sunday only Pick-up: Home Drop-off: Faith Place
MID DAY	Purpose: WORK Time Block: 1:00-3:00 Frequency: every week Pick-up: CC Center Drop-off: ABC Cafe	Purpose: MALL Time Block: 12:00-2:00 Frequency: every week Pick-up: CC Center Drop-off: Mall	Purpose: WORK Time Block: 12:00-1:00 Frequency: every week Pick-up: CC Center Drop-off: ABC Cafe	Purpose: MALL Time Block: 12:00-2:00 Frequency: every week Pick-up: CC Center Drop-off: Mall	Purpose: CLASS Time Block: 1:00-3:00 Frequency: 1 x month Pick-up: CC Center Drop-off: Library	Purpose: BACK HOME Time Block: 12:00-3:00 Frequency: every other Pick-up: market Drop-off: Home	Purpose: BOWLING Time Block: 12:00-3:00 Frequency: every week Pick-up: Faith Place Drop-off: Bowling
AFT	Purpose: HOME Time Block: 3:00-5:30 Frequency: weekly Pick-up: ABC Cafe Drop-off: Home	Purpose: SWIM Time Block: 2:00-3:30 Frequency: every week Pick-up: Mall Drop-off: Pool	Purpose: HOME Time Block: 3:00-5:30 Frequency: weekly Pick-up: ABC Cafe Drop-off: Home	Purpose: SWIM Time Block: 2:00-3:30 Frequency: every week Pick-up: Mall Drop-off: Pool	(visits to doctor, hair stylist, bank, public library) WEEKEND RETREAT 1xmon (future)	Purpose: THEATER Time Block: 4:00-8:00 Frequency: every week Pick-up: Home Drop-off: Cinema	Purpose: visit family Time Block: 3:00-8:00 Frequency: every week Pick-up: Bowling Drop-off: Parent home
EVE	Purpose: SP. OLYMPICS Time Block: 5:30+ Frequency: weekly Pick-up: Home Drop-off: School track	Purpose: HOME Time Block: 3:30+ Frequency: 1 x month Pick-up: Pool Drop-off: Home	Purpose: SP. OLYMPICS Time Block: 5:30+ Frequency: weekly Pick-up: Home Drop-off: School track	Purpose: HOME Time Block: 3:30+ Frequency: every week Pick-up: Pool Drop-off: Home	Purpose: HOME Time Block: 3:00+ Frequency: 1 x month Pick-up: Library Drop-off: Home	Purpose: HOME Time Block: 8:30+ Frequency: 1 x month Pick-up: Cinema Drop-off: Home	Purpose: HOME Time Block: 8:00+ Frequency: every week Pick-up: Parent home Drop-off: Home

Considerations about FREQUENCY:

More frequent rides will likely be a priority as you may have more interruption in your schedule if the ride becomes unavailable. Knowing the frequency of a ride helps you set an annual budget. Count the number of trips needed in a year and multiply by the cost of the ride and the cost of supports.

OTHER activities you need an occasional ride to:

EXAMPLE: Tina and her team are currently planning for monthly week end retreats to practice living away from her parent's home.

MONTH	OCCASSION	DAY/TIME	LOCATION	FREQUENCY
January	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
February	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
March	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
April	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
May	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
June	<i>Summer Camp</i>	<i>Sunday-Saturday</i>	<i>WI Dells</i>	<i>2 x year</i>
July	<i>Family Camp</i>	<i>Friday-Tuesday</i>	<i>State Park</i>	<i>2 x year</i>
August	<i>Summer Camp</i>	<i>Sunday-Saturday</i>	<i>WI Dells</i>	<i>2 x year</i>
September	<i>Family Camp</i>	<i>Friday-Tuesday</i>	<i>Manitowoc</i>	<i>2 x year</i>
October	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
November	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>
December	<i>Weekend retreat</i>	<i>Friday-Sunday</i>	<i>Indoor waterpark</i>	<i>8 x year</i>

Other occasional rides:

Visits to doctor, hair stylist, bank, public library and adult skills classes.

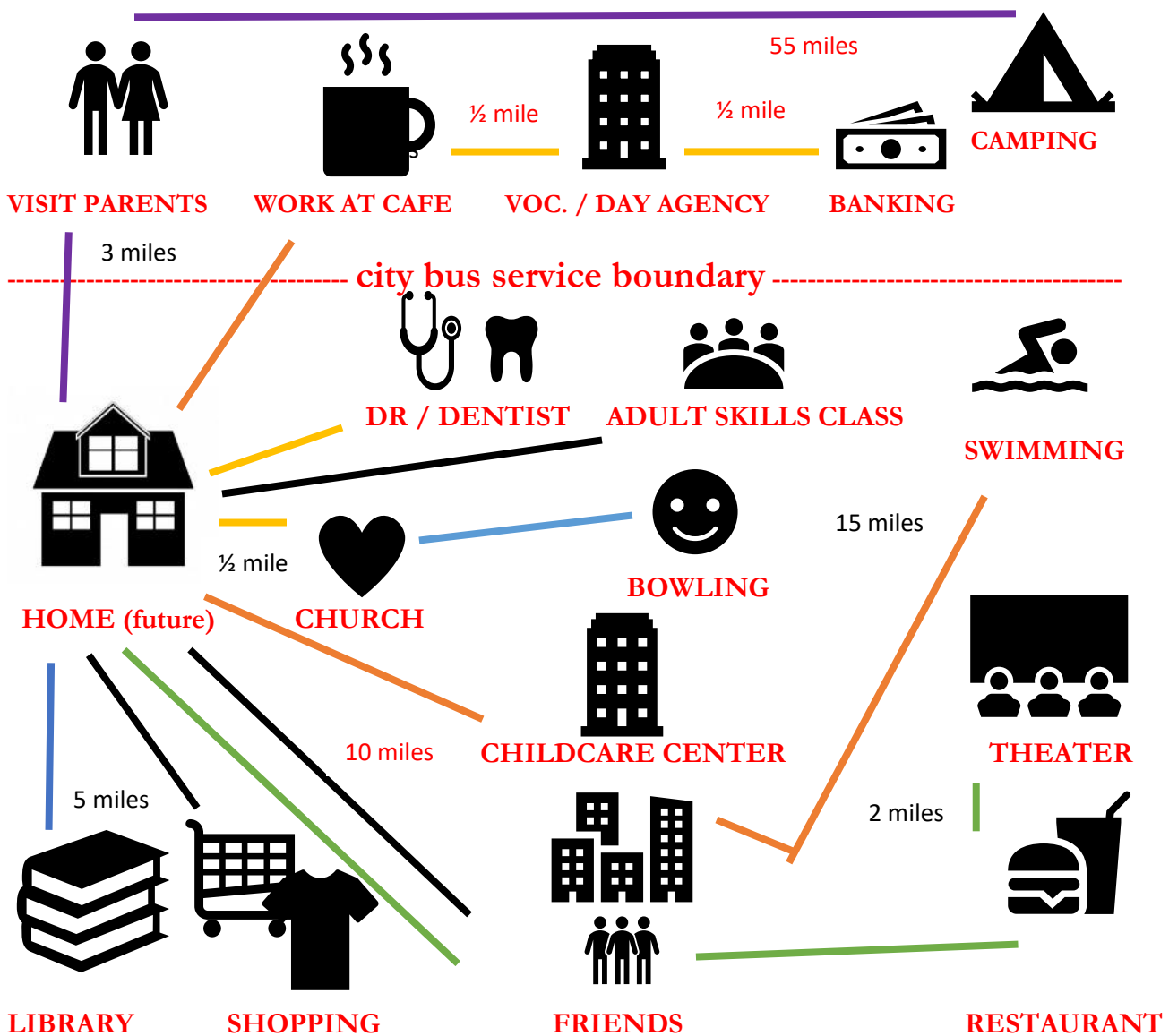
Where do you want or need to go?

There is a direct correlation between the number of places you go and the opportunities you have to try new things and meet new people.

1.4 Community Map

INSTRUCTIONS: Use the template below to illustrate where you go (and where you want to go in the future), the distance between and by what mode. Color code various modes of transportation: **purple line** means rides by family or friends, **blue line** means paratransit, **green line** means taxi cab, **yellow line** means walking, **orange line** means rides by job coach, and **black line** means rides by residential /respite support staff.

EXAMPLE: Here is Tina's vision for her future as an adult living in her own home.



What are the addresses of the places you go?

1.5 Destinations List

INSTRUCTIONS: Record the addresses for all of the places you go (or want to go).

EXAMPLE: Here's a list of places Tina wants to go.

DOMAIN: A HOME OF YOUR OWN

Home address: *543 Country Corners (will have own home in the future with city bus service)*

Shopping/address: *City Center Shopping Mall/111 Commerce Way*

Bank/address: *Community Credit Union/123 Main Street*

Barber/address: *Cute Cuts at City Center Shopping Mall*

Other/ address: *Hotel for Weekend Retreat weekends*

DOMAIN: EMPLOYMENT/MEANINGFUL DAY

Vocational Agency/address: *Willing Workers, Inc./864 Water Street*

Workplace/address: *ABC Café/222 Country Corners*

Other/ address: *(volunteering) Childcare Center/4444 Nursery Road*

DOMAIN: COMMUNITY MEMBERSHIP

Place of Worship/address: *(currently visiting churches)*

Activity/address: *Hair Salon, Grocery Store, Movie Theater/City Center Shopping Mall*

Other/address: *Day Supports Inc./234 Activities Boulevard*

DOMAIN: RELATIONSHIPS

Family/address: *Parent's home/543 Country Corners*

Friends/address: *Sara (classmate) /731 Country Corners*

Other/address: *Jackie (co-volunteer) /555 City Center Apartments*

DOMAIN: WELLNESS AND SAFETY

Hospital/address: *Medical Center/876 Healthcare Circle*

Doctor/address: *Compassion Clinics/ 998 Healthcare Circle*

Dentist/address: *(currently there is a waiting list for all Medicaid providers)*

Specialist/address: _____

Pharmacy/address: *Walgreens/867 Nursery Road*

Personal Supports/address: *(respite and personal care workers come to Tina's home)*

Other/ address: _____

Module 2: Assess what is needed to get you there safely

This module helps you... determine your level of service and personal support needs.

You will... assess your present skills, health and safety factors, and what helps.

At the end of this module... you will be able to select transportation options and needed support.

Tools in this module:

2.1 Skill Set Assessment

What skills do you currently have?

Use the [2.1 Skill Set Assessments](#) to document your present level of travel skills. Assessing your skills will help you, and those who support you, understand better your level of independence and ability to travel safely. Your answers will give important insights into planning appropriate transportation and needed supports.

2.2 Skills and Support Scale

What will help you to reduce barriers and increase access?

This scale shows how adding skills can reduce your need for supports which may increase your options, and how adding supports can reduce barriers and may increase your transportation options.

2.3 Mobility Training in Dane County

How might learning new skills increase options?

The Transportation Independence Project has compiled mobility training resources into a booklet titled, [Mobility Training in Dane County for People with Developmental Disabilities](#).

2.4 Level of Service and Accommodations Checklist

What level of service might you need for various types of rides?

Refer to the [2.4 Level of Service and Accommodations Checklist](#) definitions to determine your needed level of service and accommodations.

2.5 Personal Supports Checklist

What are your health and safety concerns?

The purpose of this [2.5 Personal Support Checklist](#) is to better understand what you experience when you travel and to create a helpful support plan.

2.6 Personal Support and Accommodations Summary

What do others need to know about your support needs?

The purpose of this [2.6 Personal Support Summary](#) is to easily communicate to others the support strategies and accommodations that help you travel safely and successfully.

2.7 Passenger Profile

What information would be helpful for a provider to know about you?

The [2.5 Passenger Profile](#) summarizes the emergency contacts, driver instructions, level of service personal supports and accommodations you need to stay healthy and safe throughout your travel journey.

What skills do you currently have?

This assessment will help you, and those who support you, better understand your level of independence and ability to travel safely. Focus on the current skills and those skills that could be gained with mobility training. Ask “Do you (or does the person) have this skill?” If you are unsure, then a mobility assessment may be appropriate. If the person is likely to be able to learn the skill, consider if mobility training is the next step. Your answers will give important insights into planning for travel training, appropriate transportation and needed supports. See the appendix for an Introduction to Mobility Training. You may also consider using the [2.5 Personal Supports Checklist](#) to learn more about ‘how’ you travel and what is needed to travel safely.

2.1 Skill Set Assessment

INSTRUCTIONS: For each of the travel tasks listed below, think about each skill set and check the skills you are **currently** able to complete. Then, highlight any skills you do not currently have but wish to explore further. Here is a list of the skill sets:

Skill Set 1: Communication- This is important because... telling others who you are and what you need will help you get through situations that arise. If you travel independently, it is important that you have a way to share your challenges with people you trust to help you.

Skill Set 2: Waiting Safely- This is important because... being ready in time for when your ride arrives is important. If you wait independently, it is important that you remember your belongings, secure doors behind you, and have a back-up plan if your ride doesn't show.

Skill Set 3: Way-finding- This is important because... there are many steps to getting where you need to go safely and on time. If you walk or wheel independently, it is important that you can safely maneuver the doors, steps, sidewalks, curbs, streets, and enter/exit the vehicle safely. Having a plan to follow if you get lost is very important!

EXAMPLE: The results of how Tina's team completed her self-assessment.

COMMUNICATION	Travel Skills I CURRENTLY have:
1a Identify myself and others	<p>What information can you share about yourself?</p> <p>I can state my full name. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can state my home address. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can state my home phone number. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can state my work phone number. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can present my ID or info card. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you verify that the driver of the vehicle was indeed sent to pick you up? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
1b Express my preferences	Do you easily share with others your likes and dislikes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
1c Use communication technology	<p>Do you use a telephone to make a call independently? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you use a mobile device to text? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>

1d Seek help	Do you recognize when you need help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Can you request assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you answer questions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you follow instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you know when to dial 911? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
1e Reporting Concerns	Do you tell a trusted person when there is a problem? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you share the details of a negative experiences? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you resolve an issue with the transportation provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
WAITING SAFELY	Travel Skills I CURRENTLY have:
2a Preparing for ride to arrive	Do you dress appropriately for the weather? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you reliably carry identification? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you gather personal items you need to bring along? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you manage your personal care before you leave? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
2b Managing Environments	Where are you able to independently wait safely? at home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure at workplace <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure at bus stop or transfer station, with shelter and bench <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure at bus stop or transfer station, without shelter and bench <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure at public library, café or business <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Where else are you able to independently wait safely? _____
2c Identify vehicle	Do you identify the correct vehicle to board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
2d Leave doors secured	Do you lock the door or close the garage behind you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
2e Contingencies	Do you have a back-up plan if your ride does not arrive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure
WAYFINDING	Travel Skills I CURRENTLY have:
3a Pedestrian Strategies	If no sidewalks is provided, can you walk on the correct side of a road? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you obey traffic signs and control signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you determine safe time to cross street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure Do you make accurate time/distance judgements of approaching vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure

	<p>Do you make it across an intersection before the signal changes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3b Directional	<p>Can you determine which direction you need to head? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Which of these can you read: street map <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>address <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>street sign <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>bus number <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you use walking instructions on a mobile device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you learn to follow a set path? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>When arriving at your destination, do you know where to go next? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3c Board vehicle	<p>Do you safely move from where you are waiting to the vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you safely board all types of vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Which form of payment can you use for your fare? I can use cash. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure I can use a ticket. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure I can use a swipe card <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure I can use an app on my mobile device. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
4d Locate seat	<p>Are you able to share a seat with a stranger? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you appropriately request an accessible seat? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you appropriately decline moving from an accessible seat? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3e Secure seatbelt or wheelchair	<p>Do you secure your own seatbelt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do ensure the driver has secured your wheelchair? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3f Exit vehicle	<p>Do you identify an approaching destination by signs or landmarks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you signal the driver when wish to exit at next stop <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you safely exit all types of vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3g Contingencies	<p>What do you do if you get lost? _____</p> <p>Do you know how to turn down unsolicited offers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you recognize and avoid danger? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure</p>

Mobility Assessment: If you answered “unsure” to any of the questions above, is it because you have not had an opportunity to try? Would observing you trying each of the tasks give you a better idea of the skills you might want to learn? Who might you add to your team to help you better understand your mobility skills? A mobility assessment may help determine if training is needed.

What will help you to reduce barriers and increase access?

The **2.1 Skills and Support Scale** below shows how adding skills can reduce your need for supports which may increase your options, and how adding supports can reduce barriers and may increase your access to the community. What might help you reduce barriers or increase options?

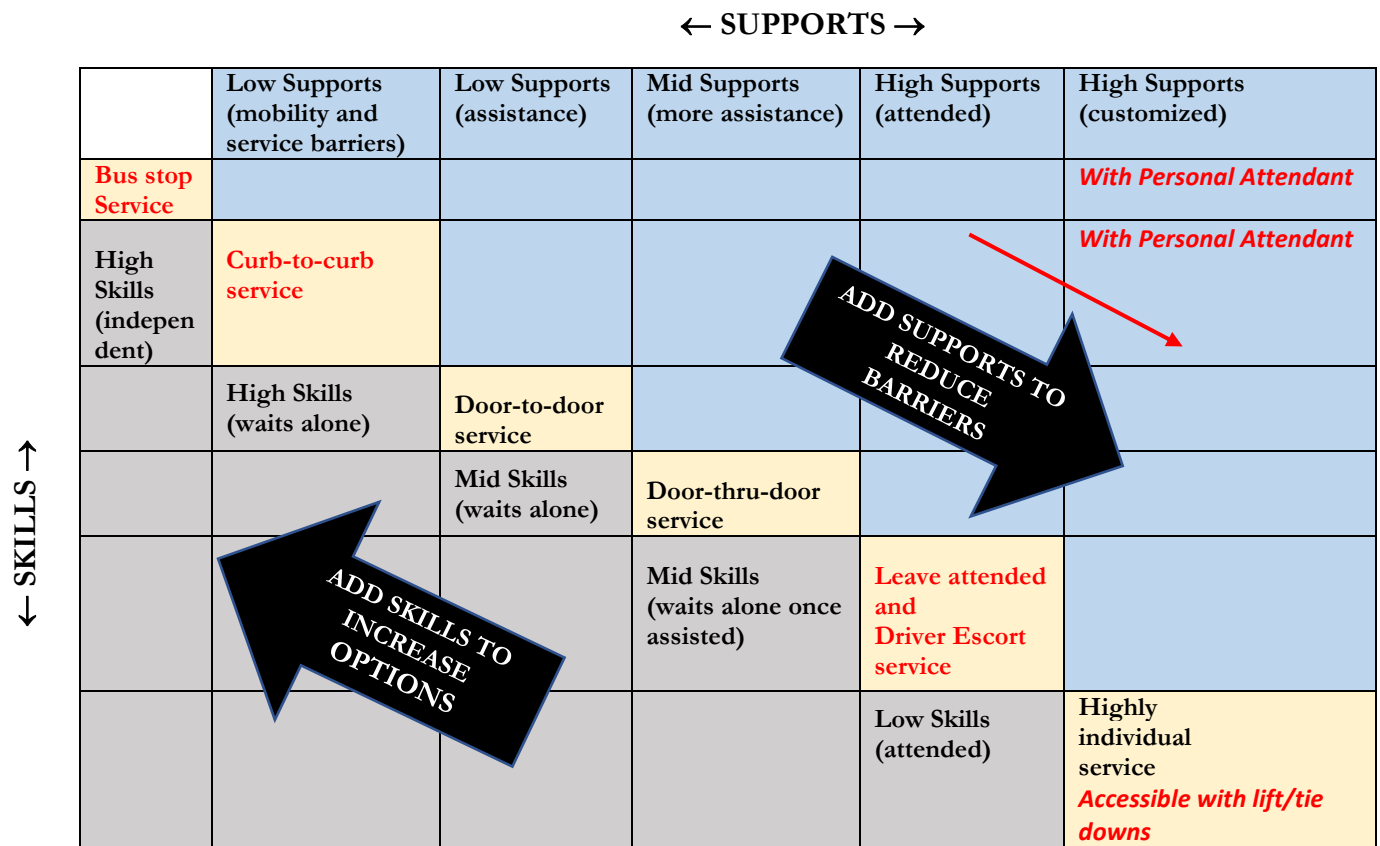
← **SUPPORTS** → How might increasing supports help reduce barriers?

← **SKILLS** → How might gaining skills help increase your options?

2.2 Skills and Supports Scale

INSTRUCTIONS: Review your answers to the **2.1 Skill Set Assessment**. Consider what skills and supports are needed for various modes of transportation, such as: walk, wheel, car, van, city bus, taxi, shuttle bus, or other. Note where you currently fall on the scale. Draw an arrow in the direction that will most likely increase your access to transportation. What is the next step?

EXAMPLE: This chart helped Tina’s team see that supports are essential to her mobility.



How might learning new skills help you increase options? *Tina is not a candidate for training but enjoys riding the bus so if people who support her learn to use the city bus they can support her to ride.* How might increasing supports help you reduce barriers? *Currently, only Tina’s Mother has bus riding skills. Tina’s community support staff will need to be trained to use the city bus.*

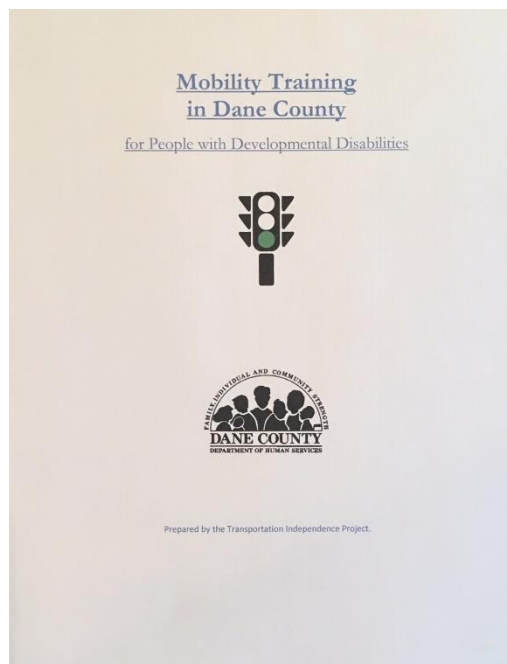
How might learning new skills increase options?

Mobility training is individualized instruction designed to teach pedestrian and passenger skills. As seen in the assessment above, skill sets include communicating with others, waiting safely, wayfinding and traveling in the community. Targeted training is typically provided by special educators, mobility specialists or certified occupational therapists, but peer-to-peer mentorship and coaching may be effective as well. The goal is to increase options for getting to where you want or need to go by walking or wheeling, biking, city bus, and even learning how to ride a taxi independently.

Mobility trainers can even help brainstorm supports around safety, health, and behavioral issues as they relate to travel. Examples might include using technology for communication, waiting, and wayfinding in the community, as well as learning to travel safely with others.

2.3 Mobility Training in Dane County

You can learn more about mobility training and supports by referencing this booklet titled, **Mobility Training in Dane County for People with Developmental Disabilities**. Dane County offers a unique program where Metro Transit refers ADA paratransit customers to the **Dane County Transportation Call Center** travel training program. The customers receive training to independently ride the city bus. There is no fare during the training, and if upon mastery the rider migrates a sufficient number of trips from paratransit to fixed-route city bus services, Metro Transit will provide a free commuter bus pass. Contact Madison Metro Transit at (608) 266-4466 or **Dane County Transportation Call Center** at (608) 242-6489 for more information.



What Level of Service might you need for various types of rides?

Level of Service describes how much assistance a transportation provider gives the passenger. Knowing what level of service you need for each trip will help you select the most appropriate mode of transportation. Remember that you might need different levels of service depending on where you travel and which mode you are using. The descriptions below provide common terms to use when working with your team to arrange rides.

2.4 Level of Service and Accommodations Checklist

INSTRUCTIONS: Document all levels of service you currently need and note the mode/provider you use. Determine how you will select an appropriate level of service for new modes and providers and who makes that decision. The level of service you need may depend on where you are going, what day or time of day, who you will travel with and what accommodations are available. Space is provided in the chart below to add these notes. The [2.5 Passenger Profile](#) that follows will help you share this with transportation providers.

EXAMPLE: *For Tina, service providers must consider her accessibility needs.*

LEVELS OF SERVICE:

<p>X Accessible Vehicle: Driver assists to load passenger and their wheelchair onto the vehicle.</p>	<p>For these trips: <i>all modes</i></p> <p>With these accommodations: <i>load mobility device</i></p>
<p><input type="checkbox"/> Stop-to-stop fixed-route (STOP): Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.</p>	<p>For these trips: <i>possible mode for park-and-ride to festivals downtown, if rider is attended at all time</i></p> <p>With these accommodations: <i>travel with personal attendant on public transportation</i></p>
<p><input type="checkbox"/> Curb-to-curb (C-to-C): Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.</p>	<p>For these trips: <i>could use a taxi to a movie, if rider is attended at all times</i></p> <p>With these accommodations: <i>travel with personal attendant on taxi or Uber/Lyft</i></p>
<p><input type="checkbox"/> Door-to-door (D-to-D): Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.</p>	<p>For these trips:</p> <p>With these accommodations:</p>
<p><input type="checkbox"/> Door-thru-door (D-THRU-D): Driver goes into the building where ride originates and at the destination to assist passenger.</p>	<p>For these trips:</p> <p>With these accommodations:</p>

<p>X Leave attended (LA): Driver assures that the passenger is met by a responsible party at the destination.</p>	<p>For these trips: <i>all drivers ensure leave attended with previously identified responsible party (I.D.)</i></p> <p>With these accommodations:</p>
<p>X Driver Attend/Escort (ESC): Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.</p>	<p>For these trips: <i>use when driver is trained to load/unload and attend to needs</i></p> <p>With these accommodations:</p>
<p>X Personal Attendant (PA): A family member or hired staff who rides along to assist the individual they support.</p>	<p>For these trips: <i>use if driver is not trained or if driver can not provide support</i></p> <p>With these accommodations: <i>attendant must be trained</i></p>
<p><input type="checkbox"/> Individualized (INDV): Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curb-side for round trip, same driver for return pick-up, turn radio down/off, or other accommodations.</p>	<p>For these trips:</p> <p>With these accommodations:</p>

ACCOMMODATIONS:

<p><input type="checkbox"/> Direct route</p>	<p>For these trips:</p> <p>With these accommodations:</p>
<p><input type="checkbox"/> Solo ride</p>	<p>For these trips:</p> <p>With these accommodations:</p>
<p><input type="checkbox"/> Driver waits curbside for round trip</p>	<p>For these trips:</p> <p>With these accommodations:</p>
<p>X Environmental factors</p>	<p>For these trips: <i>All vehicles must be air conditioned</i></p> <p>With these accommodations:</p>
<p><input type="checkbox"/> Other: _____</p>	<p>For these trips:</p> <p>With these accommodations:</p>

What is your health and safety concerns?

While increasing access to the community offers more opportunities, it also may pose more risks to prepare for. The purpose of this activity is to better understand what you experience when you travel so that you can create a helpful support plan. This **2.5 Personal Supports Checklist** will help you document your needs and share them with the people who support you. Assign a person to be responsible to keep this checklist updated. Consider setting a date to review and update the checklist such as the passenger's birthday or the first week of each new year.

2.5 Personal Supports Checklist

INSTRUCTIONS: Column One: Check all factors you experience.
 Column Two: Then check what helps.
 Column Three: List personal supports and accommodations. Include all strategies and solutions that are successful.

EXAMPLE: Completing this checklist helped Tina's team focus on what is essential her safety.

Family Perspective		
I experience:	This helps:	Supports and Accommodations
X I have a person who assists with supported decision making and their name is: <u>Parents</u> X I have a representative payee to help with my finances X I have a guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Send transportation information to my guardian X This person keeps my emergency contacts updated: <u>Mom</u> <input type="checkbox"/> Other _____	
Environments		
I experience:	This helps:	Supports and Accommodations
X Overheating at <u>80</u> degrees X Frostbite risk X Choking risk <input type="checkbox"/> Food allergies, such as: _____ <input type="checkbox"/> Animal allergies <input type="checkbox"/> Bee sting allergy <input type="checkbox"/> Other _____ These things bother me: <ul style="list-style-type: none"> <input type="radio"/> Noise <input type="radio"/> Odors <input type="radio"/> Bright lights 	<input type="checkbox"/> Epi pen for bee sting X Climate control <input type="checkbox"/> Radio volume control <input type="checkbox"/> Wear sound cancelling headphones <input type="checkbox"/> Reduce offensive odors X Provide window sun screens X Remove choking hazards X Protection from the elements X Do not offer food or beverage <input type="checkbox"/> No pets on board <input type="checkbox"/> Gently waken if fallen asleep and announce upcoming stop <input type="checkbox"/> Other _____	

<ul style="list-style-type: none"> <input type="radio"/> Riding in a vehicle makes me fall asleep <input type="radio"/> Other _____ <input type="checkbox"/> N/A not applicable		
Vision Impairment		
I experience:	This helps:	Supports and Accommodations
<input checked="" type="checkbox"/> Nearsightedness Corrected vision: ___/___ <input type="checkbox"/> Farsightedness Corrected vision: ___/___ <input type="checkbox"/> Legally blind <input type="checkbox"/> Cant always get out of road before traffic signal changes <input type="checkbox"/> Low vision in dim light <input type="checkbox"/> Night “blindness” <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A not applicable	<input checked="" type="checkbox"/> Eye glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both glasses and contacts <input type="checkbox"/> Use magnifying glass or readers <input type="checkbox"/> Audible traffic signal <input type="checkbox"/> Stop announcements <input type="checkbox"/> Voice output devices <input type="checkbox"/> Assistive device <input type="checkbox"/> Other _____	<i>Wears eye glasses, assist with cleaning lenses</i>
Hearing Impairment		
I experience:	This helps:	Supports and Accommodations:
Level of hearing loss: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other _____	<input type="checkbox"/> app that translates speech to text <input type="checkbox"/> interpreter <input type="checkbox"/> sign language <input type="checkbox"/> get attention before speaking <input type="checkbox"/> articulate clearly and slowly <input type="checkbox"/> pen and paper to write <input type="checkbox"/> other _____ <input type="checkbox"/>	
Sensory		
I experience:	This helps:	Support and Accommodations:
<input checked="" type="checkbox"/> Motion sickness <input type="checkbox"/> Aversion to: <ul style="list-style-type: none"> <input type="radio"/> Touch <input type="radio"/> Bumpy rides <input type="radio"/> Odor <input type="radio"/> Sound <input type="radio"/> Light <input type="radio"/> Sharing a seat 	<input type="checkbox"/> No animals on board <input type="checkbox"/> Provide quiet environment <input type="checkbox"/> Wear sound cancelling headphones <input type="checkbox"/> Offer choice of radio station <input type="checkbox"/> Remove clutter and trash <input type="checkbox"/> Foreshadow transitions	<i>Seat near window with a forward view</i>

<input type="checkbox"/> Fear of animals <input type="checkbox"/> Puts non-food in mouth (pica) <input type="checkbox"/> Strong music preference, e.g. _____ <input type="checkbox"/> Prefers quiet <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A Not applicable	<input type="checkbox"/> Aroma therapy to calm <input type="checkbox"/> Avoid aversions (see left column) <input type="checkbox"/> Reserved seat assignment Where? _____ <input type="checkbox"/> Seating near driver <input type="checkbox"/> Seating away from driver <input type="checkbox"/> Solo ride (no other passengers) <input type="checkbox"/> Other: _____	
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Disorders, Medication and Managing Side-effects

I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Medication side-effects _____ <input type="checkbox"/> Substance abuse <input type="checkbox"/> Addiction seeking <input type="checkbox"/> Emotional disorder <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Phobias / Paranoid <input type="checkbox"/> Compulsive / Obsessive <input type="checkbox"/> Irrational <input type="checkbox"/> Self-injury <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Avoid these triggers: <ul style="list-style-type: none"> <input type="checkbox"/> The word “no” <input type="checkbox"/> Physical pushing/pulling along <input type="checkbox"/> Other _____ <input type="checkbox"/> Assist to administer medication <input type="checkbox"/> No physical force <input type="checkbox"/> Use calm words to de-escalate <input type="checkbox"/> Distract with enjoyable activities, e.g. _____ <input type="checkbox"/> Provide fidgets <input type="checkbox"/> Other: _____	

Seizure Protocol

I experience:	This helps:	Supports and Accommodations:
Date of most recent seizure: _____ Epileptic Frequency: _____ Type of seizure <ul style="list-style-type: none"> <input type="checkbox"/> Grand Mal / Tonic-Clonic <input type="checkbox"/> Petit Mal <input type="checkbox"/> Absence <input type="checkbox"/> Temporal Lobe <input type="checkbox"/> Difficulty arousing <input type="checkbox"/> Blackout <input type="checkbox"/> Fall asleep <input type="checkbox"/> Fall down <input type="checkbox"/> Stare blankly into space <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A not applicable 	Medication: _____ Symptoms: _____ Protocol: _____ _____ _____ _____ _____ :	

Physical Limitations		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Fatigue/ reduced lung capacity: Stand independently for: <ul style="list-style-type: none"> <input type="radio"/> 5 minutes <input type="radio"/> 10 minutes <input type="radio"/> 15 minutes <input type="radio"/> 20 minutes <input type="radio"/> 30 minutes Walking distance: <ul style="list-style-type: none"> <input type="radio"/> 1 block <input type="radio"/> 2 blocks (600') <input type="radio"/> ¼ mile (1320') <input type="radio"/> ½ mile (2640') <input type="radio"/> ¾ mile (3960') <input type="radio"/> 1 mile (5280') <input type="checkbox"/> Arthritic joints <input type="checkbox"/> Amputation <input type="checkbox"/> Limited range of motion at this location: _____ Level: <ul style="list-style-type: none"> <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Difficulty fastening seat belt <input type="checkbox"/> Needs seating supports <input type="checkbox"/> Unstable footing <input type="checkbox"/> Paralysis <input checked="" type="checkbox"/> Risk of falling <input checked="" type="checkbox"/> Fine motor difficulty <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Door knobs <input checked="" type="checkbox"/> Keys <input checked="" type="checkbox"/> Low muscle tone <input checked="" type="checkbox"/> Low endurance or stamina <input checked="" type="checkbox"/> Difficulty with: All listed below <ul style="list-style-type: none"> <input type="radio"/> Steps <input type="radio"/> Curbs <input type="radio"/> Railroad tracks <input type="radio"/> Hills <input type="radio"/> Construction <input type="radio"/> Uneven sidewalks <input type="radio"/> Snow covered walks <input type="radio"/> Ice covered walks <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Mobile respirator <input type="checkbox"/> Mobile oxygen tank <input type="checkbox"/> Inhaler <input checked="" type="checkbox"/> Seating while waiting <input checked="" type="checkbox"/> Seating while vehicle is moving <input checked="" type="checkbox"/> Short rest breaks when walking <input checked="" type="checkbox"/> Assistance to/from vehicle to door <input checked="" type="checkbox"/> Wear gate belt <input type="checkbox"/> Wait/ride in air conditioning <input type="checkbox"/> Vehicle without steps <input type="checkbox"/> Mechanical lift <input checked="" type="checkbox"/> Kneeling bus <input checked="" type="checkbox"/> Step stool to enter vehicle <input type="checkbox"/> Ramp to enter vehicle or threshold at destination Mobility aide/device, e.g. <input checked="" type="checkbox"/> Manual wheelchair <input type="checkbox"/> Motorized wheelchair <input checked="" type="checkbox"/> Walker <input type="checkbox"/> Braces <input type="checkbox"/> Scooter <input type="checkbox"/> Crutches <input type="checkbox"/> Standard cane <input checked="" type="checkbox"/> Wheelchair securement <input checked="" type="checkbox"/> Storage for device <input checked="" type="checkbox"/> Seating support, e.g. _____ <input type="checkbox"/> Keypad or fob entry vs. turn key <input type="checkbox"/> Other: _____	<p><i>Support person must hold gait belt at all times.</i></p> <p><i>Need for step stool or kneeling bus depends on height of steps.</i></p>

Communication Challenges

I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Apraxia (difficulty with expressing words) <input checked="" type="checkbox"/> Non-verbal <input checked="" type="checkbox"/> Loud vocalizations <input type="checkbox"/> Self-talk <input type="checkbox"/> Unintelligible <input type="checkbox"/> Non-English speaking <input type="checkbox"/> Longer processing time <input type="checkbox"/> Limited words <input type="checkbox"/> Difficulty understanding written instructions <input type="checkbox"/> Difficulty with spoken instructions <input checked="" type="checkbox"/> Can not identify pictures <input checked="" type="checkbox"/> Can not read <input checked="" type="checkbox"/> Can not write <input type="checkbox"/> Reaction to: _____ I react in this way: _____ <input type="checkbox"/> Behavior, such as: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Allow guardian to GPS monitor passengers location <input type="checkbox"/> Send text for reminders and ride arrival updates <input type="checkbox"/> Carry ID card <input type="checkbox"/> ESL translator for: (language) _____ <input type="checkbox"/> Use sign language <input type="checkbox"/> ASL interpreter <input type="checkbox"/> Use a facilitation board or device <input type="checkbox"/> Use a voice output device <input type="checkbox"/> Use TTY on cell phone <input type="checkbox"/> Use symbols <input type="checkbox"/> Touch picture <input type="checkbox"/> Draw a picture <input type="checkbox"/> Use cell phone <input type="checkbox"/> Text a message <input type="checkbox"/> Use an app, e.g. _____ <input type="checkbox"/> Use singing / rhythm <input type="checkbox"/> Facial expression <input checked="" type="checkbox"/> Eye gaze (to signal interest) <input type="checkbox"/> Interpret behavior* <input type="checkbox"/> Be patient <input type="checkbox"/> Allow more time for a response, _____ seconds <input type="checkbox"/> Carry an 'about me' story card <input type="checkbox"/> Consider what behavior is communicating <input type="checkbox"/> Other: _____	<p><i>Attach her identification to her backpack</i></p>

Learning and Reading Challenges

I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Short-term memory difficulty <input type="checkbox"/> Long-term memory difficulty <input type="checkbox"/> Not reasoning well <input type="checkbox"/> Longer processing time <input type="checkbox"/> Trouble with changes in routines <input type="checkbox"/> Other: _____	<input type="checkbox"/> Direct teaching <input type="checkbox"/> Modeling a task <input type="checkbox"/> Video modeling <input type="checkbox"/> Place exact fare in sealed envelopes <input type="checkbox"/> Print labels/instructions vs. by hand <input type="checkbox"/> Audio recording of steps to follow	

<input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Use voice output on computer <input type="checkbox"/> Use reading pen on single words <input type="checkbox"/> Read written info to passenger <input type="checkbox"/> Symbols instead of words <input type="checkbox"/> Systematic instruction <input type="checkbox"/> Divide tasks into smaller chunks <input type="checkbox"/> Story board or comic strip <input type="checkbox"/> Practice <input type="checkbox"/> Allow ample time to process <input type="checkbox"/> Prompt to support learning <input type="checkbox"/> Use training video to learn skills <input type="checkbox"/> Card swipe lock vs. # key pad <input type="checkbox"/> Offer coaching <input type="checkbox"/> Consider unique learning style <input type="checkbox"/> Other: _____	
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Social Challenges

I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Vulnerability <ul style="list-style-type: none"> <input type="checkbox"/> Willingness to go with stranger <input type="checkbox"/> Giving personal information, money or possessions away <input type="checkbox"/> Obeys commands <input type="checkbox"/> Extreme shyness <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inappropriate laughing <input type="checkbox"/> Uncontrollable screaming <input type="checkbox"/> May expose genitalia <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Difficulty with: <ul style="list-style-type: none"> <input type="checkbox"/> Identifying strangers <input type="checkbox"/> Recognizing threats or danger <input type="checkbox"/> Standing too close to others <input type="checkbox"/> Interrupting <input type="checkbox"/> Sharing a seat <input type="checkbox"/> Name calling <input type="checkbox"/> Spitting <input type="checkbox"/> Hitting self <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Meeting driver ahead of time <input type="checkbox"/> Use familiar and trusted driver <input type="checkbox"/> Offer friendly greeting <input type="checkbox"/> Offer positive feedback <input type="checkbox"/> Use humor <input type="checkbox"/> “Hi, I’m ___ ...” printed card to share with concerned passengers <input type="checkbox"/> Limit interactions if stressful <input type="checkbox"/> Provide sensitivity training to driver <input type="checkbox"/> Model appropriate behavior <input type="checkbox"/> Use role play to teach behavior <input type="checkbox"/> Role play asking for help <input checked="" type="checkbox"/> Other: ___Needs a support person to keep safe_____	

Movement Differences		
I experience:	This helps:	Supports and Accommodations:
<input checked="" type="checkbox"/> May stand too close to others <input type="checkbox"/> Involuntary movement or posture <input type="checkbox"/> Pacing (calming) <input type="checkbox"/> May wander off <input type="checkbox"/> May flee / run <input type="checkbox"/> May leave seat <input type="checkbox"/> May open door of moving vehicle <input type="checkbox"/> Apraxia (limits movement) <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input checked="" type="checkbox"/> Assistance in public <input type="checkbox"/> May need extra time to process <input type="checkbox"/> Facilitate to walk (touch elbow) <input type="checkbox"/> Hold hand <input type="checkbox"/> Facilitate to stand (tap toe) <input type="checkbox"/> Passenger door locking guard <input checked="" type="checkbox"/> Help with buckling seat belt <input type="checkbox"/> Engage safety locks <input type="checkbox"/> Wear tracking device <input type="checkbox"/> Other: _____	Must have 1:1 support when transferring from chair to seat
Organization		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> May become confused <input type="checkbox"/> May be inflexible <input checked="" type="checkbox"/> May be easily distracted <input checked="" type="checkbox"/> May step into traffic <input checked="" type="checkbox"/> May forget personal items <input checked="" type="checkbox"/> May interrupt <input checked="" type="checkbox"/> May distract driver <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Service animal <input type="checkbox"/> Remote monitoring technology <input type="checkbox"/> Minimize clutter <input type="checkbox"/> Color code information <input type="checkbox"/> Verbal cues <input type="checkbox"/> Arrange items in order of use <input type="checkbox"/> Use highlighter to focus attention <input type="checkbox"/> Visual list to follow or checklist <input type="checkbox"/> Avoid re-organizing spaces <input checked="" type="checkbox"/> Follow a set/familiar routine <input type="checkbox"/> Follow a set/familiar schedule <input type="checkbox"/> Drive a set/familiar route <input type="checkbox"/> Directional marking on pathways <input type="checkbox"/> Use alarm, timer or beeper <input type="checkbox"/> Other: _____	
Personal Care and Medically Necessary Needs		
I experience:	This helps:	Supports and Accommodations:
<input checked="" type="checkbox"/> <u>incontinence</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> N/A not applicable	<input checked="" type="checkbox"/> bathroom schedule and routine <input type="checkbox"/> _____ <input type="checkbox"/> _____	Bring backpack filled with change of clothes, hygiene and care supplies.

What do others need to know about your support needs?

2.6 Personal Supports and Accommodations Summary

INSTRUCTIONS: Use the space provided below to summarize important information you need to share with others so that you can stay healthy, safe and comfortable when you travel.

EXAMPLE: *In addition to summary below, Tina has 'Driver Training' plan that must be followed.*

Adapting to or adjusting the environment: *Maintain temperature under 80 degrees, shield from direct sunlight and remove choking hazards.*

Vision and/or hearing impairments: *Wears eye glasses, assist with cleaning.*

Sensory modifications to make traveling more comfortable: *Seat near window with a forward view.*

Disorder, medication and managing side-effects: *N/A*

Seizure protocol: *N/A*

Physical limitations: *Support person must hold gait belt at all times, plus see details for seating supports, seatbelt securement and wheelchair tiedown instructions in the 'Driver Training' plan. Need for step stool or kneeling bus is needed for steps higher than 6" tall.*

Communication challenges: *Tina does not speak, she uses 6 signs (hi, points to self, more, done, hungry, thirsty). Always be sure her identification tag is attached to her backpack and mobility device.*

Learning and reading challenges: *Tina does not read but LOVES picture books.*

Social challenges: *Tina needs a support person at all times to stay safe.*

Movement differences: *Must have 1:1 assistance when transferring from wheelchair to seat and constant attending when seated unsupported.*

Organization and learning strategies: *Establish and follow routines so activities are familiar to Tina.*

Personal care and medically necessary needs: *Tina is incontinent. Support person must carry Tina's backpack at all times (contains hygiene products and a change of clothing).*

What information would be helpful for a provider to know about you?

Supports and accommodations may be needed while you wait for your ride to arrive, to assist you to safely move to the vehicle, board the vehicle, travel, exit the vehicle, arrive at your destination, and complete the purpose of your trip, and may include using technology, a personal attendant and/or an escort assistance.

It is important to record and keep personal support information and emergency contacts current so that you, your driver, your supports, and emergency responders can reach the people you need for help. It is recommended that you keep a complete and up-to-date copy of the [2.7 Passenger Profile](#) with you when you travel. When encountering a new driver, get in the habit of greeting the driver, presenting the profile (or a brief ‘info card’) to the driver, and offering a ‘mini-training’ for safety or support needs. Consider your driver(s) as part of your support team! Many crisis’ have been diverted because passengers, drivers, and support people were able to quickly communicate to resolve a situation.

The [2.7 Passenger Profile](#) may also be a helpful document to share with your transportation provider. Typically, the dispatcher or agency coordinator will hold confidential customer and client records. You may select if you wish to have this information shared with your driver.

2.7 Passenger Profile

INSTRUCTIONS: Start by writing the date the profile was completed or updated. Discuss with your support team if this profile will be shared and with whom. Also, discuss who might be the best person to keep the profile current and share any changes to the profile. If you haven’t already done so, consider completing the activities [2.1 through 2.6](#) to help you explain what is needed for you to arrive at your destination safely.

Refer to the [2.4 Level of Service and Accommodation Checklist](#) to help describe your service needs and appropriate modes.

Refer to the [2.5 Personal Supports Checklist](#) and [2.6 Personal Supports and Accommodations Summary](#) to record important details related to health and safety.

Consider attaching additional information to the profile, such as a support plan or additional driver instructions.

***EXAMPLE:** Tina’s team members and providers all agreed that knowing who to call in the event of an accident or Tina’s illness would improve communication during such an emergency. In addition, the team decided to compile all of Tina’s various supports into a single Personal Supports and Accommodations Summary that will be shared with all providers and prompt the provider to verify that all staff, including drivers, are familiar with the summary. The team will also create a driver training video that will be required for all drivers to view prior to driving Tina.*

2.7 Passenger Profile for: Tina Ryder

Notice to Provider: This confidential information is provided by the passenger below to assist in serving their individual needs.

This information may be shared with assigned drivers. Yes No

Completed/Updated on: 7/1/2018 How often will this be updated? 1st of Jan., April, July, Oct.

Who will keep this current and communicate changes? _____ Name: Carrie Carrington (IRIS Consultant)
Phone: 608-000-0000

PASSENGER NAME: Tina Ryder Birthdate: 2/2/1998

Home Address: 543 Country Corners City: Rural State: WI Zip: 55555

Primary Phone: 000-000-0000 Secondary Phone: 000-000-0000

Primary language? Am. Sign Do you need a translator when you travel? Yes No

AUTHORITY TO ARRANGE RIDES

Check all of the contacts below who are authorized to schedule, change or cancel ride reservations.

Check here if passenger is authorized to schedule, change or cancel ride reservations.

IN CASE OF EMERGENCY If medical attention is needed, first call 9-1-1.

Preferred hospital: Medical Center

Phone: 000-000-0000 Address: 876 Healthcare Circle, Rural, WI

Physician: Dr. Alice Smith (primary care)

Phone: 000-000-0000 Policy #: Medicaid

Emergency Contact: Tom and Theresa Ryder Relationship: parents

Phone 1: 000-000-0000 Phone 2: 000-000-0000

Emergency Contact: Tosha Ryder (sister) Relationship: sister

Phone 1: 000-000-0000 Phone 2: 000-000-0000

SUPPORT TEAM CONTACTS

Family / Guardian Contact: Tom and Theresa Ryder

Phone: 000-000-0000 Email: abc@email.com

MCO or IRIS Contact: Carrie Carrington (IRIS Consultant)

Phone: 000-000-0000 Email: ghi@email.com

Vocational / Day Support Agency Contact: Chris Coacher

Phone: 000-000-0000 Email: jkl@email.com

Day Support Contact: Chris Coacher

Phone: 000-000-0000 Email: jkl@email.com

Residential / Home Care Agency Contact: Lisa Livingston

Phone: 000-000-0000 Email: mno@email.com

Other: (broker, sibling, trained police officer) Community Connector

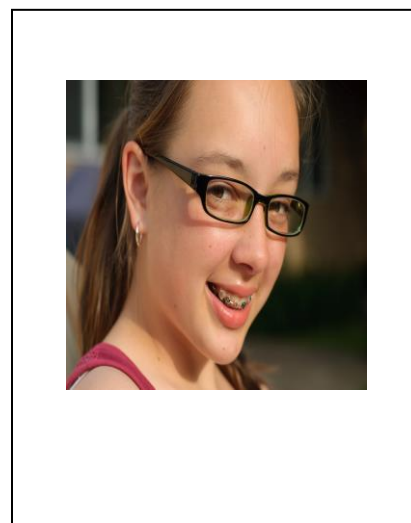
Phone: 000-000-0000 Email: pqr@email.com

PERSONAL SUPPORTS for: Tina Ryder

What helps you wait safely for your ride? I must be attended at all times and have shelter from the elements.

What helps you travel safely? I use these mobility devices: walker, stroller, wheelchair. All drivers must be trained in safe boarding and exiting procedures customized to meet my needs.

What helps you arrive safely at your destination? Refer to the Personal Supports and Accommodations Summary attached.

**The following Support Plans are attached:**

- Transportation Support Seizure Plan Emergency Response
 other 'Driver Training' video (provided by Tina's family)

LEVEL OF SERVICE:

Check all Levels of Service and Accommodations you may need for various modes of transit.

- Accessible Vehicle** Driver assists to load passenger and their wheelchair onto the vehicle.
- Stop-to-stop fixed-route** Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.
Can ride bus only if assisted by Personal Attendant.
- Curb-to-curb** Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.
- Door-to-door** Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.
- Door-thru-door** Driver goes into the building where ride originates and at the destination to assist passenger.
- Leave attended** Driver assures that the passenger is met by a responsible party at the destination.
Reason for Attendant: safety If hired Attendant, through which agency: residential supports
Name of Attendant for this ride: day support staff Phone 1: 000-000-0000 Phone 2: _____
- Driver Attend/Escort** Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.
Reason for Attendant: vulnerability If hired Attendant, through which agency: day and voc. supports
Name of Attendant for this ride: (varies) Phone 1: 000-000-0000 Phone 2: 000-000-0000
- Personal Attendant** A family member or hired staff rides along to assist the individual they support.
Reason for Attendant: vulnerability If hired Attendant, through which agency: all
Name of Attendant for this ride: see above Phone 1: _____ Phone 2: _____
- Individualized** Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curbside for round trip, same driver for return pick-up, turn radio down/off, or other accommodations.

ACCOMMODATIONS:

- Direct route Solo ride Driver waits curbside for round trip Other: _____

Module 3: Explore and select the best option for each trip

This module helps you... determine your current access to transportation and consider a full continuum of transportation options.

You will... explore options, who can provide rides, costs and ways to pay for a ride.

At the end of this module... you will be able to compare and select the best options for each trip.

Tools in this module:

3.1 Community Access Survey

What modes of transportation do you currently have access to?

Access to transportation services may vary depending on where your ride originates, where you need to go, when and the cost. Use the [3.1 Community Access Survey](#) to document which modes of transportation you currently have access to and what opportunities to explore further.

3.2 Community Access Summary

What do you need to consider when selecting the best mode for each trip?

The purpose of this [3.2 Community Access Summary](#) is to easily communicate to others what to consider when selecting the best mode for each trip.

3.3 Pricing Scale

What factors affect the cost of your ride?

Higher level of service and support will typically result in more expense, but remember that “cost effective” does not mean “cheapest.” Refer to the [3.3 Pricing Scale](#) to illustrate the average cost for various levels of service. A list of non-traditional options is also offered for inspiration!

3.4 Transportation Provider Options in Dane County

Where might you find a listing of Dane County options?

You might find it helpful to use the resources listed in this section when searching for a provider.

3.5 Additional Transportation Options

Which of these options, alternatives, and innovative ideas might you explore?

Consider how each of the categories of transportation options might increase your options and access to your community.

3.6 Trip Comparison Worksheet

What is the best option for each trip?

This worksheet will help you select the best mode for each trip. Your choice will depend on the available funding, mode, purpose of the trip, level of service and supports needed, and cost.

3.7 Document Your Plan and Build Your Budget

What is your transportation plan and what will it cost?

Use this chart to track each of your trip costs, frequency of each trip and total amounts per year.

3.8 Personal Transportation Request Worksheet

3.9 Scheduled Ride Log

What modes of transportation do you currently have access to?

Reflect on your current and past travel experiences. Consider how you might increase your access by learning new skills, using technology, or arranging supports to help you maintain and increase safe access to the places you want and need to go.

3.1 Community Access Survey

INSTRUCTIONS: Use this survey to document your current experience and **which** modes of transportation are currently working for you (e.g. walk, wheel, personal car, ride-sharing, van, city bus, taxi, shuttle bus, paratransit, sharing a ride with a coworker, job coach drives you, etc.). In some areas you may wish to make changes. Space is provided in the left column for you to record ideas.

EXAMPLE: *With a Community Connector to help her make arrangements and a trained Personal Attendant to assist and attend her, Tina could use all modes of transportation.*

Modes of Transportation	
<p>Transportation OUTCOMES</p> <p>Ideas:</p>	<p>Are you satisfied with:</p> <p>The number of places you go in your community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>The number of people you spend your time with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The time of day the activity is scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>The range of times rides are available to you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The modes of transportation available to you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a ride when you need one? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you able to easily complete a round-trip? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a way to get to places to shop? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you easily load and unload your purchases? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Would you be able to increase the number of places you travel if you had an escort or personal care attendant to accompany you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Access to PEDESTRIAN PATHWAYS</p> <p>Ideas:</p>	<p>What best describes the neighborhood you live in?</p> <p><input checked="" type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Urban</p> <p>Do you currently walk/wheel to any of your destinations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you ride a bicycle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you ride a tri-cycle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How 'walkable' or 'wheelable' is your neighborhood? Check all that apply:</p> <p><input checked="" type="checkbox"/> There are no sidewalks</p> <p><input type="checkbox"/> Sidewalks are in good condition</p> <p><input type="checkbox"/> Curb-cuts allow wheelchairs and mobility devices to maneuver</p> <p><input type="checkbox"/> Street signs caution drivers of pedestrian traffic</p> <p><input type="checkbox"/> Traffic signals at intersections stop traffic for pedestrians</p> <p><input type="checkbox"/> Traffic signals give auditory "wait" prompts</p> <p><input type="checkbox"/> Traffic signals allow ample time for pedestrians to cross the street</p>
<p>Access to DRIVING A VEHICLE</p>	<p>Do you hold a current driver's license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you currently drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you have access to or own a vehicle to drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>Ideas:</p>	<p>If “yes” then answer these questions:</p> <p>Is the vehicle mechanically dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many passengers does it seat? _____ Does your insurance allow others to drive you in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is using your vehicle and a hired driver an option? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are these up-to-date? County decal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inspection sticker <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License plates <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Access to RIDE-SHARING</p> <p>e.g., carpool, shared Uber or Lyft</p> <p>Ideas:</p>	<p>Can you ride with someone who lives with you or near you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Who else can ride with you? <u>Personal Attendant, future roommate</u></p> <p>Do you or a child need special seating/securement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you need an Attendant to travel safely? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you need the driver to pick-up and/or drop-off your child or attendant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Who coordinates the ride-sharing arrangement? <u>community connector</u></p> <p>For cost share, how many miles to your destination? <u>ave. 3-15 mi one-way</u></p> <p>How much do you pay for the shared ride? <u>will alt. billing with other rider</u></p>
<p>Access to PUBLIC TRANSPORTATION</p> <p>e.g., city bus, ADA paratransit</p> <p>Ideas:</p>	<p>Do you live near a bus stop with easy access to meet a bus? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>List bus number and fixed-stop address: <u>West transfer is closest</u> Are any of your destinations near a bus stop? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List bus numbers and fixed-stop addresses: <u>route 70 at Parmenter</u></p> <p>If trip requires transfer, where is the transfer made? <u>South point</u></p> <p>Is getting a ride to the nearest bus stop an option? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you eligible for ADA paratransit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes”, what level of service do you currently use?</p> <p><input type="checkbox"/> Curb-to-curb <input type="checkbox"/> Door-to-door <input checked="" type="checkbox"/> Leave attended <input type="checkbox"/> Unsure</p> <p>If you are eligible for paratransit but do not use it, please explain why: <u>currently live outside service boundaries</u></p>
<p>Access to SPECIALIZED TRANSPORTATION</p> <p>Ideas:</p>	<p>What rides are needed for you to reach your long-term care outcomes?</p> <p>Do you use a group-ride to your vocational or day services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does your Job coach provide any of your rides? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your home support staff provide any of your rides? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you reimburse mileage to paid staff for rides? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Access to Non-Emergency Medical Transportation (NEMT)</p> <p>Ideas:</p>	<p>Do you use NEMT services to get to medical appointments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If “yes”, which transportation company? _____</p> <p>Do you need assistance to the door of the medical facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance during the medical appointment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Access to COMMUNITY TRANSPORTATION PROGRAMS</p>	<p>Do you receive Medical Assistance or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What community programs do you currently use? <u>school bus</u> Are you aware of all of the possible options available to you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you reached out to the Dane County Transportation Call Center or ADRC recently to explore your options? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>Access to TRAVEL TRAINING</p> <p>Ideas:</p>	<p>Do you need orientation to use new modes of transit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your attendant need orientation to support you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Would learning new skills increase your transit options? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you know who to contact for travel training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you, or have you received travel training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If “yes”, when? ____ For how long? ____ Agency Name: _____</p> <p>Describe the training program: _____ What new skills did you learn? _____</p> <p>What challenges did you encounter? _____</p>
<p>Access to PERSONAL SUPPORTS</p> <p>Ideas:</p>	<p>Do you need support with any of the following for you to remain healthy and safe when you travel? Check all that apply)</p> <p><input checked="" type="checkbox"/> Adapting the environment around you</p> <p><input type="checkbox"/> Vision and/or hearing impairments</p> <p><input type="checkbox"/> Sensory modifications to make traveling more comfortable</p> <p><input type="checkbox"/> Disorders, medications and managing side-effects</p> <p><input type="checkbox"/> Seizure protocol</p> <p><input checked="" type="checkbox"/> Physical limitations</p> <p><input checked="" type="checkbox"/> Communication Challenges</p> <p><input checked="" type="checkbox"/> Social Challenges</p> <p><input checked="" type="checkbox"/> Movement Differences/Disorders</p> <p><input checked="" type="checkbox"/> Organization and learning strategies</p> <p><input checked="" type="checkbox"/> Personal care and medically necessary procedures</p>
<p>Access to TRAINED DRIVERS</p> <p>Ideas:</p>	<p>Do you need vehicle identification to recognize your ride? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would it be helpful if the driver presented ID upon arrival? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there specific instructions that a driver must know about you so that you will have a safe and positive experience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How do you currently share information with your driver? _____</p> <p>For safety reasons, do you need assistance from the door _____ of your home to the door of the vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: __ safety _____</p> <p>Can you be left alone at home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If no, why not? __ safety _____</p> <p>Can you be left alone in public? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, why not? __ vulnerable _____</p> <p>Will you need an attendant to travel with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, why? __ vulnerable _____</p> <p>Are there trips where a driver escorts you at the destination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: __ vulnerable _____</p>
<p>Access to EMERGENCY CONTACTS</p> <p>Ideas:</p>	<p>Do you carry ID in case you get lost or incapacitated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you have contingencies in place when problems arise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is your personal emergency contacts list current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you carry a list with you in the event of an emergency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Other considerations...</p> <p>Ideas: <i>Fair compensation for hired drivers</i></p>	<p>Have you used a park-and-ride lot to access the city bus? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you started a ride-share matching network? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you seeking others you could easily share rides with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you need more information about? <i>Training support staff</i></p>

What do you need to consider when selecting the best mode for each trip?

3.2 Community Access Summary

INSTRUCTIONS: Use the space provided below to summarize important information you need to share with others as you consider the best mode for each trip. Explain why a mode is or is not appropriate.

EXAMPLE: Tina will be transitioning from school services to adult community and home supports. The following summary captures ideas her team has for meeting current and future support and ride needs.

Transportation Outcomes: *Currently, Tina rides the school bus to her daily activities and her parents provide the remainder of her rides. She desires a more active weekend social life and will be exploring living in a home of her own in the near future. When school services end in June, alternative modes of transportation will be needed to get to new weekday and weekend activities.*

Pedestrian Pathways: *Currently, living in a rural neighborhood without sidewalks limits safe walking or rolling. In the future Tina will live in a home of her own in a “walkable” community within the city bus service.*

Driving a Vehicle: *N/A*

Ride-Sharing: *Possible with future roommate and others for social weekend activities. Community Connector is currently exploring this.*

Public Transportation: *Will explore using the city bus once her new wheelchair arrives and support staff are oriented to how to plan trips and use the city bus.*

Specialized Transportation: *Both day and vocational support agencies provide rides to scheduled activities in the company accessible van or in staff personal cars (if trained in use of gait belt and there is ample storage for mobility devices in the vehicle).*

NEMT: *Service is not accessible due to Tina’s high level of service needs. Currently, her mother provides rides and attends her. In the future, Tina will receive rides to doctor visits and be attended by trained personal support staff.*

Travel training: *N/A*

Personal Supports: *Assistance needed in all environments and at all times. See the ‘Personal Supports and Accommodations Summary’.*

Trained Driver: *All drivers must be trained in safe boarding and exiting procedures customized to meet Tina’s needs.*

Emergency Contact: *All personal items are labeled with I.D. and emergency contact name/number*

Other: *Training support staff to use the city bus, ways to reduce parking costs for workers who escort Tina to community destinations, ideas for balancing personal insurance costs for hired drivers with fair compensation and hiring a Community Connector/Broker.*

What factors affect the cost of your ride?

Higher level of service and support will typically result in more expense. Learning new skills, using assistive technology or creative supports may reduce the cost of your ride. Remember that “cost-effective” does not necessarily mean “cheapest” – for the purpose of this toolkit, it means “trip cost for effective transportation.”

3.3 Pricing Scale for Traditional Transportation Provider Options

INSTRUCTIONS: Although not an exact listing of pricing, this scale illustrates the relationship between level of service and support needs and the cost of a ride provided by traditional transportation providers. Research local ride fares and support staff wages then make notes on scale to compare costs.

EXAMPLE: *Approximate cost for one-way trips unless otherwise noted.*

	Low Supports (physical barriers)	Low Supports (assistance)	High Supports (more assistance)	High Supports (attended)	High Supports (customized)	COST
Bus stop <i>\$2 city bus (staff N/C)</i>				<i>\$16 hr support staff wages (55 minute trip)</i>		Less than \$ <i>\$2+\$16=\$18 (ride-along*)</i>
High Skills	Curb-to-curb <i>\$30 taxi (30 min. trip)</i>			<i>\$16 hr support staff wages/\$8 for half hr*</i>		\$ <i>\$30+\$8=\$38 (ride-along*)</i>
	High Skills	Door-to-door				\$\$
		Mid Skills	Door-thru-door			\$\$\$
			Mid Skills	Leave attended <i>(trained driver- standing ride to volunteer site)</i> Driver Escort <i>(wage \$25 hr)</i>		\$\$\$\$ <i>rural accessible van =\$46 (no ride-along) or \$12 escort*</i>
				Low Skills	Individualize d and/or Accessible	\$\$\$\$\$

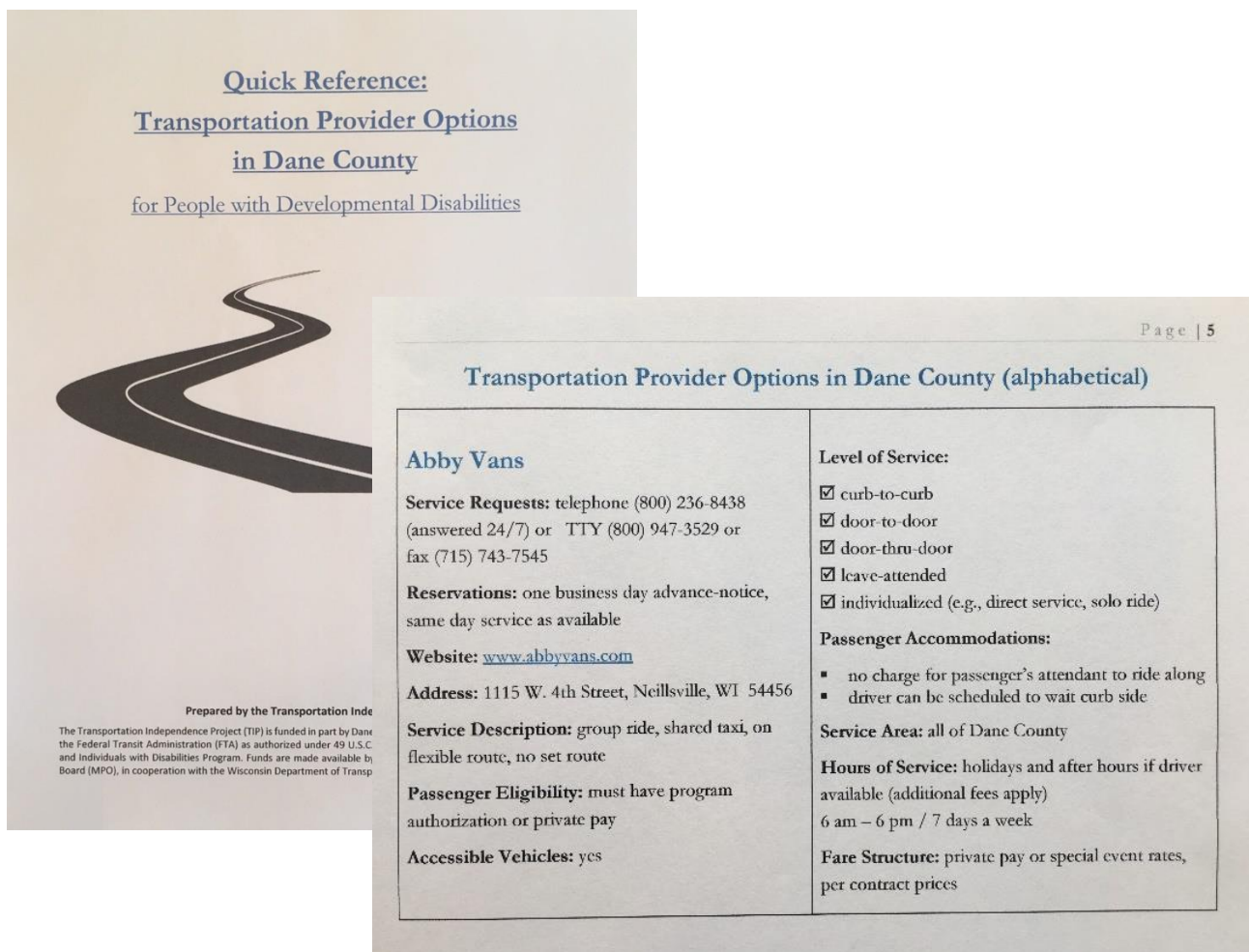
***Note:** *Staff wages may be higher for a Personal Attendant or Driver Escort who spends extended time with Tina as part of longer ride duration or time scheduled for escorted activities.*

Where might you find a listing of Dane County options?

There are several places you might find information to help you make informed transportation decisions. The first stop might be calling the Dane County Transportation Call Center at (608) 242-6489. The center is staffed with Mobility Managers who provide personalized assistance with your transportation needs. You might also use the booklet titled **Quick Reference: Transportation Provider Options in Dane County for People with Developmental Disabilities**. Sample pages are shown below.

3.4 Transportation Provider Options in Dane County

You might find it helpful to use the **Quick Reference: Transportation Provider Options in Dane County for People with Developmental Disabilities** as you research transportation providers in Dane County. The booklet also offers simple steps to arranging transportation. To view the booklet online or to download a copy go to: <http://danecountyhumanservices.org/dd/a/trans.aspx>



Which of these options, alternatives, and innovative ideas might you explore?

The [Dane County Transportation Call Center](#) is a resource to help you consider how each of the categories of transportation options might increase your options and access to your community.

[The Dane County Transportation Call Center](#) is a Dane County and regional resource center, operated by Mobility Managers, that provides personalized assistance with your transportation needs. The Call Center provides information on all transportation options.

Telephone: (608) 242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of operation: Monday - Friday 9:00 am - 4:30 pm

3.5 Additional Transportation Options

EXAMPLE: Tina's team would like to learn more about new options to consider for the future when Tina lives in a home of her own.

Training and Support

- Mobility and Independent Living Skills Training
- Pedestrian skills
- Bike riding skills
- Bus riding skills
- Mobility mentorship
- Bus Buddy volunteers
- Training for Support Providers**
- Designated Service Animals
- Planning Facilitators (need to hire a Community Connector or Broker)**

Alternatives to Driving

- Walk or mobility device (*wheelchair has been purchased*)**
- Bicycle or trike
- Use delivery service
- Telecommute

Non-traditional Options

- Barter your service in exchange for rides
- Offer volunteer driver mileage reimbursement
- Organize a shared ride or carpool (*with future roommate*)**

Driving Yourself

- Pre-Driving Assessment and Simulator
- Obtain a valid driver's license

- Purchasing a vehicle
- Renting a vehicle
- Parking** (*ways to cover cost when others drive Tina*)

Driver Services

- Hire driver to drive you in your vehicle, their vehicle or a rental**
- Ride Hailing apps. for drivers of non-commercial personal vehicles
- Common carrier taxi or cab service**

Technology

- GPS locator on passenger or vehicle**
- Smart phone apps for booking, tracking and communicating with ride
- Onboard audible and digital information displays
- OnStar vehicle locator
- Driverless cars

Social Security Administration (SSA)

- Impairment-related Work Expense (IRWE)** (*team wants to learn more about this*)

Public Transit

- Bus Orientation** (*for support staff*)
- Fixed and Commuter Bus Route** (*with support staff*)
- ADA Paratransit** (*future option*)
- Public School Transportation** (*current mode during school day*)

Specialized / I/DD Transportation (authorized FamilyCare or IRIS funding)

- Agency Staff** (*vocational, community-based day support, residential*)

Non-Emergency Medical Transportation

- Medical Assistance Transportation Broker**

Additional notes:

Tina's team made lists to help explore transportation options for now and when Tina moves to her own home in the future.

Current Options:

*Mom drives
Use school bus
Consider parking options for staff who drive
Is eligible for paratransit
Arrange for rides by agency staff
Hire a Community Connector to help plan*

Future Options:

*Walkable community
Ride city bus with personal attendant
Train supports on using the bus
Share a ride with roommate
Have groceries delivered
Use IRWE to reduce cost of rides to work*

What is the best option for you for each trip?

If you need to make arrangement for a new trip or make changes to a current trip, this [3.5 Trip Comparison Worksheet](#) will help you think about, compare and select the best option for each trip. You may discover that your choice depends on the source of funding, mode, availability of providers, purpose of the trip, level of service needed, supports needed, and cost.

It probably comes as no surprise that there are a lot of different factors that impact your transportation options. Your transportation options often depend on:

Where you live... Access to transportation can depend on where you live. If you live within the city bus service area, most likely you are using the city bus or ADA paratransit as your provider of transportation services. On the other hand, if you live in a rural community you may rely of the local taxi service or ride with your support staff, family or friends in their vehicle.

Who you live with... Access to transportation can depend on who you live with. For example, living with others in a home where support is shared may require negotiations with roommates to go with you, and visa versa (if neither can be left behind without support). On the other hand, if you live with your family, you may be dependent on their availability to help with transportation.

Where you work and spend your day... Access to transportation may depend on where you work and spend your day. If you are employed at a job(s) in your community, that means your ride must be tailored to specific start times, end times, and work locations. It is not uncommon for 2 to 3 people to live together in a home and each of the 3 go to a different destination for work. If you attend a day program or facility-based work program, you will likely arrive and leave the program site at the same time each day. Often agencies coordinate individual and group-rides and these routes are somewhat easier for providers to manage due to the common drop-off and pick-up points.

How you get there... Combining, or 'linking', different modes of transportation together might be needed if immediate access to rides is not available. Here's an example: first you might catch a ride from family or friend to a coffee shop on the city bus route to wait for paratransit pickup, or take a taxi from a rural town to a point inside the Metro bus service area, walk to the nearest bus stop and take the bus to your destination.

Other factors... Not all individuals can travel with others on a shared ride. For example, sensory issues, vulnerability to others or behavioral complexities are all reasons why someone might require highly individualized and customized solutions to accommodate their specific support needs.

3.6 Trip Comparison Worksheet

INSTRUCTIONS: Use one worksheet per trip to explore all possible options to and from a destination. Select the best option for each trip and transfer that information to the [3.7 Document Your Plan and Build Your Budget](#) form. For rides you need to arrange, use the [3.8 Personal Transportation Request Worksheet](#) to prepare you to contact a provider. Once your trip is confirmed, you may choose to complete the [3.9 Scheduled Ride Log](#). Remember, the trip details might be different for your ride to and from the destination.

EXAMPLE: Tina will be exploring what it might look like to live in her own home (with home and personal supports). Here are options Tina might use to get to and from her future home inside the city bus service boundaries to the city center for festivals and shopping.

3.6 Trip Comparison Worksheet

PURPOSE: <i>Weekend Retreats</i> TIME / DAY: <i>Saturday</i> FROM: <i>Hotel</i> TO: <i>City Center Shopping Mall</i> DISTANCE: <i>8 miles one-way</i>		FUNDING SOURCE: <i>Supported living (IRIS)</i> FREQUENCY: <i>one weekend per month</i> ADDRESS: <i>456 New Freedom Court</i> ADDRESS: <i>111 Commerce Way</i> SUPPORTS: <i>Escort or Personal Attendant</i>			
MODE	THINGS TO CONSIDER	LEVEL of SERVICE	TRANSIT PROVIDER/\$	SUPPORT PROVIDER/\$	TOTAL COST of TRIP
Walk/ wheelchair	<i>Too far to walk</i>				
Bike	<i>N/A</i>				
Bus <i>City bus route #48, at corner every half hour</i>	<i>Takes 55 min. to go 8 miles (incl. 15 min. wait at transfer point)</i>	<i>Attend at all times, use accessible bus, driver ties chair down</i>	<i>\$2 per trip (free transfer to city center route bus), attendant N/C</i>	<i>Supported living agency/ \$16 hour (already paying for support)</i>	<i>\$2 x 2= \$4 round trip</i>
Personal Car-Hire support staff to drive it					
Carpool/ Shared ride					
Taxi <i>(\$4 base plus \$2 each mile)</i>	<i>Arrange as shared-ride</i>	<i>Curb-to-Curb with support staff assist</i>		<i>(already paying for support)</i>	<i>\$20 x 2+ \$40 taxi fare, round trip</i>
Mini-Van					
Lift Van					
Agency/ Staff vehicle	<i>Complete 'Driver Training' plan</i>	<i>Attend at all times</i>	<i>(MiR)Mileage reimbursement at 54 cents per mile x 8= \$4</i>	<i>(already paying for support)</i>	<i>\$4 x 2= \$8 MiR round trip plus \$10 parking= \$18</i>
Hired driver/ mileage reimbursement	<i>Complete 'Driver Training' plan</i>	<i>Attend at all times</i>	<i>Could negotiate into daily rate</i>	<i>(already paying for support)</i>	<i>Included in hourly wage</i>
Volunteer/ mileage reimbursement	<i>Mom could drop off at hotel</i>	<i>(leaves Tina's staff with no vehicle)</i>			<i>No charge</i>
Other					

What is your transportation plan and what will it cost?

Transportation is like any other service. As consumers, we select our providers because they advertise that they can meet our service needs. We stay with a provider because their service is responsive to and meets our needs, we have built a working relationship with their staff, and/or we value the service they provide. Consider viewing your drivers and supports as part of your care team and include them in ongoing communication about your support and accommodation needs. Remember to recognize good customer service with a ‘thank you’ to show your appreciation.

3.7 Document Your Plan and Build Your Budget

INSTRUCTIONS: Service delivery, fares and trip costs may be different for each provider. Use the space below to keep notes about providers you use (or have used unsuccessfully in the past).

EXAMPLE: Tina’s current transportation plan and budget is documented below.

For these trips:	Ride Provider	Support Provider	Total Trip \$ Cost or Fare	X Frequency	= Budget
<i>M-F to Childcare Center to volunteer</i>	<i>Provider- Voc Contact- Chris 000-000-0000 Fare\$- in rate</i>	<i>Provider- same Contact Fee\$</i>	<i>\$ in rate (approx. \$3 mi)</i>	<i>5 days per week, 52 weeks per year</i>	<i>\$ in rate</i>
<i>M/W to ABC Café to work</i>	<i>Provider- Voc Contact- Chris 000-000-0000 Fare\$- in rate</i>	<i>Provider- same Contact Fee\$</i>	<i>\$ in rate (approx. \$3 mi)</i>	<i>2 days per week, 52 weeks per year</i>	<i>\$ in rate</i>
<i>T/TH to Mall for lunch and grocery shopping</i>	<i>Provider- Day Contact- Chris 000-000-0000 Fare\$- in rate</i>	<i>Provider- same Contact Fee\$</i>	<i>\$ in rate (approx. \$3 mi)</i>	<i>2 days per week, 52 weeks per year</i>	<i>\$ in rate</i>
<i>T/TH to Swimming pool</i>	<i>Provider- Day Contact- Chris 000-000-0000 Fare\$- in rate</i>	<i>Provider- same Contact Fee\$</i>	<i>\$ in rate (approx. \$3 mi)</i>	<i>2 days per week, 52 weeks per year</i>	<i>\$ in rate</i>
<i>Fri. to adult skills class</i>	<i>Provider- Day Contact- Chris 000-000-0000 Fare\$- in rate</i>	<i>Provider- same Contact Fee\$</i>	<i>\$ in rate (approx. \$3 mi)</i>	<i>1 days per week, 52 weeks per year</i>	<i>\$ in rate</i>
<i>M/W to Sp. Olympics</i>	<i>Provider- Dad Contact- 000-000-0000 Fare\$- N/C</i>	<i>Provider- same Contact Fee\$</i>	<i>\$ N/C</i>	<i>2 days per week, 26 weeks per year</i>	<i>\$ N/C</i>
<i>Sat. to movie with friends</i>	<i>Provider- (escort) Connector Contact- TBD Fare\$- \$8.50 MiR</i>	<i>Provider- same Contact Fee\$</i>	<i>54 cents x 16 mi.= \$8.50 x 2= \$17 MiR for round trip</i>	<i>1 day per week, 52 weeks per year</i>	<i>\$17 MiR x 52= \$884 year</i>

What information is needed to arrange your transportation?

3.8 Personal Transportation Request Worksheet

INSTRUCTIONS: Use this form to keep track of each trip (or set of trips) you need to arrange.

EXAMPLE: Tina's IRIS Consultant will assist with recruiting a Community Connector who is willing to drive Tina in their personal vehicle. Progress notes will be recorded below.

Passenger's Name: Tina Ryder Customer Status: New Existing Date of contact: 8/4/18

Type of Request: Inquire about service Get pricing Check availability Make a reservation

Person making request: Carrie Carrington Relationship to passenger: IRIS Consultant

Transportation Provider: Community Connector Contact info: Eric at Citywide Consulting 000-000-0000

Are you Metro Paratransit eligible? no yes If yes, what level of service? Leave Attended

Note: If you are Medicaid eligible and need a ride to a medical appointment, call NEMT at (866) 831-4130.

What Medicaid/Medicare program do you currently participate in? (check all that apply)

Family Care Family Care Partnership IRIS

If you are requesting a ride from a Dane County Transportation Center program, please explain: _____

Trip Purpose: movie matinee with friends Estimated first service date: November 1, 2018

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Need to arrive by: 4:00 pm Frequency: Single ride request Recurring ride request, total rides: 52

From (origination)- Address: Hotel, 456 New Freedom Court Pick-up time: 3:30 pm

To (destination)- Address: Theater, 111 Commerce Way Drop-off time 3:50 pm

Mode: staff car Trip mileage: 16 mi. Reimbursement per mile \$.54 n/a One-way Round trip

What Level(s) of Service are you requesting:

accessible vehicle/bus

reduced bus fare

curb-to-curb

door-to-door

door-THRU-door

leave attended (with designated responsible party)

ride with personal attendant

solo ride direct ride (no other pick-ups)

Individual accommodation(s) needed:

storage for mobility device

assist to lock/unlock building doors

pet allergies

extended wait time at curb

assist on elevator/stairway

carrying bags

same driver for return pick-up

other: pick-up friend on the way

Driver must be trained on these support plans:

Transportation Support Plan Seizure Plan Emergency Response Plan other: Driver Training

Form of payment: cash credit/debit billing MA program other: shared/alternate fare Program auth # _____ by which funder? Private- ABLE Account Pending Not authorized

Notes: _____

What are ways to keep track of you rides and providers?

3.9 Scheduled Ride Log

TRIP#	PURPOSE:	Effective dates: START	END
Day of the week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Need to arrive by: _____ am/pm Frequency of ride: <input type="checkbox"/> Single ride request <input type="checkbox"/> Recurring ride			
From (origination)- Address: _____		Pick-up time _____ am/pm	
To (destination)- Address: _____		Drop-off time _____ am/pm	
Mode: _____ Trip mileage:___ Reimbursement per mile \$___ <input type="checkbox"/> n/a <input type="checkbox"/> One-way <input type="checkbox"/> Round Trip			
Level of Service: <input type="checkbox"/> curb-to-curb <input type="checkbox"/> door-to-door <input type="checkbox"/> door-thru-door <input type="checkbox"/> leave attended <input type="checkbox"/> other: ____			
Support Person: _____ Agency: _____ Cell: _____			
Transport Provider: _____ To cancel ride call: _____ Phone: _____			
Driver's name: _____ Description of the vehicle: _____			
Instructions for the driver: _____			
Pick-up window: Be ready___minutes before scheduled pick-up. For this provider, driver is late if _____minutes past pick-up time. Who to call if the driver is late: Contact: _____ Phone: _____			
Emergency contact if ride doesn't show:_____ Phone: _____			
Form of payment: <input type="checkbox"/> cash <input type="checkbox"/> credit/debit <input type="checkbox"/> billing <input type="checkbox"/> MA auth #_____ <input type="checkbox"/> other: _____			

TRIP#	PURPOSE:	Effective dates: START	END
Day of the week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Need to arrive by: _____ am/pm Frequency of ride: <input type="checkbox"/> Single ride request <input type="checkbox"/> Recurring ride			
From (origination)- Address: _____		Pick-up time _____ am/pm	
To (destination)- Address: _____		Drop-off time _____ am/pm	
Mode: _____ Trip mileage:___ Reimbursement per mile \$___ <input type="checkbox"/> n/a <input type="checkbox"/> One-way <input type="checkbox"/> Round Trip			
Level of Service: <input type="checkbox"/> curb-to-curb <input type="checkbox"/> door-to-door <input type="checkbox"/> door-thru-door <input type="checkbox"/> leave attended <input type="checkbox"/> other: ____			
Support Person: _____ Agency: _____ Cell: _____			
Transport Provider: _____ To cancel ride call: _____ Phone: _____			
Driver's name: _____ Description of the vehicle: _____			
Instructions for the driver: _____			
Pick-up window: Be ready___minutes before scheduled pick-up. For this provider, driver is late if _____minutes past pick-up time. Who to call if the driver is late: Contact: _____ Phone: _____			
Emergency contact if ride doesn't show:_____ Phone: _____			
Form of payment: <input type="checkbox"/> cash <input type="checkbox"/> credit/debit <input type="checkbox"/> billing <input type="checkbox"/> MA auth #_____ <input type="checkbox"/> other: _____			

Notes:

Dane County

Transportation Reference and Individualized Planning Toolkit

for Youth and Adults with Developmental Disabilities



T.R.I.P. Planning Workbook

Appendix A

ISSUE DATE: April 2019

Prepared by the Transportation Independence Project.

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1.1 Life Outcomes and Goals

How does access to transportation help you maintain a HOME OF YOUR OWN?		
<p>Outcome: I have choices of where I live and who I live with.</p> <p>Note: <u>When considering moving to a new address, always contact Madison Metro Transit to determine if the address is within their service boundaries for mainline bus and paratransit. This will increase transportation options for you and those who wish to visit you.</u></p>	My goals:	Strategies:
<p>Outcome: My hired supports and visitors have access to bus line, and available parking.</p>	My goals:	Strategies:
<p>Outcome: I have a way to arrange activities related to community living (also known as Instrumental Activities of Daily Living, or IADL) (such as cell phone and Internet use, pet care, maintaining a vehicle, booking rides, yard care, snow removal from walks and driveway, etc.)</p>	My goals:	Strategies:
<p>Outcome: I have a way to access transit options (such as safe pedestrian pathways, city bus, shared-rides, etc.)</p>	My goals:	Strategies:
<p>Outcome: I have a way to get to places to purchase goods (such as household items, furniture, etc.)</p>	My goals:	Strategies:
<p>Outcome: I have a way to get to places to purchase services (such as banking, post office, laundromat, print shop, etc.)</p>	My goals:	Strategies:

How does access to transportation help you create and sustain opportunities for EMPLOYMENT and a MEANINGFUL DAY ?		
Outcome: I have meaningful activities to fill my weekdays and weekends.	My goals:	Strategies:
Outcome: I have places to go where I establish a valued role as an employee, co-worker, classmate or volunteer	My goals:	Strategies:
Outcome: I have a way to continue my life-long learning (such as vocational training, mobility or travel training, conferences, skills development, etc.)	My goals:	Strategies:
Outcome: I have a way to get to and from my vocational activities (such as pre-vocational experience, employment, micro-enterprise, and self-employment with appropriate vocational supports)	My goals:	Strategies:
Outcome: I have a way to get to and from career and personal development opportunities (through job opportunities such as career exploration, interviews, mentorship, etc.)	My goals:	Strategies:

How does access to transportation help promote your participation and COMMUNITY MEMBERSHIP ?		
Outcome: I have a way for exploring new opportunities in the community.	My goals:	Strategies:
Outcome: I have a way to establish belonging to a place of worship, clubs, teams, bowling, leagues, special Olympics, and other common experiences	My goals:	Strategies:
Outcome: I have a way to practice citizenship by fulfilling responsible roles, voting, sharing gifts and talents	My goals:	Strategies:
Outcome: I have a way to form connections with others who share my interests in ordinary places in a community like visiting a local coffee shop, library, gym, pool, parks or hiking trails, barber or hair stylist	My goals:	Strategies:
Outcome: I have a way to contribute by volunteering, helping a family or friend, and other acts of giving	My goals:	Strategies:

How does access to transportation help you build and maintain RELATIONSHIPS?		
Outcome: I have established and documented supports training and communication methods for both paid and unpaid supports, including drivers	My goals:	Strategies:
Outcome: I have established social activities with family, friends, romantic interest, co-workers, and others I care about	My goals:	Strategies:
Outcome: I attend skills classes, such as communication, self-regulation, self-awareness, mindfulness, social skills, etc.	My goals:	Strategies:
Outcomes: I am supported by trusted people who help with decision-making, planning, organizing, assisting and attending to my needs	My goals:	Strategies:
Outcome: I have shared interests and mutual enjoyment with others in a variety of activities, such as art, music, theater, festivals, gardening, hobbies, and other recreation	My goals:	Strategies:

How does access to transportation help you maintain your WELLNESS AND SAFETY?		
EXAMPLE: Outcome: My personal care needs are met (in the home and community)	My goals:	Strategies:
Outcome: My medical needs are met (including primary and acute healthcare, dental, eye care and lenses, therapeutic sessions, prescriptions and pharmacist consultation, etc.)	My goals:	Strategies:
Outcome: My wellness practices are met (such as selecting appropriate seasonal clothing, ready access to personal hygiene and care products (at home and when traveling), regular haircuts, skincare, nailcare, self-image practices, choices about my care)	My goals:	Strategies:
Outcome: My nutritional needs are met (including access to sources of fresh food, shopping for nutritious groceries, healthy food preparation, cooking classes, allergy/intolerance management, etc.)	My goals:	Strategies:
Outcome: My strength and fitness activities are met (such as walking, biking, exercise classes, yoga, swimming, and other physical activity)	Outcomes:	Strategies:

1.2 Quick 'Week-at-a-Glance'- Scheduled and desired activities

INSTRUCTIONS: Use this chart to jot down your current activities. Are you satisfied with your current level of activity each day? If not, what would you like to consider adding to your schedule?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Scheduled Activities:	Scheduled Activities:	Scheduled Activities:	Scheduled Activities:	Scheduled Activities:	Scheduled Activities:	Scheduled Activities:
<input type="checkbox"/> all good	<input type="checkbox"/> all good	<input type="checkbox"/> all good	<input type="checkbox"/> all good	<input type="checkbox"/> all good	<input type="checkbox"/> all good	<input type="checkbox"/> all good
<input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> there are gaps or barriers to explore	<input type="checkbox"/> there are gaps or barriers to explore
Comments:	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:

1.3 Time Blocking Chart

INSTRUCTIONS: Block in more details about where you go, when and what times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MOR							
MID DAY							
AFT							
EVE							

OTHER activities you need an occasional ride to:

MONTH	OCCASSION	DAY/TIME	LOCATION	FREQUENCY
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Other occasional rides:

1.4 Community Map

INSTRUCTIONS: Use the template below to illustrate where you go (and where you want to go in the future), the distance between and by what mode. Color code various modes of transportation, for example: **purple line** means rides by family or friends, **blue line** means paratransit, **green line** means taxi cab, **yellow line** means walking, **orange line** means rides by job coach, and **black line** means rides by residential /respite support staff.



CITY CENTER

1.5 Destinations List

INSTRUCTIONS: Record the addresses for all of the places you go (or want to go).

DOMAIN: A HOME OF YOUR OWN

Home address: _____

Shopping/address: _____

Bank/address: _____

Barber/address: _____

Other/ address: _____

DOMAIN: EMPLOYMENT/MEANINGFUL DAY

Vocational Agency/address: _____

Workplace/address: _____

Other/ address: _____

DOMAIN: COMMUNITY MEMBERSHIP

Place of Worship/address: _____

Activity/address: _____

Other/address: _____

DOMAIN: RELATIONSHIPS

Family/address: _____

Friends/address: _____

Other/address: _____

Other/address: _____

DOMAIN: WELLNESS AND SAFETY

Hospital/address: _____

Doctor/address: _____

Dentist/address: _____

Specialist/address: _____

Pharmacy/address: _____

Personal Supports/address: _____

Other/ address: _____

2.1 Skill Set Assessment

INSTRUCTIONS: For each of the travel tasks listed below, think about each skill set and check the skills you are **currently** able to complete. Then, highlight any skills you do not currently have but wish to explore further. Here is a list of the skill sets:

Skill Set 1: Communication- This is important because... telling others who you are and what you need will help you get through situations that arise. If you travel independently, it is important that you have a way to share your challenges with people you trust to help you.

Skill Set 2: Waiting Safely- This is important because... being ready in time for when your ride arrives is important. If you wait independently, it is important that you remember your belongings, secure doors behind you, and have a back-up plan if your ride doesn't show.

Skill Set 3: Way-finding- This is important because... there are many steps to getting where you need to go safely and on time. If you walk or wheel independently, it is important that you can safely maneuver the doors, steps, sidewalks, curbs, streets, and enter/exit the vehicle safely. Having a plan to follow if you get lost is very important!

COMMUNICATION	Travel Skills I CURRENTLY have:
1a Identify myself and others	<p>What information can you share about yourself?</p> <p>I can state my full name. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can state my home address. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can state my home phone number. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can state my work phone number. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>I can present my ID or info card. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you verify that the driver of the vehicle was indeed sent to pick you up? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
1b Express my preferences	Do you easily share with others your likes and dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
1c Use communication technology	<p>Do you use a telephone to make a call independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you use a mobile device to text? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
1d Seek help	<p>Do you recognize when you need help? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you request assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you answer questions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you follow instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you know when to dial 911? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
1e Reporting Concerns	<p>Do you tell a trusted person when there is a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you share the details of a negative experiences? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you resolve an issue with the transportation provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>

WAITING SAFELY	Travel Skills I CURRENTLY have:
2a Preparing for ride to arrive	Do you dress appropriately for the weather? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you reliably carry identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you gather personal items you need to bring along? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you manage your personal care before you leave? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2b Managing Environments	Where are you able to independently wait safely? at home <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure at workplace <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure at bus stop or transfer station, with shelter and bench <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure at bus stop or transfer station, without shelter and bench <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure at public library, café or business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Where else are you able to independently wait safely? _____
2c Identify vehicle	Do you identify the correct vehicle to board? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2d Leave doors secured	Do you lock the door or close the garage behind you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2e Contingencies	Do you have a back-up plan if your ride does not arrive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
WAYFINDING	Travel Skills I CURRENTLY have:
3a Pedestrian Strategies	If no sidewalks is provided, can you walk on the correct side of a road? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you obey traffic signs and control signals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you determine safe time to cross street? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you make accurate time/distance judgements of approaching vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you make it across an intersection before the signal changes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3b Directional	Can you determine which direction you need to head? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Which of these can you read: street map <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure address <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure street sign <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure bus number <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

	<p>Can you use walking instructions on a mobile device? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you learn to follow a set path? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>When arriving at your destination, do you know where to go next? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3c Board vehicle	<p>Do you safely move from where you are waiting to the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you safely board all types of vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Which form of payment can you use for your fare? I can use cash. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure I can use a ticket. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure I can use a swipe card <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure I can use an app on my mobile device. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
4d Locate seat	<p>Are you able to share a seat with a stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you appropriately request an accessible seat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you appropriately decline moving from an accessible seat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3e Secure seatbelt or wheelchair	<p>Do you secure your own seatbelt? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do ensure the driver has secured your wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3f Exit vehicle	<p>Do you identify an approaching destination by signs or landmarks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you signal the driver when wish to exit at next stop <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Do you safely exit all types of vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
3g Contingencies	<p>What do you do if you get lost? _____</p> <p>Do you know how to turn down unsolicited offers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Can you recognize and avoid danger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>

Mobility Assessment: If you answered “unsure” to any of the questions above, is it because you have not had an opportunity to try? Would observing you trying each of the tasks give you a better idea of the skills you might want to learn? Who might you add to your team to help you better understand your mobility skills? A mobility assessment may help determine if training is needed.

2.2 Skills and Supports Scale

INSTRUCTIONS: Review your answers to the [2.1 Skill Set Assessment](#). Consider what skills and supports are needed for various modes of transportation, such as: walk, wheel, car, van, city bus, taxi, shuttle bus, or other. Note where you currently fall on the scale. Draw an arrow in the direction that will most likely increase your access to transportation. What is the next step?

← SUPPORTS →

	Low Supports (mobility and service barriers)	Low Supports (assistance)	Mid Supports (more assistance)	High Supports (attended)	High Supports (customized)
Bus stop Service					
High Skills (independ- ent)	Curb-to-curb service				
← SKILLS →	High Skills (waits alone)	Door-to-door service			
		Mid Skills (waits alone)	Door-thru-door service		
			Mid Skills (waits alone once assisted)	Leave attended and Driver Escort service	
				Low Skills (attended)	Highly individual service

How might learning new skills help you increase options?

How might increasing supports help you reduce barriers?

2.3 Mobility Training for: _____

What mobility training resources exist in your community?

Consider where you might set goals for learning new skills. The numbering relates to the **2.1 Skill Set Assessment**. Record your ideas in the space below:

ARRANGING RIDES

GOALS

COMMUNICATION

GOALS

1a Identify myself and others

1b Express my preferences

1c Use communication technology

1d Seek help

1e Reporting Concerns

WAITING SAFELY

GOALS

2a Preparing for ride to arrive

2b Managing Environments

2c Identify vehicle

2d Leave doors secured

2e Contingencies

WAYFINDING

GOALS

3a Pedestrian Strategies

3b Directional

3c Board vehicle

3d Locate seat

3e Secure seat belt or wheelchair

3f Exit vehicle

3g Contingencies

2.4 Level of Service and Accommodations Checklist

INSTRUCTIONS: Document all levels of service you currently need and note the mode/provider you use. Determine how you will select an appropriate level of service for new modes and providers and who makes that decision. The level of service you need may depend on where you are going, what day or time of day, who you will travel with and what accommodations are available. Space is provided in the chart below to add these notes. The [2.5 Passenger Profile](#) that follows will help you share this with transportation providers.

LEVELS OF SERVICE:

<input type="checkbox"/> Accessible Vehicle: Driver assists to load passenger and their wheelchair onto the vehicle.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Stop-to-stop fixed-route (STOP): Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Curb-to-curb (C-to-C): Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Door-to-door (D-to-D): Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Door-thru-door (D-THRU-D): Driver goes into the building where ride originates and at the destination to assist passenger.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Leave attended (LA): Driver assures that the passenger is met by a responsible party at the destination.	<p>For these trips:</p> <p>With these accommodations:</p>

<input type="checkbox"/> Driver Attend/Escort (ESC): Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Personal Attendant (PA): A family member or hired staff who rides along to assist the individual they support.	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Individualized (INDV): Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curbside for round trip, same driver for return pick-up, turn radio down/off, or other accommodations. <input type="checkbox"/>	<p>For these trips:</p> <p>With these accommodations:</p>

ACCOMMODATIONS:

<input type="checkbox"/> Direct route	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Solo ride	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Driver waits curbside for round trip	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Environmental factors	<p>For these trips:</p> <p>With these accommodations:</p>
<input type="checkbox"/> Other: _____	<p>For these trips:</p> <p>With these accommodations:</p>

2.5 Personal Supports Checklist

INSTRUCTIONS: Column One: Check all factors you experience.
 Column Two: Then check what helps.
 Column Three: List personal supports and accommodations. Include all strategies and solutions that are successful.

Family Perspective		
I experience:	This helps:	Supports and Accommodations
<input type="checkbox"/> I have a person who assists with supported decision making and their name is: _____ <input type="checkbox"/> I have a representative payee to help with my finances <input type="checkbox"/> I have a guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Send transportation information to my guardian <input type="checkbox"/> This person keeps my emergency contacts updated: _____ <input type="checkbox"/> Other _____	
Environments		
I experience:	This helps:	Supports and Accommodations
<input type="checkbox"/> Overheating at _____ degrees <input type="checkbox"/> Frostbite risk <input type="checkbox"/> Choking risk <input type="checkbox"/> Food allergies, such as: _____ <input type="checkbox"/> Animal allergies <input type="checkbox"/> Bee sting allergy <input type="checkbox"/> Other _____ These things bother me: <ul style="list-style-type: none"> <input type="checkbox"/> Noise <input type="checkbox"/> Odors <input type="checkbox"/> Bright lights <input type="checkbox"/> Riding in a vehicle makes me fall asleep <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Epi pen for bee sting <input type="checkbox"/> Climate control <input type="checkbox"/> Radio volume control <input type="checkbox"/> Wear sound cancelling headphones <input type="checkbox"/> Reduce offensive odors <input type="checkbox"/> Provide window sun screens <input type="checkbox"/> Remove choking hazards <input type="checkbox"/> Protection from the elements <input type="checkbox"/> Do not offer food or beverage <input type="checkbox"/> No pets on board <input type="checkbox"/> Gently waken if fallen asleep and announce upcoming stop <input type="checkbox"/> Other _____	

Vision Impairment		
I experience:	This helps:	Supports and Accommodations
<input type="checkbox"/> Nearsightedness Corrected vision: ___/___ <input type="checkbox"/> Farsightedness Corrected vision: ___/___ <input type="checkbox"/> Legally blind <input type="checkbox"/> Can't always get out of road before traffic signal changes <input type="checkbox"/> Low vision in dim light <input type="checkbox"/> Night "blindness" <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Eye glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both glasses and contacts <input type="checkbox"/> Use magnifying glass or readers <input type="checkbox"/> Audible traffic signal <input type="checkbox"/> Stop announcements <input type="checkbox"/> Voice output devices <input type="checkbox"/> Assistive device <input type="checkbox"/> Other _____	
Hearing Impairment		
I experience:	This helps:	Supports and Accommodations:
Level of hearing loss: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other _____	<input type="checkbox"/> app that translates speech to text <input type="checkbox"/> interpreter <input type="checkbox"/> sign language <input type="checkbox"/> get attention before speaking <input type="checkbox"/> articulate clearly and slowly <input type="checkbox"/> pen and paper to write <input type="checkbox"/> other _____	
Sensory		
I experience:	This helps:	Support and Accommodations:
<input type="checkbox"/> Motion sickness <input type="checkbox"/> Aversion to: <ul style="list-style-type: none"> ○ Touch ○ Bumpy rides ○ Odor ○ Sound ○ Light ○ Sharing a seat <input type="checkbox"/> Fear of animals <input type="checkbox"/> Puts non-food in mouth (pica) <input type="checkbox"/> Strong music preference, e.g. _____ <input type="checkbox"/> Prefers quiet <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A Not applicable	<input type="checkbox"/> No animals on board <input type="checkbox"/> Provide quiet environment <input type="checkbox"/> Wear sound cancelling headphones <input type="checkbox"/> Offer choice of radio station <input type="checkbox"/> Remove clutter and trash <input type="checkbox"/> Foreshadow transitions <input type="checkbox"/> Aroma therapy to calm <input type="checkbox"/> Avoid aversions (see left column) <input type="checkbox"/> Reserved seat assignment Where? _____ <input type="checkbox"/> Seating near driver <input type="checkbox"/> Seating away from driver <input type="checkbox"/> Solo ride (no other passengers) <input type="checkbox"/> Other: _____	

Disorders, Medication and Managing Side-effects		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Medication side-effects _____ <input type="checkbox"/> Substance abuse <input type="checkbox"/> Addiction seeking <input type="checkbox"/> Emotional disorder <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Phobias / Paranoid <input type="checkbox"/> Compulsive / Obsessive <input type="checkbox"/> Irrational <input type="checkbox"/> Self-injury <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Avoid these triggers: <ul style="list-style-type: none"> <input type="checkbox"/> The word “no” <input type="checkbox"/> Physical pushing/pulling along <input type="checkbox"/> Other _____ <input type="checkbox"/> Assist to administer medication <input type="checkbox"/> No physical force <input type="checkbox"/> Use calm words to de-escalate <input type="checkbox"/> Distract with enjoyable activities, e.g. _____ <input type="checkbox"/> Provide fidgets <input type="checkbox"/> Other: _____	
Seizure Protocol		
I experience:	This helps:	Supports and Accommodations:
Date of most recent seizure: _____ Epileptic Frequency: _____ Type of seizure <ul style="list-style-type: none"> <input type="checkbox"/> Grand Mal / Tonic-Clonic <input type="checkbox"/> Petit Mal <input type="checkbox"/> Absence <input type="checkbox"/> Temporal Lobe <input type="checkbox"/> Difficulty arousing <input type="checkbox"/> Blackout <input type="checkbox"/> Fall asleep <input type="checkbox"/> Fall down <input type="checkbox"/> Stare blankly into space <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A not applicable 	Medication: _____ Symptoms: _____ Protocol: _____ _____ _____ _____	

Physical Limitations		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> Fatigue/ reduced lung capacity: Stand independently for: <ul style="list-style-type: none"> <input type="checkbox"/> 5 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes Walking distance: <ul style="list-style-type: none"> <input type="checkbox"/> 1 block <input type="checkbox"/> 2 blocks (600') <input type="checkbox"/> ¼ mile (1320') <input type="checkbox"/> ½ mile (2640') <input type="checkbox"/> ¾ mile (3960') <input type="checkbox"/> 1 mile (5280') <input type="checkbox"/> Arthritic joints <input type="checkbox"/> Amputation <input type="checkbox"/> Limited range of motion at this location: _____ Level: <ul style="list-style-type: none"> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Difficulty fastening seat belt <input type="checkbox"/> Needs seating supports <input type="checkbox"/> Unstable footing <input type="checkbox"/> Paralysis <input type="checkbox"/> Risk of falling <input type="checkbox"/> Fine motor difficulty <ul style="list-style-type: none"> <input type="checkbox"/> Door knobs <input type="checkbox"/> Keys <input type="checkbox"/> Low muscle tone <input type="checkbox"/> Low endurance or stamina <input type="checkbox"/> Difficulty with: <ul style="list-style-type: none"> <input type="checkbox"/> Steps <input type="checkbox"/> Curbs <input type="checkbox"/> Railroad tracks <input type="checkbox"/> Hills <input type="checkbox"/> Construction <input type="checkbox"/> Uneven sidewalks <input type="checkbox"/> Snow covered walks <input type="checkbox"/> Ice covered walks <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Mobile respirator <input type="checkbox"/> Mobile oxygen tank <input type="checkbox"/> Inhaler <input type="checkbox"/> Seating while waiting <input type="checkbox"/> Seating while vehicle is moving <input type="checkbox"/> Short rest breaks when walking <input type="checkbox"/> Assistance to/from vehicle to door <input type="checkbox"/> Wear gate belt <input type="checkbox"/> Wait/ride in air conditioning <input type="checkbox"/> Vehicle without steps <input type="checkbox"/> Mechanical lift <input type="checkbox"/> Kneeling bus <input type="checkbox"/> Step stool to enter vehicle <input type="checkbox"/> Ramp to enter vehicle or threshold at destination Mobility aide/device, e.g. <ul style="list-style-type: none"> <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Motorized wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Braces <input type="checkbox"/> Scooter <input type="checkbox"/> Crutches <input type="checkbox"/> Standard cane <input type="checkbox"/> Wheelchair securement <input type="checkbox"/> Storage for device <input type="checkbox"/> Seating support, e.g. _____ <input type="checkbox"/> Keypad or fob entry vs. turn key <input type="checkbox"/> Other: _____ 	

Communication Challenges

I experience:	This helps:	Supports and Accommodations:
<ul style="list-style-type: none"> <input type="checkbox"/> Apraxia (difficulty with expressing words) <input type="checkbox"/> Non-verbal <input type="checkbox"/> Loud vocalizations <input type="checkbox"/> Self-talk <input type="checkbox"/> Unintelligible <input type="checkbox"/> Non-English speaking <input type="checkbox"/> Longer processing time <input type="checkbox"/> Limited words <input type="checkbox"/> Difficulty understanding written instructions <input type="checkbox"/> Difficulty with spoken instructions <input type="checkbox"/> Can not identify pictures <input type="checkbox"/> Can not read <input type="checkbox"/> Can not write <input type="checkbox"/> Reaction to: _____ <input type="checkbox"/> I react in this way: _____ <input type="checkbox"/> Behavior, such as: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable 	<ul style="list-style-type: none"> <input type="checkbox"/> Allow guardian to GPS monitor passengers location <input type="checkbox"/> Send text for reminders and ride arrival updates <input type="checkbox"/> Carry ID card <input type="checkbox"/> ESL translator for: (language) _____ <input type="checkbox"/> Use sign language <input type="checkbox"/> ASL interpreter <input type="checkbox"/> Use a facilitation board or device <input type="checkbox"/> Use a voice output device <input type="checkbox"/> Use TTY on cell phone <input type="checkbox"/> Use symbols <input type="checkbox"/> Touch picture <input type="checkbox"/> Draw a picture <input type="checkbox"/> Use cell phone <input type="checkbox"/> Text a message <input type="checkbox"/> Use an app, e.g. _____ <input type="checkbox"/> Use singing / rhythm <input type="checkbox"/> Facial expression <input type="checkbox"/> Eye gaze (to signal interest) <input type="checkbox"/> Interpret behavior* <input type="checkbox"/> Be patient <input type="checkbox"/> Allow more time for a response, _____ seconds <input type="checkbox"/> Carry an 'about me' story card <input type="checkbox"/> Consider what behavior is communicating <input type="checkbox"/> Other: _____ 	

Learning and Reading Challenges

I experience:	This helps:	Supports and Accommodations:
<ul style="list-style-type: none"> <input type="checkbox"/> Short-term memory difficulty <input type="checkbox"/> Long-term memory difficulty <input type="checkbox"/> Not reasoning well <input type="checkbox"/> Longer processing time <input type="checkbox"/> Trouble with changes in routines <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable 	<ul style="list-style-type: none"> <input type="checkbox"/> Direct teaching <input type="checkbox"/> Modeling a task <input type="checkbox"/> Video modeling <input type="checkbox"/> Place exact fare in sealed envelopes <input type="checkbox"/> Print labels/instructions vs. by hand <input type="checkbox"/> Audio recording of steps to follow <input type="checkbox"/> Use voice output on computer 	

	<ul style="list-style-type: none"> <input type="checkbox"/> Use reading pen on single words <input type="checkbox"/> Read written info to passenger <input type="checkbox"/> Symbols instead of words <input type="checkbox"/> Systematic instruction <input type="checkbox"/> Divide tasks into smaller chunks <input type="checkbox"/> Story board or comic strip <input type="checkbox"/> Practice <input type="checkbox"/> Allow ample time to process <input type="checkbox"/> Prompt to support learning <input type="checkbox"/> Use training video to learn skills <input type="checkbox"/> Card swipe lock vs. # key pad <input type="checkbox"/> Offer coaching <input type="checkbox"/> Consider unique learning style <input type="checkbox"/> Other: _____ 	
--	---	--

Social Challenges

I experience:	This helps:	Supports and Accommodations:
<ul style="list-style-type: none"> <input type="checkbox"/> Vulnerability <ul style="list-style-type: none"> <input type="checkbox"/> Willingness to go with stranger <input type="checkbox"/> Giving personal information, money or possessions away <input type="checkbox"/> Obeys commands <input type="checkbox"/> Extreme shyness <input type="checkbox"/> Inappropriate laughing <input type="checkbox"/> Uncontrollable screaming <input type="checkbox"/> May expose genitalia <input type="checkbox"/> Difficulty with: <ul style="list-style-type: none"> <input type="checkbox"/> Identifying strangers <input type="checkbox"/> Recognizing threats or danger <input type="checkbox"/> Standing too close to others <input type="checkbox"/> Interrupting <input type="checkbox"/> Sharing a seat <input type="checkbox"/> Name calling <input type="checkbox"/> Spitting <input type="checkbox"/> Hitting self <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable 	<ul style="list-style-type: none"> <input type="checkbox"/> Meeting driver ahead of time <input type="checkbox"/> Use familiar and trusted driver <input type="checkbox"/> Offer friendly greeting <input type="checkbox"/> Offer positive feedback <input type="checkbox"/> Use humor <input type="checkbox"/> “Hi, I’m ____ ...” printed card to share with concerned passengers <input type="checkbox"/> Limit interactions if stressful <input type="checkbox"/> Provide sensitivity training to driver <input type="checkbox"/> Model appropriate behavior <input type="checkbox"/> Use role play to teach behavior <input type="checkbox"/> Role play asking for help <input type="checkbox"/> Other: _____ 	

Movement Differences		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> May stand too close to others <input type="checkbox"/> Involuntary movement or posture <input type="checkbox"/> Pacing (calming) <input type="checkbox"/> May wander off <input type="checkbox"/> May flee / run <input type="checkbox"/> May leave seat <input type="checkbox"/> May open door of moving vehicle <input type="checkbox"/> Apraxia (limits movement) <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Assistance in public <input type="checkbox"/> May need extra time to process <input type="checkbox"/> Facilitate to walk (touch elbow) <input type="checkbox"/> Hold hand <input type="checkbox"/> Facilitate to stand (tap toe) <input type="checkbox"/> Passenger door locking guard <input type="checkbox"/> Help with buckling seat belt <input type="checkbox"/> Engage safety locks <input type="checkbox"/> Wear tracking device <input type="checkbox"/> Other: _____	
Organization		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> May become confused <input type="checkbox"/> May be inflexible <input type="checkbox"/> May be easily distracted <input type="checkbox"/> May step into traffic <input type="checkbox"/> May forget personal items <input type="checkbox"/> May interrupt <input type="checkbox"/> May distract driver <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> Service animal <input type="checkbox"/> Remote monitoring technology <input type="checkbox"/> Minimize clutter <input type="checkbox"/> Color code information <input type="checkbox"/> Verbal cues <input type="checkbox"/> Arrange items in order of use <input type="checkbox"/> Use highlighter to focus attention <input type="checkbox"/> Visual list to follow or checklist <input type="checkbox"/> Avoid re-organizing spaces <input type="checkbox"/> Follow a set/familiar routine <input type="checkbox"/> Follow a set/familiar schedule <input type="checkbox"/> Drive a set/familiar route <input type="checkbox"/> Directional marking on pathways <input type="checkbox"/> Use alarm, timer or beeper <input type="checkbox"/> Other: _____	
Personal Care and Medically Necessary Needs		
I experience:	This helps:	Supports and Accommodations:
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> N/A not applicable	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

2.6 Personal Supports and Accommodations Summary

INSTRUCTIONS: Use the space provided below to summarize important information you need to share with others so that you can stay healthy, safe and comfortable when you travel.

Adapting to or adjusting the environment:

Vision and/or hearing impairments:

Sensory modifications to make traveling more comfortable:

Disorder, medication and managing side-effects:

Seizure protocol:

Physical limitations:

Communication challenges:

Learning and reading challenges:

Social challenges:

Movement differences:

Organization and learning strategies:

Personal care and medically necessary needs:

2.7 Passenger Profile for: _____

Notice to Provider: This confidential information is provided by the passenger below to assist in serving their individual needs.

This information may be shared with assigned drivers. Yes No

Completed/Updated on: _____ How often will this be updated? _____

Who will keep this current and communicate changes?

Name: _____ Phone: _____

PASSENGER NAME: _____ Birthdate: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary language: _____ Do you need a translator when you travel? Yes No

AUTHORITY TO ARRANGE RIDES

Check all of the contacts below who are authorized to schedule, change or cancel ride reservations.

Check here if passenger is authorized to schedule, change or cancel ride reservations.

IN CASE OF EMERGENCY If medical attention is needed, first call 9-1-1.

Preferred hospital: _____
Phone: _____ Address: _____

Physician: _____
Phone: _____ Policy #: _____

Emergency Contact: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

Emergency Contact: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

SUPPORT TEAM CONTACTS

Family / Guardian Contact: *Tom and Theresa Ryder*
Phone: _____ Email: _____

MCO or IRIS Contact: _____
Phone: _____ Email: _____

Vocational / Day Support Agency Contact: _____
Phone: _____ Email: _____

Day Support Contact: _____
Phone: _____ Email: _____

Residential / Home Care Agency Contact: _____
Phone: _____ Email: _____

Other: (broker, sibling, trained police officer) _____
Phone: _____ Email: _____

PERSONAL SUPPORTS for: _____What helps you wait safely for your ride? _____
_____What helps you travel safely? _____
_____What helps you arrive safely at your destination? _____
_____**The following Support Plans are attached:**

- Transportation Support Seizure Plan Emergency Response
 other _____

Attach
photo
here

LEVEL OF SERVICE:**Check all Levels of Service and Accommodations you may need for various modes of transit.**

- Accessible Vehicle** Driver assists to load passenger and their wheelchair onto the vehicle.
- Stop-to-stop fixed-route** Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.
- Curb-to-curb** Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.
- Door-to-door** Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.
- Door-thru-door** Driver goes into the building where ride originates and at the destination to assist passenger.
- Leave attended** Driver assures that the passenger is met by a responsible party at the destination.
Reason for Attendant: _____ If hired Attendant, through which agency: _____
Name of Attendant for this ride: _____ Phone 1: _____ Phone 2: _____
- Driver Attend/Escort** Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.
Reason for Attendant: _____ If hired Attendant, through which agency: _____
Name of Attendant for this ride: _____ Phone 1: _____ Phone 2: _____
- Personal Attendant** A family member or hired staff rides along to assist the individual they support.
Reason for Attendant: _____ If hired Attendant, through which agency: _____
Name of Attendant for this ride: _____ Phone 1: _____ Phone 2: _____
- Individualized** Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curbside for round trip, same driver for return pick-up, turn radio down/off, or other accommodations.

ACCOMMODATIONS:

- Direct route Solo ride Driver waits curbside for round trip Other: _____

3.1 Community Access Survey

INSTRUCTIONS: Use this survey to document your current experience and **which** modes of transportation are currently working for you (e.g. walk, wheel, personal car, ride-sharing, van, city bus, taxi, shuttle bus, paratransit, sharing a ride with a coworker, job coach drives you, etc.). In some areas you may wish to make changes. Space is provided in the left column for you to record ideas.

Modes of Transportation	
<p>Transportation</p> <p>OUTCOMES</p> <p>Ideas:</p>	<p>Are you satisfied with:</p> <p>The number of places you go in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The number of people you spend your time with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The time of day the activity is scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The range of times rides are available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The modes of transportation available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a ride when you need one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you able to easily complete a round-trip? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a way to get to places to shop? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you easily load and unload your purchases? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you be able to increase the number of places you travel if you had an escort or personal care attendant to accompany you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Access to</p> <p>PEDESTRIAN</p> <p>PATHWAYS</p> <p>Ideas:</p>	<p>What best describes the neighborhood you live in?</p> <p><input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Urban</p> <p>Do you currently walk/wheel to any of your destinations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you ride a bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you ride a tri-cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How 'walkable' or 'wheelable' is your neighborhood? Check all that apply:</p> <p><input type="checkbox"/> There are no sidewalks</p> <p><input type="checkbox"/> Sidewalks are in good condition</p> <p><input type="checkbox"/> Curb-cuts allow wheelchairs and mobility devices to maneuver</p> <p><input type="checkbox"/> Street signs caution drivers of pedestrian traffic</p> <p><input type="checkbox"/> Traffic signals at intersections stop traffic for pedestrians</p> <p><input type="checkbox"/> Traffic signals give auditory "wait" prompts</p> <p><input type="checkbox"/> Traffic signals allow ample time for pedestrians to cross the street</p>
<p>Access to</p> <p>DRIVING A VEHICLE</p> <p>Ideas:</p>	<p>Do you hold a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you currently drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have access to or own a vehicle to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes" then answer these questions:</p> <p>Is the vehicle mechanically dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many passengers does it seat? _____</p> <p>Does your insurance allow others to drive you in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is using your vehicle and a hired driver an option? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are these up-to-date? County decal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inspection sticker <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	License plates <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to RIDE-SHARING e.g., carpool, shared Uber or Lyft Ideas:	Can you ride with someone who lives with you or near you? <input type="checkbox"/> Yes <input type="checkbox"/> No Who else can ride with you? _____ Do you or a child need special seating/securement? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need an Attendant to travel safely? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need the driver to pick-up and/or drop-off your child or attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No Who coordinates the ride-sharing arrangement? _____ For cost share, how many miles to your destination? _____ How much do you pay for the shared ride? _____
Access to PUBLIC TRANSPORTATION e.g., city bus, ADA paratransit Ideas:	Do you live near a bus stop with easy access to meet a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No List bus number and fixed-stop address: _____ Are any of your destinations near a bus stop? <input type="checkbox"/> Yes <input type="checkbox"/> No List bus numbers and fixed-stop addresses: _____ If trip requires transfer, where is the transfer made? _____ Is getting a ride to the nearest bus stop an option? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for ADA paratransit? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, what level of service do you currently use? <input type="checkbox"/> Curb-to-curb <input type="checkbox"/> Door-to-door <input type="checkbox"/> Leave attended <input type="checkbox"/> Unsure If you are eligible for paratransit but do not use it, please explain why: _____
Access to SPECIALIZED TRANSPORTATION Ideas:	What rides are needed for you to reach your long-term care outcomes? Do you use a group-ride to your vocational or day services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your Job coach provide any of your rides? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your home support staff provide any of your rides? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you reimburse mileage to paid staff for rides? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Non-Emergency Medical Transportation (NEMT) Ideas:	Do you use NEMT services to get to medical appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, which transportation company? _____ Do you need assistance to the door of the medical facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance during the medical appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to COMMUNITY TRANSPORTATION PROGRAMS	Do you receive Medical Assistance or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No What community programs do you currently use? _____ Are you aware of all of the possible options available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you reached out to the Dane County Transportation Call Center or ADRC recently to explore your options? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to TRAVEL TRAINING Ideas:	Do you need orientation to use new modes of transit? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your attendant need orientation to support you? <input type="checkbox"/> Yes <input type="checkbox"/> No Would learning new skills increase your transit options? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you know who to contact for travel training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you, or have you received travel training? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, when? ____ For how long? ____ Agency Name: _____ Describe the training program: _____ What new skills did you learn? _____ What challenges did you encounter? _____

<p>Access to PERSONAL SUPPORTS</p> <p>Ideas:</p>	<p>Do you need support with any of the following for you to remain healthy and safe when you travel? Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adapting the environment around you <input type="checkbox"/> Vision and/or hearing impairments <input type="checkbox"/> Sensory modifications to make traveling more comfortable <input type="checkbox"/> Disorders, medications and managing side-effects <input type="checkbox"/> Seizure protocol <input type="checkbox"/> Physical limitations <input type="checkbox"/> Communication Challenges <input type="checkbox"/> Social Challenges <input type="checkbox"/> Movement Differences/Disorders <input type="checkbox"/> Organization and learning strategies <input type="checkbox"/> Personal care and medically necessary procedures
<p>Access to TRAINED DRIVERS</p> <p>Ideas:</p>	<p>Do you need vehicle identification to recognize your ride? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would it be helpful if the driver presented ID upon arrival? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there specific instructions that a driver must know about you so that you will have a safe and positive experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How do you currently share information with your driver? _____</p> <p>For safety reasons, do you need assistance from the door of your home to the door of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: _____</p> <p>Can you be left alone at home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, why not? _____</p> <p>Can you be left alone in public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, why not? _____</p> <p>Will you need an attendant to travel with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, why? _____</p> <p>Are there trips where a driver escorts you at the destination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p>
<p>Access to EMERGENCY CONTACTS</p> <p>Ideas:</p>	<p>Do you carry ID in case you get lost or incapacitated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have contingencies in place when problems arise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your personal emergency contacts list current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you carry a list with you in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Other considerations...</p> <p>Ideas:</p>	<p>Have you used a park-and-ride lot to access the city bus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you started a ride-share matching network? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you seeking others you could easily share rides with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you need more information about? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

3.2 Community Access Summary

INSTRUCTIONS: Use the space provided below to summarize important information you need to share with others as you consider the best mode for each trip. Explain why a mode is or is not appropriate.

Transportation Outcomes:

Pedestrian Pathways:

Driving a Vehicle:

Ride-Sharing:

Public Transportation:

Specialized Transportation:

NEMT:

Travel training:

Personal Supports:

Trained Driver:

Emergency Contact:

Other:

3.3 Pricing Scale for Traditional Transportation Provider Options

INSTRUCTIONS: Although not an exact listing of pricing, this scale illustrates the relationship between level of service and support needs and the cost of a ride provided by traditional transportation providers. Research local ride fares and support staff wages then make notes on scale to compare costs.

	Low Supports (physical barriers)	Low Supports (assistance)	High Supports (more assistance)	High Supports (attended)	High Supports (customized)	COST
Bus stop						Less than \$
High Skills	Curb-to-curb					\$
	High Skills	Door-to-door				\$\$
		Mid Skills	Door-thru-door			\$\$\$
			Mid Skills	Leave attended Driver Escort		\$\$\$\$
				Low Skills	Individualized and/or Accessible	\$\$\$\$\$

3.4 Transportation Provider Options in Dane County

You might find it helpful to use the **Quick Reference: Transportation Provider Options in Dane County for People with Developmental Disabilities** as you research transportation providers in Dane County. The booklet also offers simple steps to arranging transportation. To view the booklet online or to download a copy go to: <http://danecountyhumanservices.org/dd/a/trans.aspx>

Provider/Contact: _____

Provider/Contact: _____

Provider/Contact: _____

Provider/Contact: _____

3.5 Additional Transportation Options (you may wish to explore)

Training and Support

- Mobility and Independent Living Skills Training
- Pedestrian skills
- Bike riding skills
- Bus riding skills
- Mobility mentorship
- Bus Buddy volunteers
- Training for Support Providers
- Designated Service Animals
- Planning Facilitators
- Other: _____

Alternatives to Driving

- Walk or Mobility device
- Bicycle or trike
- Use delivery service
- Telecommute
- Other: _____

Non-traditional Options

- Barter your service in exchange for rides
- Offer volunteer driver mileage reimbursement
- Organize a shared ride or carpool
- Other: _____

Driving Yourself

- Pre-Driving Assessment and Simulator
- Obtain a valid driver's license
- Purchasing a vehicle
- Renting a vehicle
- Parking
- Other: _____

Driver Services

- Hire driver to drive you in your vehicle, their vehicle or a rental
- Ride Hailing apps. for drivers of non-commercial personal vehicles
- Common carrier taxi or cab service
- Other: _____

Technology

- GPS locator on passenger or vehicle
- Smart phone apps for booking, tracking and communicating with ride
- Onboard audible and digital information displays
- OnStar vehicle locator
- Driverless cars
- Other: _____

Social Security Administration (SSA)

- Impairment-related Work Expense (IRWE)
- Other: _____

Public Transit

- Bus Orientation
- Fixed and Commuter Bus Route
- ADA Paratransit
- Public School Transportation
- Other: _____

Specialized / I/DD Transportation (authorized FamilyCare or IRIS funding)

- Agency Staff
- Other: _____

Non-Emergency Medical Transportation

- Medical Assistance Transportation Broker
- Other: _____

Additional notes:

3.6 Trip Comparison Worksheet

INSTRUCTIONS: Use one worksheet per trip to explore all possible options to and from a destination. Select the best option for each trip and transfer that information to the [3.7 Document Your Plan and Build Your Budget](#) form. For rides you need to arrange, use the [3.8 Personal Transportation Request Worksheet](#) to prepare you to contact a provider. Once your trip is confirmed, you may choose to complete the [3.9 Scheduled Ride Log](#). Remember, the trip details might be different for your ride to and from the destination.

PURPOSE:		FUNDING SOURCE:			
TIME / DAY:		FREQUENCY:			
FROM:		ADDRESS:			
TO:		ADDRESS:			
DISTANCE:		SUPPORTS:			
MODE	THINGS TO CONSIDER	LEVEL of SERVICE	TRANSIT PROVIDER/\$	SUPPORT PROVIDER/\$	TOTAL COST of TRIP
Walk/ wheelchair					
Bike					
Bus					
Personal Car- Hire support staff to drive it					
Carpool/ Shared ride					
Taxi					
Mini-Van					
Lift Van					
Agency/ Staff vehicle					
Hired driver/ mileage reimbursement					
Volunteer/ mileage reimbursement					
Other					

3.7 Document Your Plan and Build Your Budget

INSTRUCTIONS: Service delivery, fares and trip costs may be different for each provider. Use the space below to keep notes about providers you use (or have used unsuccessfully in the past).

For these trips:	Ride Provider	Support Provider	Total Trip \$ Cost or Fare	X Frequency	= Budget
	Provider- Contact- Fare \$	Provider- Contact- Fee \$	\$		\$
	Provider- Contact- Fare \$	Provider- Contact Fee \$	\$		\$
	Provider- Contact- Fare \$	Provider- Contact- Fee \$	\$		\$
	Provider- Contact- Fare \$	Provider- Contact- Fee \$	\$		\$
	Provider- Contact- Fare \$	Provider- Contact- Fee \$	\$		\$
	Provider- Contact- Fare \$	Provider- Contact- Fee \$	\$		\$
	Provider- Contact- Fare \$	Provider- Contact- Fee \$	\$		\$

3.8 Personal Transportation Request Worksheet

INSTRUCTIONS: Use this form to keep track of each trip (or set of trips) you need to arrange.

Passenger's Name: _____ **Customer Status:** New Existing **Date of contact:** _____

Type of Request: Inquire about service Get pricing Check availability Make a reservation

Person making request: _____ **Relationship to passenger:** _____

Transportation Provider: _____ **Contact info:** _____

Are you Metro Paratransit eligible? no yes If yes, what level of service? _____

Note: If you are Medicaid eligible and need a ride to a medical appointment, call NEMT at (866) 831-4130.

What Medicaid/Medicare program do you currently participate in? (check all that apply)

Family Care Family Care Partnership IRIS

If you are requesting a ride from a Dane County Transportation Center program, please explain: _____

Trip Purpose: _____ **Estimated first service date:** _____

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Need to arrive by: _____ **Frequency:** Single ride request Recurring ride request, total rides: _____

From (origination)- Address: _____ **Pick-up time:** _____

To (destination)- Address: _____ **Drop-off time:** _____

Mode: _____ **Trip mileage:** _____ **Reimbursement per mile:** _____ n/a One-way Round trip

What Level(s) of Service are you requesting:

- accessible vehicle/bus
- reduced bus fare
- curb-to-curb
- door-to-door
- door-THRU-door
- leave attended (with designated responsible party)
- ride with personal attendant
- solo ride direct ride (no other pick-ups)

Individual accommodation(s) needed:

- storage for mobility device
- assist to lock/unlock building doors
- pet allergies
- extended wait time at curb
- assist on elevator/stairway
- carrying bags
- same driver for return pick-up
- other: _____

Driver must be trained on these support plans:

Transportation Support Plan Seizure Plan Emergency Response Plan other: _____

Form of payment: cash credit/debit billing MA program other: _____

Program auth # _____ **by which funder?** _____ Pending Not authorized

Notes: _____

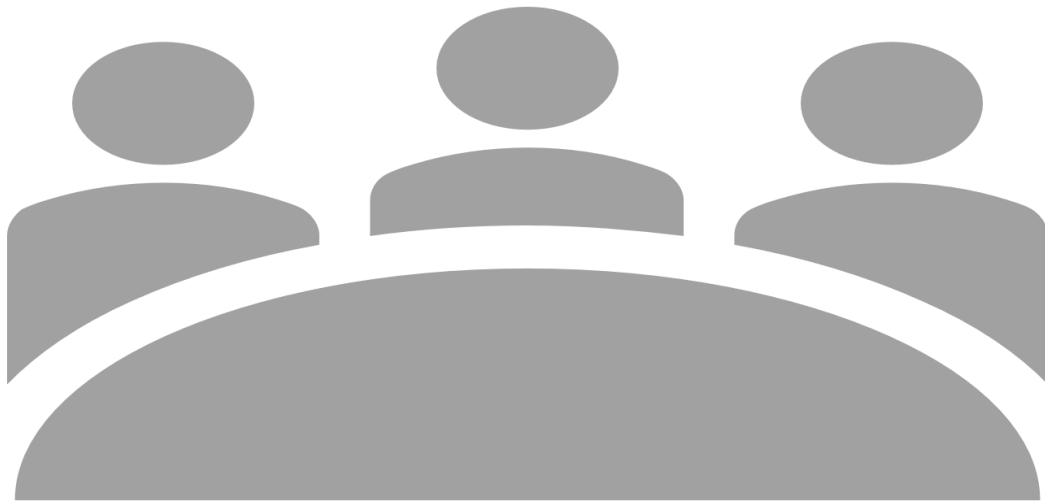
3.9 Scheduled Ride Log

TRIP#	PURPOSE:	Effective dates: START	END
Day of the week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Need to arrive by: _____ am/pm Frequency of ride: <input type="checkbox"/> Single ride request <input type="checkbox"/> Recurring ride			
From (origination)- Address: _____		Pick-up time _____ am/pm	
To (destination)- Address: _____		Drop-off time _____ am/pm	
Mode: _____ Trip mileage: _____ Reimbursement per mile \$ _____ <input type="checkbox"/> n/a <input type="checkbox"/> One-way <input type="checkbox"/> Round Trip			
Level of Service: <input type="checkbox"/> curb-to-curb <input type="checkbox"/> door-to-door <input type="checkbox"/> door-thru-door <input type="checkbox"/> leave attended <input type="checkbox"/> other: _____			
Support Person: _____ Agency: _____ Cell: _____			
Transport Provider: _____ To cancel ride call: _____ Phone: _____			
Driver's name: _____ Description of the vehicle: _____			
Instructions for the driver: _____			
Pick-up window: Be ready _____ minutes before scheduled pick-up. For this provider, driver is late if _____ minutes past pick-up time. Who to call if the driver is late: Contact: _____ Phone: _____			
Emergency contact if ride doesn't show: _____ Phone: _____			
Form of payment: <input type="checkbox"/> cash <input type="checkbox"/> credit/debit <input type="checkbox"/> billing <input type="checkbox"/> MA auth # _____ <input type="checkbox"/> other: _____			

TRIP#	PURPOSE:	Effective dates: START	END
Day of the week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Need to arrive by: _____ am/pm Frequency of ride: <input type="checkbox"/> Single ride request <input type="checkbox"/> Recurring ride			
From (origination)- Address: _____		Pick-up time _____ am/pm	
To (destination)- Address: _____		Drop-off time _____ am/pm	
Mode: _____ Trip mileage: _____ Reimbursement per mile \$ _____ <input type="checkbox"/> n/a <input type="checkbox"/> One-way <input type="checkbox"/> Round Trip			
Level of Service: <input type="checkbox"/> curb-to-curb <input type="checkbox"/> door-to-door <input type="checkbox"/> door-thru-door <input type="checkbox"/> leave attended <input type="checkbox"/> other: _____			
Support Person: _____ Agency: _____ Cell: _____			
Transport Provider: _____ To cancel ride call: _____ Phone: _____			
Driver's name: _____ Description of the vehicle: _____			
Instructions for the driver: _____			
Pick-up window: Be ready _____ minutes before scheduled pick-up. For this provider, driver is late if _____ minutes past pick-up time. Who to call if the driver is late: Contact: _____ Phone: _____			
Emergency contact if ride doesn't show: _____ Phone: _____			
Form of payment: <input type="checkbox"/> cash <input type="checkbox"/> credit/debit <input type="checkbox"/> billing <input type="checkbox"/> MA auth # _____ <input type="checkbox"/> other: _____			

T.R.I.P. Toolkit

Facilitation Handbook



Appendix B

ISSUE DATE: April 2019

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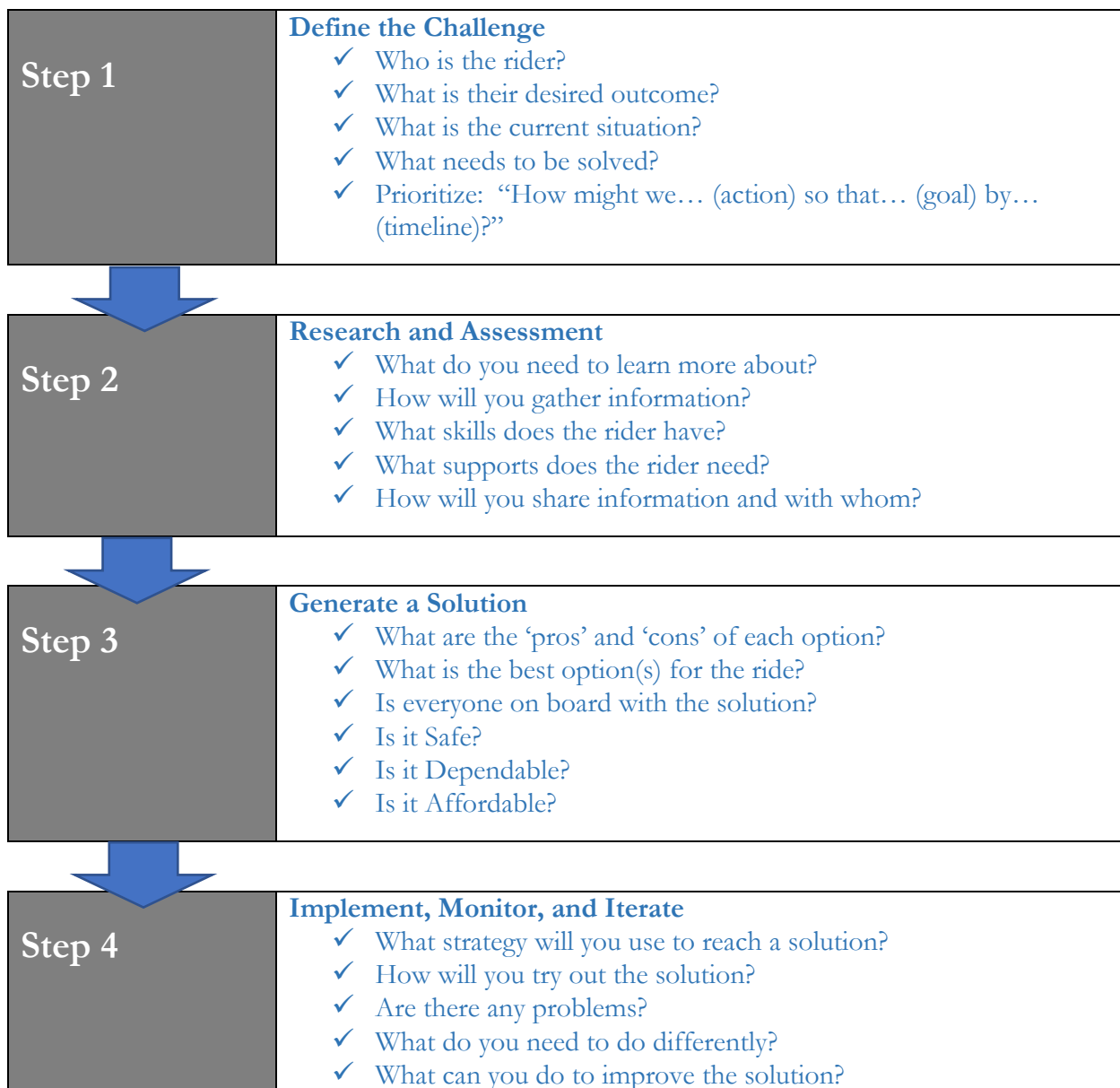
Introduction

The 4-step Planning Process

The Transportation Reference and Individualized Planning (TRIP) toolkit offers a 4-step process that is rooted in design think- a “step-wise, measured, and fully vetted approach that will lead you to the right solution.” Answer the questions for each step to build a foundation of understanding. At each step you will build on what you learned in the previous step.

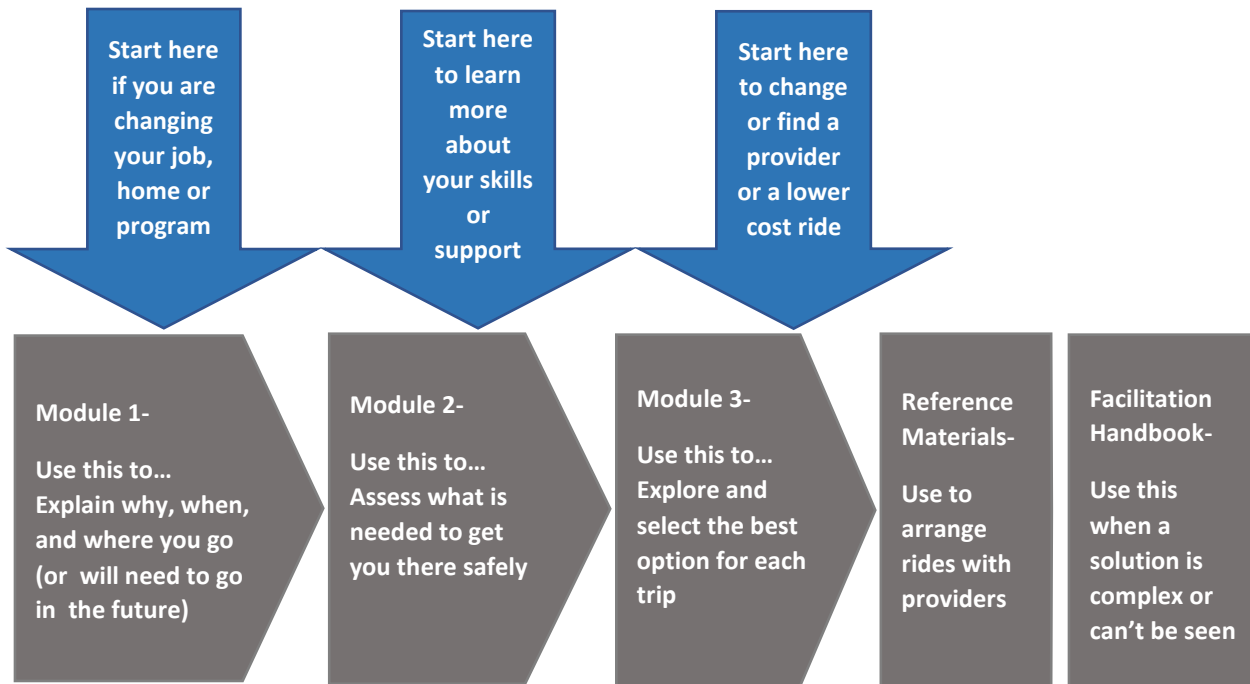
The focus should always be on keeping your personal transportation needs and life outcomes in mind. You will know you have a good solution when you can answer “yes” to: Is it safe? Is it dependable? Is it affordable?

To learn more about the design-think process, visit the National Center for Mobility Management at: <https://NationalCenterforMobilityManagement.org/e-learning/>



How to use this toolkit with the 4-step process

The tools you select will depend on what you need to learn at each step in the planning process. You may decide to use the entire toolkit or enter the toolkit at a point that is most helpful to you. The toolkit is designed to help you lay a foundation to build on. As your needs change, you may find it helpful to return to a module in the toolkit to fine tune your individualized transportation plan.



In addition, these mindsets will be helpful to facilitators as they support teams to use this TRIP Toolkit:

1. Develop empathy for your customer... student, client, or loved one
2. Design in a collaborative and co-creative process
3. Be both innovative and practical
4. Keep improving until you get it right
5. Be optimistic- no challenge is impossible to solve!

* Excerpted from the 'Creating Innovative Transportation Solutions' e-Learning training sponsored by the National Center for Mobility Management. <https://NationalCenterforMobilityManagement.org/e-learning/>

How to Use This Facilitation Handbook

The Transportation Independence Project (TIP) has prepared the **Transportation Reference and Individualized Planning (TRIP) Toolkit** to increase informed transportation decision making in people with developmental disabilities as they consider: how transportation helps them live the life they choose, self-assess their needs, explore the full continuum of transportation options, select the best option for each trip and take steps to arrange services and supports. The toolkit includes:

Toolkit Introduction

- How to use the tools within the 4-step planning process

TRIP Planning Guide

- Module 1- Know what transportation you need
- Module 2- Assess what is needed to get there safely
- Module 3- Explore and select best option for each trip

Appendix A: Planning Workbook

- Blank worksheets to record your individual needs

Appendix B: Facilitation Handbook

- Supports teams through a 4-step planning process

Quick Reference: Transportation Provider Options in Dane County

- Simple steps to arranging transportation with current transportation providers

Mobility Training in Dane County

- Examples and mobility training resources

This **TRIP Toolkit Facilitation Handbook** is a resource for transportation planning facilitators to guide them in supporting planning teams through a 4-step process. Although the toolkit may be used independently, it is most effective when facilitated by a neutral party who guides a team through planning steps, discussion topics and selected tools. The focus is on facilitating groups that support a person with complex needs in creating solutions to their transportation challenges.

Role of the Planning Facilitator

The primary role of the facilitator is to prepare the team to work effectively with the toolkit so they can reach a solution. As the facilitator, you are guiding and pointing the way along the 4-step process. Here are some of the responsibilities:

- Build empathy for the person with transportation needs (the ‘rider’)
- Help clarify the transportation challenge so that the team is solving the right problem
- Encourage communication (phone, email, text, in-person, google doc) between team members
- Select appropriate planning tools, discussion topics and arrange ample time to meet
- Send information ahead of time so all members have time to prepare their thoughts
- Guide the team through the 4-step process and keep notes on progress
- Establish the rider’s criteria for a ‘good solution’ and keep the team focused in that direction
- Assist with monitoring progress and iterating to make improvements (as needed)

Inviting Participation

- Ensure the participants keep the rider at the center of the planning process.
- Clarify your role, the rider's role, the family's role and other roles in the planning process.
- Help invite others who bring expertise to the planning team.
- Be realistic about the time commitment and that there will be distractions: e.g. stretched for time, competing demands, exhaustion, significant frustration, caregiver strain, effects of poverty
- Expect varying degrees of participation. Some teams will have been working together for a while and will easily move through the toolkit process. For some teams, the demands and the distractions of its members are so great that they cannot find the energy to participate.
- If a family appears to be disinterested, use open ended questions to build a relationship of trust and respect, validate concerns, uncover viewpoints, listen for motivation to change. Meet them where they are. Take small steps. Keep them informed that there is a planning process, guide, workbook, reference materials and assistance to navigate their way to a solution.
- Encourage informed decision-making. Ask: "Is it okay with you if I... and get back to you with this?" Informed consent is key to honoring "Nothing about me without me."

Focusing on the Right Challenge

Here are examples of transportation challenge statements that can guide the team and give them focus. (All names and scenarios are fictitious.)

Mary's Team Challenge: How might we fill gaps in Mary's schedule?

Mary wants to be more active in her community, uses the city bus and taxi, but has difficulty scheduling activities and arranging her rides. Her team found **Module 1** useful in discovering meaningful activities, openings in her weekly schedule and next steps to explore carpooling with other volunteers.

John's Team Challenge: How might we ensure John can get to work when the school bus stops coming?

John uses a wheelchair, rides an accessible school bus, but he has never had the opportunity to try the city bus. His team found **Module 2** helpful in determining that he is a good candidate for mobility training.

Lu's Team Challenge: How might we keep business travel expenses cost-effective?

Lu is self-employed and receives support to market, contract and bill for his services. He also relies on others to arrange his work rides. His team found **Module 3** helpful in arranging flexible and responsive rides to work-related activities.

Tina's Team Challenge: How might we create a vision where Tina has access to her community from a home of her own?

Tina is planning to transition from her parent's home to a home of her own. Her limited mobility causes safety issues. She will need to replace rides her parents provide with rides by trained staff. Tina's team found the **entire toolkit** to be helpful in imagining what the future might look like for her in her own home.

Selecting Specific Tools

Based on the nature of these transportation challenge examples, specific tools were selected to help each team generate a solution. This chart illustrates that not all teams used all tools. As you become familiar with the toolkit, you will be able to skillfully suggest specific tools to teams you work with.

	John	Mary	Lu	Tina
Level of Service:	City Bus (Waits alone)	Curb-to-Curb/ Door-to-Door (Limited assist, waits alone)	Escort / Door- THRU-Door (Assisted, waits alone briefly)	Leave Attend (assisted and attended at all times)
Suggested tools:				
Module 1: Explain why, when and where you go (or want to go)				
1.1 Life Outcomes and Goals		X		X
1.2 Quick Week-at-a-glance		X		X
1.3 Time Blocking Chart		X		X
1.4 Community Map		X		X
1.5 Destinations List		X		X
Module 2: Assess what is needed to get you there safely (and how)				
2.1 Skill Set Assessment	X			X
2.2 Skills and Supports Scale	X			X
2.3 Mobility Training	X			X
2.4 Level of Service and Accommodations Checklist	X			X
2.5 Personal Supports Checklist	X			X
2.6 Personal Supports Summary	X			X
2.7 Passenger Profile	X			X
Module 3: Explore and select the best option for each trip				
3.1 Community Access Survey			X	X
3.2 Community Access Summary			X	X
3.3 Pricing Scale			X	X
3.4 Transportation Provider Options in Dane County			X	X
3.5 Add'l. Transportation Options			X	X
3.6 Trip Comparison			X	X
3.7 Document Your Plan and Build Your Budget			X	X
3.8 Personal Transportation Request Worksheet			X	X
3.9 Scheduled Rides Log			X	X

Examples of Transportation Challenges

In the stories that follow, you will see how utilizing specific tools helped each team gain better understanding of the challenge and focus their effort to see a solution.

John's Story: Planning to ride the city bus

Mary's Story: Planning a carpool with co-workers

Lu's Story: Planning flexible and responsive work rides

Tina's Story: Planning to move into a home of my own (same as example found in toolkit)

John's Story:

Planning to ride the city bus

John's Mom shares her concerns: "John has been riding the accessible school bus since he was in kindergarten. I'm not sure how he will get to his job when school ends."



Step 1: Define the Challenge

John's Team Challenge: How might we ensure John can get to work when the school bus stops coming? John has two part-time jobs that fill his weekdays from 9:00-3:00. He currently gets a ride to and from his jobs by the school transition program.

Step 2: Research and Assessment

Tools the team used:

His team found **Module 2** helpful in determining that he is a good candidate for mobility training.

2.1 Skill Sets: We checked 'not sure' a lot on the skills self-assessment, what does that mean?

2.2 Skills/Supports Scale: The vocational agency asked if he might explore riding the city bus to work.

2.3 Intro to Mobility: His team suggested that the Occupational Therapist complete a community-based ride-along on a city bus to observe his current skills and what he needs to learn.

2.4 Level of Service: The city bus stop is a half mile away at the shopping mall but the team is unclear where it goes. He has used paratransit in the winter.

2.5 Health and Safety: His mother feels the city bus is risky for him. John is excited to try. The checklist helped all team members better understand the safety risks that worry his mother.

2.6 Supports Summary: He seems to have most of the communication skills needed but has gaps in reading the route map, how to pay cash fare to buy a ticket and staying safe at a transfer point.

2.7 Passenger Profile: We also need to share information with the bus driver to make sure care is taken when loading him in his wheelchair safely.

Step 3: Generate a Solution

He will need specific mobility training and coaching to practice these skills until mastered.

Step 4: Implement, Monitor, and Iterate

Result: Mobility training is ongoing and will likely continue with the support of his vocational agency.

Mary's Story: Planning a carpool with co-workers

Step 1: Define the Challenge

Mary's Team Challenge: How might we fill gaps in Mary's schedule?

Her team found **Module 1** useful in discovering meaningful activities, openings in her weekly schedule and next steps to exploring carpooling with other volunteers.

Tools the team used:

1.1 Outcomes: Mary is motivated to meet new people and serve her community.

1.1 Goals: Mary wants to fill a volunteer role at the new food pantry and gardens.

1.2 Week-at-a-glance: She has had Friday mornings free on her schedule for a while.

1.3 Time Blocking: Her sister typically provides rides to her current volunteer role on Saturday mornings, but she is unavailable on Fridays due to her own work.

1.4 Community Map: Her sister is unfamiliar with Mary's social network and is curious if there is a friend who lives nearby who Mary can invite to share a ride to the food pantry and volunteer together on Fridays.

1.5 Destinations List: If Mary can get a ride to the food pantry in a.m. then her sister can pick her up after. She will walk to a nearby coffee shop after to wait for her sister to arrive.

Step 2: Research and Assessment

- The local urban community garden needs volunteers at all shifts.
- The team invited several people to a follow-up conversation, including the volunteer coordinator at the community garden, to help them explore shared ride opportunities.
- They found three cafes nearby the urban garden plots.

Step 3: Generate a Solution

Mary has an ABLE account that is funded annually by gifts from her family. These funds may be used for mileage reimbursement. A rate of 45 cents per mile will be offered. The volunteer coordinator has two people in mind as possible drivers and will reach out to them.

Step 4: Implement, Monitor, and Iterate



Result: Mary's team met with the volunteer coordinator and found a weekly ride to the gardens with another volunteer who will accept mileage reimbursement. Mary enjoys her valued role as a 'harvester' for the community gardens. Her co-workers really enjoy having Mary on their team.



Lu's Story: Planning flexible and responsive work rides

Lu is a self-employed puppet maker and puppeteer. His job compensation pays for his time and expenses. IRIS pays for his Job Coach.

Step 1: Define the Challenge:

Lu's Team Challenge: How might we keep business travel responsive and cost-effective?

He has been invited to join a puppet group that performs for area schools 2-3 times a week. The performance schedule is not consistent, but shows are scheduled at least two weeks in advance. Both of Lu's parents work long hours and find it difficult to provide rides, respond to emails or meeting requests during the workweek. His family values hard work and independence. Lu and his family are not outspoken and find team meetings to be intimidating.

Step 2: Research and Assessment

His Job Coach joins him for performances to assist with communication, organizational support and routines. Lu is mostly non-verbal and emails or texts his communication with clients.

Step 3: Generate a Solution

His team found [Module 3](#) helpful in arranging flexible and responsive rides to work.

Tools the team used:

3.1 Access Survey/3.2 Summary: Lu has exposure to riding a taxi with an attendant.

3.3 Pricing Scale: Keep costs low and profits high.

3.4 Provider Options: Need storage for equipment.

3.5 More Options: Explore rides with a trusted driver who can assist with securing doors.

3.6 Trip Comparison: Use a taxi driver his family knows and train driver on support needs.

3.7 Build Your Budget: Plan follow-up meeting with SSI Benefits Counselor regarding business expenses. The IRIS Consultant will submit a budget amendment to increase Job Support hours.

3.8 Ride Request: Lu's Job Coach reserves taxi ride 2 days in advance and requests a payment method be set up for this business expense.

3.9 Scheduled Rides Log: Ride to event with Job Coach from vocational agency and ride home by door-THRU-door shared-taxi service (arranged by the Job Coach)

Step 4: Implement, Monitor, and Iterate

They would like to ask the Job Coach to coordinate and provide the rides but are unsure how to make such a request. **Result:** The Planning Facilitator will help negotiate this arrangement.

Tina's Story:

Planning to move into a home of my own

Tina is planning to transition from her parent's home to a home of her own. (same example found in the toolkit)

Step 1: Define the Challenge

Tina's Team Challenge: How might we create a vision where Tina has access to her community from a home of her own?

Tina will need to replace rides her parents provide with rides by trained staff. Her team found the **entire toolkit** to be helpful in imagining what the future might look like for her in her own home.

Step 2: Research and Assessment

Her limited skills, complex mobility needs and health challenges causes safety issues.

Step 3: Generate a Solution

All personal attendants and drivers will need to be trained on assisting Tina with her mobility needs.

Step 4: Implement, Monitor, and Iterate

Refer to the TRIP Toolkit Guide for an illustration of how Tina and her team completed all three modules to help create an individualized transportation plan for current and future needs.



4-step Process for Planning Transportation

Step 1: Define the Challenge

INSTRUCTIONS: The first step is to have a conversation with the rider and their team to define the desired outcome, the current situation, and the challenge to getting there.

Define the Transportation Challenge Statement: How might we... _____

Who is the rider? What has been their experience? _____

Desired Outcomes: _____

Goals: _____

What is the current situation? Gaps? Barriers? _____

What needs to be solved? _____

Prioritize: “How might we... (action) so that... (goal) by... (timeline)?” _____

When does the challenge need to be solved? _____

What are the consequences if the problem is not solved? _____

Facilitation Activity: Travel JOURNEY

Use this travel journey chart to record the ‘highs’ and lows’ the person experiences at each point along their trip. What CHALLENGES begin to stand out? What do you need to learn more about? Here are a few methods you might use to learn more: first-person reporting, field observation, skills self-assessment, mobility assessment, and interviewing others. Preview Module 2 assessment tools.

Steps along the Travel Journey	Highs (what’s working)	Lows (pressure points)	CHALLENGE
Arranging an attendant			
Arranging a ride			
Waiting safely			
Moving safely			
Boarding the vehicle			
Paying the fare			
Riding			
Maneuver transfer point			
Exiting the vehicle			
Arriving at destination			

Step 2: Research and Assessment

INSTRUCTIONS: Once you have defined the challenge, the next step is to better understand the situation and the needs of the rider.

What factors does the team need to consider in identifying a solution?

(i.e. rider's skill level, health and safety concerns, vulnerabilities and risks, needed supports and accommodations, availability of mode/provider, service delivery, vehicle accessibility, qualifications of the driver, distance and ride duration, time of day, past experiences, cost, funding source, etc.) _____

What do you need to learn more about? _____

How will you gather information to learn more about IT? _____

What skills does the rider have? _____

What supports does the rider need to be put in place to ensure health and safety? _____

How will you share information and with whom? _____

Whose responsibility will it be to share this information? _____

Facilitation Activity: Inventory of What You Need

Solving a problem is like solving a puzzle. It can be frustrating to realize you are missing a piece! Refer to your answers to each of the tools. Compile a list of all the components that might be needed to generate a solution. Highlight all those that are PRIORITIES to develop. **Here are some key categories to think about:**

List all the meaningful **PLACES** you might go to...

List all the trusted **PEOPLE** you might engage...

List all the effective **ACTIONS** you or others might take...

List all the **THINGS** you might need...

Step 3: Generate a Solution

INSTRUCTIONS: Once you understand the needs of the rider, the next step is to imagine possible solutions.

Review your challenge statement. Are you solving the right problem? If not, restate your challenge:

What ideas does the team have for addressing the challenge? _____

What are the 'pros' and 'cons' of each option? _____

What is the best option(s) for the ride? _____

Is everyone on board with the idea? If not, who has concerns? _____

Do you have everything you need? If not, what's missing? _____

What essentials must any solution have? _____

- ✓ Is it Safe?
- ✓ Is it Dependable?
- ✓ Is it Affordable?

What are the risks? _____

What training is needed for rider or driver? _____

Facilitation Activity: Planning TIMELINE

Use the grid below to document next steps as you prepare to implement Step 4.

STRATEGY	How might it look?	Who might help?	Target date:

Step 4: Implement, Monitor and Iterate

INSTRUCTIONS: Once you have tested your solution, the next step is to document a plan to sustain the solution if it is working, or make modifications, if needed.

What strategy will you use to solve the transportation need? _____

Why do you think the solution is likely to work and continue to work? _____

Has anyone else tried this before? What can we learn from their experience? _____

How might we try it out before we decide? _____

Are there any problems? _____

What do you need to do differently? _____

What can you do to improve the solution? _____

Facilitation Activity: MONITORING Progress

Tracking progress along the way helps you see where you might change direction.

How did you/will you test the solution to see if it is effective? _____

What was the result? _____

What changes need to be made? _____

What if a solution doesn't exist?

For even the most skilled facilitator, some teams will struggle to find a solution. In these times we recommend you reach out to an experienced Mobility Manager to help navigate the most complex challenges.

Before you pick up the phone, take time to organize what you do know or have already tried. If you have worked through the TRIP Toolkit, you will have built a valuable foundation of empathy for the person's experiences, gained understanding of their desired outcomes, collected informative self-assessments, documented support strategies, explored all options available to you, tried a few strategies and recorded why they didn't work.

Sharing what you have learned will help the Mobility Manager or information specialist recommend a path to guide you. Together, you can explore more customized ways to move forward. Usually, when teams are "stuck", the experience of an outside expert can help teams navigate available resources or invent new options that do not currently exist.

The **Dane County Transportation Call Center** is a county and regional transportation resources center, operated by Mobility Managers, that provides personalized assistance with your transportation needs. The Mobility Manager provides information on all transportation options and finds solutions to your travel needs.

Dane County Transportation Call Center

Telephone: 609-242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of Operation: Monday-Friday from 9:00 am – 4:30 pm

References

Dane County Transportation Call Center

<http://danecountyhumanservices.org/dd/a/trans.aspx>

National Center for Mobility Management

<https://NationalCenterforMobilityManagement.org/e-learning/>

Design Think for Mobility

<http://www.designthinkingformobility.org/>

Guidebook for Serving on Groups That Make Decisions

<http://www.servingongroups.org/about>

Person Centered Planning

<https://rtc.umn.edu/docs/pcpmanual1.pdf>

Quick Reference: Transportation Provider Options in Dane County

for People with Developmental Disabilities



ISSUE DATE: April 2019

Prepared by the Transportation Independence Project

The Transportation Independence Project (TIP) is funded in part by Dane County Department of Human Services, and the Federal Transit Administration (FTA) as authorized under 49 U.S.C. Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program. Funds are made available by the Madison Area Transportation Planning Board (MPO), in cooperation with the Wisconsin Department of Transportation (WisDOT) and Metro Transit.

Foreword:

Although this is not an exhaustive list of transportation provider options in Dane County for people with disabilities, it is a pretty good start!

The purpose of this quick reference tool is to increase informed decision-making in people with disabilities as they arrange for their transportation needs. The tool may be used independently, with the help of a caregiver, or with a team who supports the individual.

This is the first of several tools the Transportation Independence Project (TIP) will make available. In the future, we hope to also produce a transportation planning guide and training curriculum, self-assessment tools, a plan for early and ongoing transit education, and Navigation assistance when customized transit solutions are needed. Stay tuned!

Here's how to get an additional copy of this booklet:

Online for easy and paper-free reference or to download:

<http://danecountyhumanservices.org/dd/a/trans.aspx>

Printed copies are available at: ADRC of Dane County,
2865 N. Sherman Avenue, Madison, WI 53704

Electronic version (PDF) may be emailed to you by contacting the Dane County Transportation Call Center. See contact below.



Dane County Transportation Call Center

The **Dane County Transportation Call Center** is a Dane County and regional resource center, operated by Mobility Managers, that provides personalized assistance with your transportation needs. The Call Center provides information on all transportation options.

Telephone: (608) 242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of operation: Monday – Friday from 9:00 am – 4:30 pm

Note: The contents of this booklet are not an endorsement of the providers listed by the Transportation Independence Project. **Please confirm with the listed providers if they accept Medicaid for payment, e.g. through Family Care or IRIS. Some may not.** Information provided in this booklet is subject to change and may not include every option. Transportation providers are encouraged to contact the Dane County Transportation Call Center at (608) 242-6489 with corrections and additions.

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Transportation Provider Options in Dane County **5**

Provider profiles include contact information and service descriptions.

Optional Tools to Plan and Arrange Your Ride **20**

Passenger Profile **21**

It is important to record and keep personal contacts current so that you can reach the people you need to for support or if there is an emergency. You may decide to offer some or all of your personal information to your transportation provider to kept on file. Remember that if there are changes, you will need to update your transportation provider as well.

Personal Transportation Worksheet **23**

Use this worksheet to help you prepare to communicate with a potential provider about: your trip details, to request pricing, to check availability and the provider's ability to meet your service need.

Scheduled Rides Log **24**

Use this form to keep track of your confirmed rides.

User Feedback Survey

Use this survey to give us feedback on the contents of this booklet. **25**

Steps to Arranging Your Transportation

For each trip you need to arrange, consider each of the following steps.

Describe Your Transportation Need

INSTRUCTIONS: Begin to think about what is needed for you to get where you need to go reliably and safely. Consider also your health, safety and accessibility concerns. Your choice of a mode of transportation may depend on:

What is the purpose of the trip? _____

Where do you need to go? _____ Number of miles for one-way trip? _____

When do you need to be there- date and time? _____

How often do you need this ride? _____ When do you need to return? _____

What helps you wait safely for your ride to arrive? _____

What helps you travel safely? _____

What helps you arrive safely at your destination? _____

What is your budget? Cost of the ride: \$ _____ Cost of the support: \$ _____ Total cost of ride: \$ _____

How will you pay for the ride? _____ Do funds need to be authorized? _____

Have you explored volunteers or hiring a driver? No Yes If yes, with whom? _____

What else does the driver need to know about you so that you have a good experience? _____

Determine Your Level of Service Needs

INSTRUCTIONS: Review the Level of Service definitions below. Check all that apply to your personal needs.

- Accessible Vehicle** Driver assists to load passenger and their wheelchair or mobility device onto the vehicle.
- Stop-to-stop fixed-route** Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.
- Curb-to-curb** Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.
- Door-to-door** Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.
- Door-thru-door** Driver goes into the building where ride originates and at the destination to assist passenger.
- Leave attended** Driver assures that the passenger is met by a responsible party at the destination.
- Driver Attended/Escort** Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.
- Personal Attendant** A family member or hired staff who rides along to assist the individual they support.
- Individualized** Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curbside for round trip, same driver for return pick-up, turn radio down/off, or other accommodations.

Find a Potential Transportation Provider

Providers by Level of Service		Accessible	Stop-to-stop	Curb-to-curb	Door-to-door	Door-thru-door	Leave	Driver Attend/Escort	Attendant	Can Individualize
INSTRUCTIONS: ☑ Check the box in the far-left column for each provider that might be a possible option for you.										
COMMUNITY RESOURCES										
	Dane County TimeBank Transportation Project			X	X				X	X
PUBLIC TRANSIT										
	Edgerton Public Transit	X	X	X	X				X	
	Metro Fixed Route Bus	X	X						X	
	Metro Paratransit (*Leave Attended for Legacy clients only)	X		X	X		*		X	
	Monona Transit/Express	X	X	X	X				X	
	Monona Transit/Lift	X	X	X	X				X	
	Sauk Prairie Shared-Ride	X	X	X	X				X	
	Stoughton Public Transit	X		X					X	
	Sun Prairie Public Transit	X		X					X	
SPECIALIZED TRANSPORTATION										
	Abby Van Inc.	X		X	X	X	X		X	X
	Badger Bus Lines	X		X	X					X
	Badger Cab Company Inc.			X	X		X		X	
	Capitol Express	X			X	X	X		X	X
	CarePool, Inc.		X	X	X	X	X	X	X	X
	Care Van Service Inc.	X			X	X	X		X	X
	Green Cab Madison Inc.			X	X		X		X	X
	Home 2 Care Transportation	X	X	X	X	X	X	X	X	X
	Mad City Mobility	X		X	X	X	X		X	X
	Madison Taxi			X	X					X
	Quality Transit LLC	X	X	X	X	X	X		X	X
	Transit Solutions Inc.	X	X	X	X	X	X	X	X	X
	Union Cab of Madison Cooperative	X		X	X		X		X	X
	Van Go Taxi	X			X	X	X		X	X
	We Care Transportation	X		X	X	X	X	X	X	X
	YWCA Job Ride			X			X			X
	Xpress Transit	X		X	X	X	X	X	X	X
NON-EMERGENCY MEDICAL TRANSPORTATION (Medicaid card service)										
	NEMT - Broker service with multiple contractors	X		X					X	

Transportation Provider Options in Dane County (alphabetical)

<p>Abby Vans Inc.</p> <p>Service Requests: telephone (800) 236-8438 (answered 24/7) or TTY (800) 947-3529 or fax (715) 743-7545</p> <p>Reservations: one business day advance-notice, same day service as available</p> <p>Website: www.abbyvans.com</p> <p>Address: 1115 W. 4th Street, Neillsville, WI 54456</p> <p>Service Description: group ride, shared taxi, on flexible route, no set route</p> <p>Passenger Eligibility: must have program authorization or private pay</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along ▪ driver can be scheduled to wait curb side <p>Service Area: all of Dane County</p> <p>Hours of Service: 6 am – 6 pm / 7 days a week Holidays and after hours if driver is available (additional fees apply)</p> <p>Fare Structure: Call for current private pay, special event rates, or contract prices.</p>
<p>Badger Bus Lines</p> <p>Service Requests: (608) 310-4444 or online form available at www.badgerbus.com</p> <p>Reservations: 24 hour advance-notice</p> <p>Website: www.badgerbus.com</p> <p>Address: 5501 Femrite Drive, Madison, WI 53718</p> <p>Service Description: group ride, shared taxi, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Service Area: Madison, Monona, Verona, McFarland</p> <p>Hours of Service: 6 am – 5 pm / 7 days a week</p> <p>Fare Structure: Call for current pricing.</p>

<p>Badger Cab Company Inc.</p> <p>Service Requests: telephone (608) 256-5566 or email service@badgercab.com</p> <p>Reservations: demand response, 2 hours advance-notice</p> <p>Website: www.badgercab.com</p> <p>Address: 700 Cottage Grove Rd., Madison, WI 53716</p> <p>Service Description: shared taxi, no set route</p> <p>Passenger Eligibility: must be ambulatory</p> <p>Accessible Vehicles: no</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> leave attended <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along <p>Service Area: all of Dane County</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Fare Structure: Call for current pricing.</p>
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<p>CarePool, Inc.</p> <p>Service requests: for initial inquiries email madisonpartners@carepool.us, confirmed via email until you receive a log-in for software platform</p> <p>Reservations: pre-book rides</p> <p>Website: www.carepool.us</p> <p>Address: 821 E. Washington #200, Madison, WI</p> <p>Service Description: independent drivers and Badger Bus are contracted to provide pre-booked rides</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes, by summer 2019</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> driver will attend/escort <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along ▪ driver can be scheduled to wait curbside <p>Service Area: all of Dane County, plus other counties: Waukesha, Rock, LaCrosse, Eau Claire</p> <p>Hours of Service: 5 am – 11 pm weekdays</p> <p>Fare Structure: Request by email.</p>
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<p>Care Van Service Inc.</p> <p>Service requests: telephone (608) 437-8989 or fax (608) 437-8985 or email carevanservice@charter.net</p> <p>Reservations: 1-2 days advance-notice</p> <p>Address: PO Box 52, Mt Horeb, WI 53572</p> <p>Service Description: regular route</p> <p>Passenger Eligibility: specialize in seniors and adults with disability</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ driver attends at all times (included in round trip) ▪ no charge for passenger's attendant to ride along ▪ often have a driver assistant for group-rides <p>Service Area: Black Earth area and Mt. Horeb area</p> <p>Hours of Service: 9 am – 5 pm weekdays</p> <p>Fare Structure: Call for current pricing.</p>
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<p>Dane County TimeBank Transportation Project</p> <p>Service Requests: telephone (608) 663-0400 or email transportation@danecountytimebank.org</p> <p>Reservations: The more advance notice we receive, the more likely it is that we can match a driver.</p> <p>Website: www.danecountytimebank.org/projects/transportation</p> <p>Address: Dane County TimeBank, 1202 Williamson St., #107, Madison, WI 53703</p> <p>Service Description: Pools of drivers who help other TimeBank members with rides</p> <p>Passenger Eligibility: TimeBank members</p> <p>Accessible Vehicle: no</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along <p>Service Area: all of Dane County, not always able to find drivers matches for rides outside Madison</p> <p>Hours of Service: No set hours</p> <p>Fare Structure: No charge</p> <p>Note: Riders who are not current TimeBank members must be pre-approved by Dane County Transportation Services by calling (608) 242-6489. TimeBank members may call the service request line directly to arrange rides.</p>
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<p>Edgerton Public Transit (provided by Brown Cab)</p> <p>Service requests: telephone (608) 884-9847</p> <p>Reservations: demand response</p> <p>Website: www.cityofedgerton.com/local-transportation or www.browncab.net</p> <p>Address: Brown Cab, PO Box 66, Fort Atkinson, WI 53538</p> <p>Service Description: shared-ride taxi, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door (upon request) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along <p>Service Area: within one mile of city limits</p> <p>Hours of Service: M - F 7:15 am – 5:15 pm, Sat 9:00 am – 1:00 pm No service Sundays and these holidays: New Year Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day</p> <p>Fare Structure: Call for current pricing.</p>
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<p>Green Cab Madison Inc.</p> <p>Service requests: telephone (608) 255-1234, online at www.greencabmadison.com or download Green Cab mobile app for Android and iOS</p> <p>Reservations: demand response, scheduled rides</p> <p>Website: www.greencabmadison.com</p> <p>Address: 1621 Beld St., Madison, WI 53715</p> <p>Service Description: shared or direct ride taxi, no set route</p> <p>Passenger Eligibility: no criteria, must be ambulatory</p> <p>Accessible Vehicles: no</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> leave attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride, round trips, multiple stops, deliveries) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ driver can be scheduled to wait curbside ▪ no charge for passenger's attendant to ride along <p>Service Area: all of Dane County</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Fare Structure: Posted on website and quoted before you ride.</p>
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<p>Home 2 Care Transportation</p> <p>Service requests: telephone (608) 999-0083 or fax (608) 234-5530 or Email: contact@home2carewi.com</p> <p>Reservations: 1 business day advance-notice, same day service available</p> <p>Website: www.home2carewi.com</p> <p>Address: 2935 S. Fish Hatchery Rd. #167, WI 53711</p> <p>Service Description: limited van service, broader service with passenger vehicle</p> <p>Passenger Eligibility: none</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ driver may escort if requested ▪ driver can be scheduled to wait curb side ▪ can ensure same driver at pick-up ▪ no charge for passenger's attendant to ride along <p>Service Area: All of Dane County and surrounding communities</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Fare Structure: Posted on website.</p>
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<p>Mad City Mobility</p> <p>Service Requests: telephone (608) 841-1300 or fax (608) 841-1301 or email contact@madcitymobility.com</p> <p>Reservations: prefer 2 days advance-notice, demand response as available</p> <p>Website: www.madcitymobility.com</p> <p>Address: 1619 Middleton St, Middleton, WI 53562</p> <p>Service Description: group ride and coordinated rides (e.g., car/van pool), no set route</p> <p>Passenger Eligibility: no criteria</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along ▪ driver can be scheduled to wait curbside ▪ can guarantee same driver for return pick up <p>Service Area: all of Dane County</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Accessible Vehicles: yes</p> <p>Fare Structure: Call for current pricing.</p>
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Madison Taxi

Service Requests: telephone (608) 255-8294 or email madtaxi.reservations@gmail.com or online fillable form or mobile app: Mad Taxi!

Reservations: demand-response in 15-30 minutes on average

Website: www.MadTaxi.com

Address: 1403 Gilson Street, Madison, WI 53715

Service Description: no set route

Passenger Eligibility: no criteria

Level of Service:

- curb-to-curb
- door-to-door
- individualized (e.g., direct service, solo ride)

Passenger Accommodations:

- no charge for passenger's attendant to ride along

Service Area: all of Dane County

Hours of Service: 24 hours / 7 days a week

Accessible Vehicles: no

Fare Structure: Posted on website.

Madison Metro Fixed-Route Bus

Service requests: Call (608) 266-4466 for assistance with ticket purchase and planning your bus route or use the Metro website.

Customer service hours: weekdays 6:15 am – 6 pm, weekends/holidays 8 am – 4:30 pm

Reservations: No reservation required

Website: www.mymetrobus.com

Mailing Address: 1245 E Washington Ave, Suite 201, Madison, WI 53703

Service Description: public transportation, for How to Ride information visit: <https://www.cityofmadison.com/metro/how-to-ride>

Passenger Eligibility: no criteria

Accessible Vehicles: yes

Level of Service: X stop-to-stop on fixed route, printed Ride Guides are available on all buses or on-line at: <https://www.cityofmadison.com/metro/how-to-ride/ride-guide>

Track Buses: Use Metro's bus tracking features or download available apps at:
<https://www.cityofmadison.com/metro/how-to-ride/rider-tools>

Passenger Accommodations: To review accessibility services visit:
<https://www.cityofmadison.com/metro/how-to-ride/accessible-services>

Service Area: Printed maps are available on all buses or on-line at:
<https://www.cityofmadison.com/metro/routes-schedules>

Hours of Service: Daily service is available. For fixed-route bus departures visit:
<https://www.cityofmadison.com/metro/routes-schedules/full-service-chart>

Fare Structure: \$2 general / \$1 senior/disabled discounted fare (for reduced fare visit:
<https://www.cityofmadison.com/metro/fares/senior-disabled-fare-eligibility>)

Present pass, ticket or exact fare when boarding the bus.

Extensive information about fares and their purchase can be found at:
<https://www.cityofmadison.com/metro/fares>

Madison Metro Paratransit (provided by various contractors)

Service requests: Call (608) 266-4466 to check if your destination is within the Metro service area or use the Metro website to check an address.

Customer service hours: weekdays 6:15 am – 6 pm, weekends/holidays 8 am – 4:30 pm

Reservations: Rides can be scheduled up to 7 days in advance. Next-day ride requests must be placed no later than 4:30 pm the day before you wish to ride. Same day ride requests are not allowed. Be ready for your ride during the pick-up window which is a 20-minute timeframe of expected driver arrival. If the driver has not arrived within the pick-up window, you may call Metro to report a late ride.

Scheduling & Confirming Rides: (608) 266-4666

24/7 Cancellation Line: (608) 267-1107

Website: www.mymetrobus.com

Mailing Address: 1245 E Washington Ave, Suite 201, Madison, WI 53703

Service Description: Metro Paratransit is a share-ride service for individuals with disabilities who cannot use Metro's regular bus service due to a disability. It is a service required of public transit

agencies under provisions of the Americans with Disabilities Act. For a service overview visit:

<https://www.cityofmadison.com/metro/paratransit>

Passenger Eligibility: Individuals with a disability may apply for eligibility by completing an application and participating in an in-person assessment. Eligibility is based on functional ability to use an accessible bus including getting to/from a bus, boarding and disembarking from a bus, and navigating the bus system. Information about eligibility and an application can be found at:

<https://www.cityofmadison.com/metro/paratransit/paratransit-eligibility>

Service Area: Paratransit service area closely matches fixed-route bus service. Information can be found at: <https://www.cityofmadison.com/metro/paratransit/service-hours-area/>

Level of Service: curb-to-curb door-to-door leave attended (*legacy clients only*)

Passenger Accommodations: No charge for passenger's Personal Care Attendant

Hours of Service: Weekdays 5:30 am – midnight / Weekends 7 am – 11:30 pm / Holidays 7 am – 7 pm / Christmas Eve service ends early 6 pm / New Year's Eve service ends late 3 am on New Year's Day / All service on holidays requires a reservation including "standing ride" service subscribers. Service hours and fares are subject to change.

Accessible Vehicles: yes

Fare Structure: Individual fare \$3.25 cash, ticket, employee/student unlimited pass. Buy on-line at: <https://www.cityofmadison.com/epayment/metro/busPass/index.cfm> Agency fare tickets, \$135.00 for a 4-ticket booklet, bought through agencies such as Family Care or IRIS.

Monona Transit/Express (First Student- contractor)

Customer service hours: weekdays 6:30 am – 4:30 pm

Reservations: No reservation is needed for fixed route stops.

Website: <https://mymonona.com/245/Monona-Express>

Mailing Address: City of Monona, 5211 Schluter Road, Monona, WI 53716

Service Description: Monona-based morning and afternoon commuter service to and from Madison. There are no stops made between the Monona city-limits and the downtown Madison area, keeping the trip quick and convenient.

Passenger Eligibility: no criteria

Service Area: All service stops are posted on the website. Service stops do not have signage, watch for a Monona Transit bus to arrive. To view the exact route, as well as where buses are currently located, go to <https://monona.transloc.com/m/>

Level of Service: Fixed route stop-to-stop. Call (608) 423-4118 with questions regarding the route.

Passenger accommodations: No charge for passenger's attendant.

Hours of Service: Weekdays there are four A.M. routes beginning at 5:50 am – 8:58 am and four P.M. routes beginning at 3:20 pm – 6:47 pm. No weekends or these holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas Day.

Accessible Vehicles: yes

Fare Structure: Convenience passes (20 rides) are available for purchase on the bus and at Monona City Hall. Express can accept transfers from Madison Metro; however, Madison Metro does not accept transfers from Monona Express. We cannot guarantee the driver can make change/rider should be prepared with exact amount.

Individual fare \$3.00 per ride, convenience packets of 20 tickets \$2.25 per ride, senior/disabled/student rider \$1.50 ride, transfer rider \$0.50 per ride

Service requests: Call (608) 423-4118 to check if your destination is within the service area (3/4 mile of the fixed route). Customer service hours: weekdays 6:30 am – 4:30 pm

Reservations: No reservation is needed for fixed route stops. To request service that deviates from the fixed route, call (608) 423-4118 to make a reservation at least 24 hours in advance. Reservations are subject to availability. Rides can be scheduled up to 5 weekdays in advance. Frail elderly may also request use of Retired & Senior Volunteer Program (RSVP) by calling (608) 238-7787.

Monona Transit/Lift (First Student - contractor)

Reservations: fixed route stop-to-stop (call for deviations from the route (608) 423-4118)

Mailing Address: City of Monona, 5211 Schluter Road, Monona, WI 53716

Service Description: Monona-based morning and afternoon commuter service to and from Madison. There are no stops made between the Monona city-limits and the downtown Madison area, keeping the trip quick and convenient.

Passenger Eligibility: no criteria, driver asks the passenger if disabled/senior if in question to determine reduced fare

Service Area: pick-up or drop-off within 3/4 mile of Monona service boundary. All service stops are posted on the website. Service stops do not have signage, watch for a Monona Transit bus to arrive. To view the exact route, as well as where buses are currently located, go to <https://monona.transloc.com/m/>

Level of Service: fixed route stop-to-stop (call for deviations from the route (608) 423-4118), although this is not advertised we do at times assist riders from their door.

Passenger accommodations: No charge for passenger's attendant.

Hours of Service: Weekdays from 8:30 a.m. to 3:30 p.m. No weekends or these holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas Day.

Accessible Vehicles: yes

Fare Structure: Convenience passes (20 rides) are available for purchase on the bus and at Monona City Hall. Note: Monona Lift accepts transfers from Madison Metro; however, Madison Metro does not accept transfers from Monona Lift. We cannot guarantee the driver can make change/rider should be prepared with exact amount. Individual fare \$3.00 per ride, convenience packets of 20 tickets \$2.25 per ride, senior/disabled/student rider \$1.50 ride, transfer rider \$0.50 per ride

Non-Emergency Medical Transportation (Broker service with multiple contractors)

Service Requests: telephone (866) 907-1493

Reservations: advanced reservation

Website: www.dhs.wisconsin.gov/nemt/index.htm

Service Description: A statewide service broker schedules rides to authorized medical appointments with various contracting transportation providers.

Passenger Eligibility: must be a Medicaid (MA) recipient and provide a Forward Health card

Accessible Vehicles: yes

Level of Service:

curb-to-curb

Service Area: all of Dane County and the State of Wisconsin

Hours of Service: varies depending on your appointment time and contractor availability

Fare Structure: Cost of ride to approved medical appointment is billed directly to MA.

<p>Quality Transit, LLC</p> <p>Service requests: telephone (608) 335-0332 or fax (608) 298-7660</p> <p>Reservations: demand response</p> <p>Address: 2801 International Lane, Rm 108, Madison, WI 53704</p> <p>Service Description: group ride and coordinated rides (e.g., car/van pool) on regular route, flexible route and no set route</p> <p>Passenger Eligibility: by referral</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> stop-to-stop fixed-route <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along ▪ driver can be scheduled to wait curb side ▪ can guarantee same driver for return pick-up, if available <p>Service Area: all of Dane County</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Fare Structure: Call for current pricing.</p>
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<p>Sauk Prairie Shared-Ride (provided by Brown Cab)</p> <p>Service requests: telephone (608) 644-9616</p> <p>Reservations: demand response</p> <p>Website: www.prairiedusac.net (click on 'Departments and Services' then click on 'Transportation') or www.browncab.net/</p> <p>Address: 200 Hemlock Street #1, Sauk City, WI 53585</p> <p>Service Description: shared-ride taxi</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door (upon request) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along <p>Service Area: Sauk Prairie plus one-mile</p> <p>Hours of Service: M - F 6:00 am – 6:00 pm, Sat 9:00 am – 1:00 pm No service Sundays and these holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day</p> <p>Fare Structure: Call for current pricing. (NOTE: for discounted fare the rider must purchase taxi tickets ahead of time through Villages of Prairie du Sac, Sauk City, and Brown Cab, Inc.)</p>
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<p>Stoughton Public Transit (provided by Running Inc.)</p> <p>Service requests: telephone (608) 873-7233</p> <p>Reservations: demand response, 24 hour advance-notice required for wheelchair accessible vehicle</p> <p>Website: www.runninginc.net/Stoughton-transit</p> <p>Address: 318 W. Decker St. Viroqua, WI 54639</p> <p>Service Description: shared taxi, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service: <input checked="" type="checkbox"/> curb-to-curb</p> <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for personal attendant to ride along <u>if passenger uses a wheelchair</u> <p>Service Area: Stoughton (check website for service area radius outside city limits)</p> <p>Hours of Service: M-TH 6 am - 6 pm, F-Sa 6 am – 7 pm, Su 8 am – 4 pm No service on New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day</p> <p>Fare Structure: Call for current pricing.</p>
<p>Sun Prairie Public Transit (provided by Running Inc.)</p> <p>Service Requests: telephone (608) 837-5550</p> <p>Reservations: demand response, 24 hour advance-notice required for wheelchair accessible vehicle</p> <p>Website: www.cityofsunprairie.com/496/shared-ride-taxi-service or www.runninginc.net</p> <p>Address: Running Inc., 318 W. Decker St., Viroqua, WI 54639</p> <p>Service Description: shared-ride taxi, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicle: yes</p> <p>*Income eligible Sun Prairie residents who qualify will receive reduced fare rates and be given an identification card that must be presented to the taxi driver each time they use the taxi. The reduced fare is paid directly to the driver.</p>	<p>Level of Service: <input checked="" type="checkbox"/> curb-to-curb</p> <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger’s attendant to ride along <p>Service Area: City of Sun Prairie and within a 3 mile radius, plus trips to East Town Mall 9am - 2 pm and 4 pm - 6:30 pm weekdays, summer hrs. vary</p> <p>Hours of Service: M-Th 6 am - 11 pm, F-Sa 6 am – 2:45 am, Su 6 am – 8 pm, 8 am – noon on Christmas, Thanksgiving and Easter No service on New Year’s Day, Memorial Day, Fourth of July, Labor Day</p> <p>Fare Structure: Posted on website or call for current pricing. To apply for the reduced fare program*, pick up an application at Sun Prairie City Hall, 300 E. Main St., Sun Prairie, WI 53590 or call 608-825-1173 for more information.</p>

<p>Transit Solutions, Inc.</p> <p>Service requests: telephone (608) 294-8747 or fax (608) 288-8934 or email jlmortenson@hotmail.com</p> <p>Reservations: 24 hour advance-notice, demand response as available</p> <p>Address: 173 E. Badger Rd., Madison WI 53713</p> <p>Service Description: group ride, shared taxi, coordinated rides (e.g., car/van pool), regular route, flexible route, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> stop-to-stop fixed route <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> driver will attend/escort <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along ▪ driver can be scheduled to wait curbside ▪ can guarantee same driver for return pick-up <p>Service Area: all of Dane County</p> <p>Hours of Service: M - F 6 am – 6 pm</p> <p>Fare Structure: Call for current pricing.</p>
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<p>Union Cab of Madison Cooperative</p> <p>Service requests: call (608) 242-2000 or fax (608) 242-2009 or online website requests</p> <p>Mobile app: Union Cab of Madison</p> <p>Reservations: demand response, 1-hour advance-notice for accessible vehicles, as available</p> <p>Website: www.unioncab.com</p> <p>Address: P.O. Box 8305, Madison WI 53708-8305</p> <p>Service Description: no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door (upon request) <input checked="" type="checkbox"/> leave attended, if requested when ride is set-up <input checked="" type="checkbox"/> individualized rides (e.g., direct service, solo ride) <p>Passenger Accommodation:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along <p>Service Area: all of Dane County</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Fare Structure: Posted on website.</p>
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<p>Van Go Taxi</p> <p>Service requests: telephone (608) 849-7070 or fax (608) 849-7079</p> <p>Reservations: 24 hour advance-notice</p> <p>Website: www.vangotaxi.com</p> <p>Address: P.O. Box 454, Waunakee, WI 53597</p> <p>Service Description: shared taxi, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger’s attendant to ride along ▪ driver can be scheduled to wait curb side <p>Service Area: all of Dane County</p> <p>Hours of Service: Holidays by appointment. M - F 4 am – 9 pm, Sa 4 am – 6 pm</p> <p>Fare Structure: Call for current pricing.</p>
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<p>We Care Transportation</p> <p>Service requests: telephone (608) 838-8589 or fax (608) 838-2295</p> <p>Reservations: 24 hour advance notice for reserved rides, demand response usually within 30 minutes</p> <p>Address: 2889 Hwy MN Unit 1, Stoughton WI 53589</p> <p>Service Description: group ride, shared taxi, and coordinated rides (e.g., car/van pool) on regular route, flexible route or no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> driver will attend <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger’s attendant to ride along ▪ driver can be scheduled to wait curb side <p>Service Area: all of Dane County</p> <p>Hours of Service: No holidays. M - F 5:30 am – 4 pm, Sa 5:30 am – 2 pm</p> <p>Fare Structure: call for current pricing, subsidized fare if eligible</p>
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<p>Xpress Transit, Inc.</p> <p>Service requests: telephone (608) 698-7455 or fax (608) 720-1132 or email: ott77@icloud.com</p> <p>Reservations: 24 hour advance-notice</p> <p>Address: 437 S. Yellowstone Dr., Ste. 106, Madison WI 53719</p> <p>Service Description: group ride, coordinated rides (e.g., car/van pool), regular route, flexible route, no set route</p> <p>Passenger Eligibility: no criteria</p> <p>Accessible Vehicles: yes</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> door-to-door <input checked="" type="checkbox"/> door-thru-door <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> driver will attend/escort <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Passenger Accommodations:</p> <ul style="list-style-type: none"> ▪ no charge for passenger's attendant to ride along ▪ driver can be scheduled to wait curb side <p>Service Area: all of Dane County</p> <p>Hours of Service: M - F 5 am – 10 pm, Sat 6 am – 4 pm</p> <p>Fare Structure: Call for current pricing.</p>
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<p>YWCA Job Ride</p> <p>Service requests: telephone (608) 316-6888</p> <p>Reservations: 2 weeks advance-notice required for new riders, 2-day advance-notice for current riders</p> <p>Website: www.ywcamadison.org/ywtransit</p> <p>Address: 2040 Park Street, Madison WI 53713</p> <p>Service Description: group ride and coordinated rides (e.g., car/van pool) on regular route</p> <p>Passenger Eligibility: must be ambulatory</p> <p>Accessible Vehicles: no</p>	<p>Level of Service:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> curb-to-curb <input checked="" type="checkbox"/> leave-attended <input checked="" type="checkbox"/> individualized (e.g., direct service, solo ride) <p>Service Area: all of Dane County</p> <p>Hours of Service: 24 hours / 7 days a week</p> <p>Fare Structure: call for current pricing, subsidized fare if eligible</p>
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If you are having trouble finding a provider for your trip, you may contact the Dane County Transportation Call Center.



The **Dane County Transportation Call Center** is a Dane County and regional resource center, operated by Mobility Managers, that provides personalized assistance with your transportation needs. The Call Center provides information on all transportation options.

Telephone: (608) 242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of operation: Monday – Friday from 9:00 am – 4:30 pm

Optional Tools to Plan and Arrange Your Ride

Here are a few tools to get you started in planning and arranging your rides.

1) Passenger Profile

It is important to record and keep personal contacts current so that you can reach the people you need to for support or if there is an emergency. You may decide to offer some or all of your personal information to your transportation provider to be kept on file. Remember that if there are changes, you will need to update your transportation provider as well.

Helpful Pointer: It is recommended that you keep a printed copy of your **Passenger Profile** with you as you travel. Many Problems have been avoided because passengers, drivers and support people were able to quickly communicate to resolve a situation.

2) Personal Transportation Worksheet

By printing a copy and completing the **Personal Transportation Worksheet**, you will put the details for each trip in one place. You might keep a copy as a record of which rides can be met by a provider, and those that cannot. Having a record might make it easier to arrange rides in the future.

You may find the worksheet helpful as you plan to communicate with a potential provider. Refer back to the chart on page 4 for a list of ‘Providers by Level of Service’ for potential options you may be interested in exploring further. To locate the contact information for each provider, see the alphabetical list of ‘Transportation Provider Options in Dane County’ that starts on page 5. Each provider profile states the best way to request information or make a reservation.

You may also use the worksheet to record notes from your conversation with a provider. The provider may ask for payment ahead of time or an authorization number if the ride fare is billed. You might be asked to provide your MA identification number, so have that handy.

Once your ride request has been approved and you have a way to pay for the ride, you can make your ride reservation. Usually, a simple phone call or email to the provider to confirm the start date is sufficient.

3) Scheduled Ride Log

Once your ride is confirmed, you might find it helpful to record the details of the trip. Use this form to keep track of your confirmed ride.

Passenger Profile for: _____

Notice to Provider: This confidential information is provided by the passenger below to assist in serving their individual needs. This information may be shared with assigned drivers. Yes No

Completed/Updated on: _____ How often will this provide be updated? _____
Who will keep this current and communicate changes? Name: _____ Phone: _____

PASSENGER NAME: _____ Birthdate: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary language: _____ Do you need a translator when you travel? Yes No

AUTHORITY TO ARRANGE RIDES

Check all of the contacts below who are authorized to schedule, change or cancel ride reservations.

Check here if passenger is authorized to schedule, change or cancel ride reservations.

IN CASE OF EMERGENCY If medical attention is needed, first call 9-1-1.

Preferred hospital: _____

Phone: _____ Address: _____

Physician: _____

Phone: _____ Policy #: _____

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

SUPPORT TEAM CONTACTS

Family / Guardian Contact: _____

Phone: _____ Email: _____

MCO or IRIS Contact: _____

Phone: _____ Email: _____

Vocational/ Day Support Agency Contact: _____

Phone: _____ Email: _____

Residential/Home Care Agency Contact: _____

Phone: _____ Email: _____

Other: (broker, sibling, trained police officer) _____

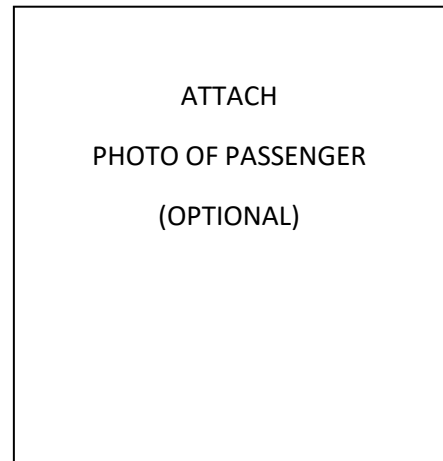
Phone: _____ Email: _____

PERSONAL SUPPORTS for:

What helps you wait safely for your ride? _____

What helps you travel safely? _____

What helps you arrive safely at your destination? _____



The following Support Plans are attached:

- Transportation Support
- Seizure Plan
- Emergency Response
- other _____

LEVEL OF SERVICE

Check all Levels of Service and Accommodations you may need for various modes of transit.

- Accessible Vehicle** Driver assists to load passenger and their mobility device onto the vehicle.
- Stop-to-stop fixed-route** Passenger waits at set stops for pre-scheduled vehicles to arrive and depart.
- Curb-to-curb** Driver picks-up passenger at curb where ride originates and drops-off at curb of destination.
- Door-to-door** Driver assists passenger from first door where ride originates to vehicle and from vehicle to first door at destination.
- Door-thru-door** Driver goes into the building where ride originates and at the destination to assist passenger.
- Leave attended** Driver assures that the passenger is met by a responsible party at the destination.
Reason for Attendant: _____ If hired Attendant, through which agency: _____
Name of Attendant for this ride: _____ Phone 1: _____ Phone 2: _____
- Driver Attend/Escort** Driver provides additional assistance in the community by remaining with the passenger at the destination, either to complete round trip or until a responsible party arrives at the destination.
Reason for Attendant: _____ If hired Attendant, through which agency: _____
Name of Attendant for this ride: _____ Phone 1: _____ Phone 2: _____
- Personal Attendant** A family member or hired staff who rides along to assist the individual they support.
Reason for Attendant: _____ If hired Attendant, through which agency: _____
Name of Attendant for this ride: _____ Phone 1: _____ Phone 2: _____
- Individualized** Passenger has needs that require additional level of service or support; such as direct service route (no stops), a solo ride (no other passengers), no pets on board (due to allergies), driver waits curbside for round trip, same driver for return pick-up, turn radio down/off, or other accommodations.

ACCOMMODATIONS: Direct route Solo ride Driver waits curbside Other:

Personal Transportation Request Worksheet

Date of contact: _____

Passenger's Name: _____ Customer Status: New Existing

Type of Request: Inquire about service Get pricing Check availability Make a reservation

Person making request: _____ Relationship to passenger: _____

Transportation Provider: _____ Contact info: _____

Are you Metro Paratransit eligible? No Yes If yes, what level of service? _____

Note: If you are Medicaid eligible and need a ride to a medical appointment, call NEMT at (866) 831-4130.

What Medicaid/Medicare program do you currently participate in? (check all that apply)

Family Care Family Care Partnership IRIS

If you are requesting a ride from a Dane County Transportation Center program, please explain: _____

Trip Purpose: _____ Estimated first service date: _____

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Need to arrive by: _____ **Frequency:** Single ride request Recurring ride request, total rides: _____

From (origination)- Address: _____ **Pick-up time** _____ am/pm

To (destination)- Address: _____ **Drop-off time** _____ am/pm

Mode: _____ **Trip mileage:** _____ Reimbursement per mile \$ _____ n/a One-way Round Trip

What Level(s) of Service are you requesting:

- accessible vehicle/bus
- reduced bus fare
- curb-to-curb
- door-to-door
- door-THRU-door
- leave attended (with designated responsible party)
- ride with personal attendant
- solo ride direct ride (no other pick-ups)

Individual accommodation(s) needed:

- storage for mobility device
- assist to lock/unlock building doors
- pet allergies
- extended wait time at curb
- assist on elevator/stairway
- carrying bags
- same driver for return pick-up
- other _____

Driver must be trained on these support plans:

Transportation Support Seizure Plan Emergency Response other _____

Form of payment: cash credit/debit billing MA program other: _____

Program auth # _____ by which funder? _____ Pending Not authorized

Notes: _____

Scheduled Ride Log

TRIP# _____ **PURPOSE:** _____ Effective dates: START _____ END _____

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Need to arrive by: _____ am/pm **Frequency of ride:** Single ride request Recurring ride

From (origination)- Address: _____ **Pick-up time** _____ am/pm

To (destination)- Address: _____ **Drop-off time** _____ am/pm

Mode: _____ **Trip mileage:** _____ Reimbursement per mile \$ _____ n/a One-way Round Trip

Level of Service: curb-to-curb door-to-door door-thru-door leave attended other: _____

Support Person: _____ **Agency:** _____ **Cell:** _____

Transport Provider: _____ **To cancel ride call:** _____

Driver's name: _____ **Description of the vehicle:** _____

Instructions for the driver: _____

Pick-up window: Be ready _____ minutes before scheduled pick-up. For this provider, driver is late if _____ minutes past pick-up time. **Who to call if the driver is late:** Contact: _____ Phone: _____

Emergency contact if ride doesn't show: _____ Phone: _____

Form of payment: cash credit/debit billing MA auth # _____ other: _____

TRIP# _____ **PURPOSE:** _____ Effective dates: START _____ END _____

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Need to arrive by: _____ am/pm **Frequency of ride:** Single ride request Recurring ride

From (origination)- Address: _____ **Pick-up time** _____ am/pm

To (destination)- Address: _____ **Drop-off time** _____ am/pm

Mode: _____ **Trip mileage:** _____ Reimbursement per mile \$ _____ n/a One-way Round Trip

Level of Service: curb-to-curb door-to-door door-thru-door leave attended other: _____

Support Person: _____ **Agency:** _____ **Cell:** _____

Transport Provider: _____ **To cancel ride call:** _____

Driver's name: _____ **Description of the vehicle:** _____

Instructions for the driver: _____

Pick-up window: Be ready _____ minutes before scheduled pick-up. For this provider, driver is late if _____ minutes past pick-up time. **Who to call if the driver is late:** Contact: _____ Phone: _____

Emergency contact if ride doesn't show: _____ Phone: _____

Form of payment: cash credit/debit billing MA auth # _____ other: _____

User Feedback Survey - Quick Reference: Transportation Providers

Which category best describes you? passenger parent/guardian caregiver human services educator

How did you access this booklet? printed copy used website link PDF electronic file other _____

Did any of these agencies assist you in using this booklet? IRIS Consultant Family Care Manager

ADRC Dane County Transportation Call Center High school 18-21 program other: _____

Did the Dane County Transportation Call Center assist you with your transportation needs? Yes No

After reviewing the booklet, please check the information you found helpful.

Steps to Arranging Your Transportation

Page 3 titled 'Describe Your Transportation Need' helpful didn't use

Page 3 titled 'Determine Your Level of Service' helpful didn't use

Page 4 titled 'Find a Potential Provider' chart helpful didn't use

Transportation Provider Options in Dane County (Pages 5-19)

Contact information for service requests helpful didn't use

Service Description helpful didn't use

Passenger Eligibility helpful didn't use

Availability of Accessible Vehicle helpful didn't use

Level of Service provided helpful didn't use

Passenger Accommodations helpful didn't use

Service Area helpful didn't use

Hours of Service helpful didn't use

Fare Structure helpful didn't use

Optional Tools to Plan and Arrange Your Ride

Page 20 Instructions page helpful didn't use

Page 21 titled 'Personal Transportation Worksheet' helpful didn't use

Page 22 titled 'Passenger Contacts' helpful didn't use

Page 22 titled 'Passenger Profile' helpful didn't use

Page 23 titled 'Scheduled Rides Log' helpful didn't use

Please give us feedback about the information provided in this booklet.

What information is missing? _____

What information is inaccurate? _____

After using this booklet, do you still have trouble finding a ride? Yes No

Thank you for completing this survey!

Please mail survey to: Attn: TIP, Dane County Transportation Call Center, 1202 Northport Drive, Madison WI 53704
You may also print a copy, complete the survey, scan and email to: TransportationCallCenter@CountyofDane.com

Mobility Training in Dane County

for People with Developmental Disabilities



ISSUE DATE: April 2019

Prepared by the Transportation Independence Project.

This booklet is prepared by the Transportation Independence Project.

The Transportation Independence Project (TIP) is funded in part by Dane County Department of Human Services, and the Federal Transit Administration (FTA) as authorized under 49 U.S.C. Section 5130 Enhanced Mobility of Seniors and Individuals with Disabilities Program. Funds are made available by the Madison Area Transportation Planning Board (MPO), in cooperation with the Wisconsin Department of Transportation (WisDOT) and Madison Metro Transit.

Note: The contents of this booklet are not an endorsement of the providers listed by the Transportation Independence Project. Information in the booklet is subject to change and may not include every option. Mobility training providers are encouraged to contact the Dane County Transportation Call Center with corrections and additions at (608) 242-6489.



Dane County Transportation Call Center

The Dane County Transportation Call Center is a Dane County and regional resource center, operated by Mobility Managers, that provides personalized assistance with your transportation needs. The Call Center provides information on all transportation options.

Telephone: (608) 242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of operation: Monday - Friday 9:00 am - 4:30 pm

Mobility Training in Dane County for People with Developmental Disabilities.
Prepared by the Transportation Independence Project, 2019.

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- ➔ What are the barriers? p. 3
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Job Development and Mobility

- ➔ Kevin's Story p. 6

Empowering Others Through Transit

- ➔ Abby's Story p. 7

Other Resources p. 8

Introduction to Mobility Training

➔ What is mobility training?

- Mobility training uses a variety of techniques and tools to help a person learn to safely and independently navigate their community.
- Training goals may involve learning to use new skill sets, such as following a new walking route or using a new bus line, recognizing street signs, crossing the street, waiting safely for your bus or ride to arrive, seeking help when needed, and paying for ride fare.
- Mobility training can look different for each person because we all have our own unique strengths and challenges to overcome.
- Learning new skills can open new opportunities for you! Let's explore why mobility training is important.

➔ Why is it important?

- Mobility training, such as learning to recognize street signs and cross the street on your own, will give you a greater sense of independence and more access to opportunities in your community.
- These opportunities could be taking public transportation to a paid or volunteer job, running errands, or even establishing social connections.
- Mobility training is important because it gives you a sense of accomplishment!

➔ What are the barriers?

- A study on the Chicago Public School System found that parent fear is the most common reason youth did not complete travel training programs.
- This illustrates the need to build trusting relationships between parents and travel trainers who support you to travel safely.
- If you are unsure about your abilities, you may ask an occupational therapist for an assessment of your transit skills or ideas and strategies.
- If you have a physical disability and safety is a concern for getting on the bus, you may consult with a physical therapist.

➔ What pedestrian and community safety skills do I need?

Use this checklist as a first step in assessing your skills and strengths. The checklist will also help you see where there may be challenges to overcome. Share this checklist with others who can help you learn to new pedestrian and community safety skills.

Instructions: Check the box for each task you feel you are skilled at.

Planning my route. I can:

- Read a city street map
- Read the Madison Metro System Map
- Read the Madison Metro Ride
- Arrange a safe place to wait, if needed

Dressing appropriately and manage my personal care: I always:

- Consider the weather when selecting clothing
- Wear walking shoes
- Wear bright colored clothing in day time
- Wear reflective clothing in night time
- Allow time to use restroom before leaving the origination point

Organizing my personal belongings. I always:

- Carry identification
- Use a wallet or case or lanyard for bus pass
- Use a purse or back pack for heavier items

Walking to destination or bus stop. I always:

- Stay on designated route
- Walk in well-lit area
- Walk in designated walking areas
- Walk in cross walks
- Use a side walk
- Choose appropriate option if there is no sidewalk, such as:
 - Use a walking path
 - Walk on the side of the road against traffic

Following traffic rules. I always:

- Follow traffic lights- stop, go, slow- yellow light is critical because some cars will accelerate to get through the intersection
- Follow pedestrian lights and use pedestrian button

Crossing intersections with and without stop signs. I know how to:

- Be aware of vehicles and bicycles turning right and left
- See and Be Seen. Remember to “Walk with your eyes and ears”
- STOP and Look Left-Right-Left. It is critical to look Left a second time.
- Look for car lights and listen for car engines (especially important in parking lots)
- Make eye contact with the driver BEFORE I cross the street
- Be attentive
- Turn off my phone and take off my head phones before I cross an intersection
- Note where driveways and parking lot entries pose a risk

Using the bus: I have learned to:

- Know my route- arrive early, use the Metro app (?) or go to www.MyMetroBus.com and click on ‘Bus Stop Destinations’
- Stand away from the curb when I wait for the bus
- Double check the number on the front of the bus to make sure I am on the correct route
- Have my pass/money ready
- Walk to the back of the bus and sit down before the bus starts moving
- Be attentive to where my destination bus stop is
- Use pull cord- wait until the bus stops before standing up

Bus etiquette. I know that I:

- Do not sit in seats designated for the elderly, young children and individuals with disabilities unless I need this accommodation
- Talk quietly and use headphones if listening to music
- Keep belongings and self in personal space

Bus safety. I know that:

- If I feel uncomfortable with another passenger, I move to another spot in the bus
- If I feel uncertain about my route, I ask the bus driver for guidance when the bus is stopped
- If I miss my bus, I have a contingency plan

General Safety. In emergency situations, I know that:

- If I lose my phone, I can use a free GPS app e.g. Find Your Phone
- If I get lost, helpers can find me by tracking the free GPS app on my phone
- If I am confused or afraid, I have personal contacts quickly available in a note or on my phone

Job Development and Mobility

➔ Kevin's Story

Although Kevin qualifies for para-transit services, he chooses other options. Because he lives close to the #3 bus line, can safely cross city streets, and can use a cell phone in emergency situations, he uses the bus rather than utilizing para services. Kevin and his team wanted to try and develop jobs where he could utilize mainline bus for his transportation. The focus of their job development efforts was on businesses that Kevin could work at that were located along the #3 bus line, and wouldn't require him to have to change buses at one of the transit transfer points.

The #3 bus goes from the east side, through downtown and down Monroe street to the west transfer point. We looked at businesses along this route and found morning employment at a restaurant on Monroe Street. His bus stops right in front of the restaurant, allowing him to independently travel from home to work.

Kevin wanted to work in both the morning and the afternoon, so the same thought process was used in keeping him on the #3 bus for his afternoon employment. The team developed an afternoon job for Kevin at a hotel located on the #3 bus route. Kevin has his lunch at the restaurant where he works each morning and then takes the #3 heading east to a hotel where he works every afternoon. After work, he takes the same bus route, the #3, to his home. Kevin enjoys taking the bus and feels good about his ability to travel independently to both his jobs.

- In the short story about Kevin, learning how to take the bus to his places of employment gave him a greater sense of independence and access to his community.
- Mobility training can involve thinking about and planning creative solutions, such as job development around bus lines that are familiar and do not involve transfers.
- Taking the bus has become a fun activity for Kevin. He enjoyed learning a new routine and developing new skills.
- Even though mobility training seemed daunting at first, with the proper guidance and training Kevin was able to successfully learn new travel skills!

Story provided by Kim Kessler, job developer

Empowerment and Mobility

➔ Abby's Story

When Abby Tessmann first moved to Madison to attend the Cutting Edge program at Edgewood College, she wanted to learn more about working with kids. Through mobility training, Abby was able to learn how to ride the city bus independently, which allowed her access to great learning opportunities in schools. Abby now helps run an after-school program and was able to achieve her goal of working with kids.

Abby has developed her own mobility training business through the Cutting Edge program. Through her business, Transit2Go, Abby empowers others to travel independently and achieve their goals!



Abby Tessmann demonstrates bus etiquette.

Peer to Peer Resources

Abby Tessmann's **Transit2Go** services provide 1:1 peer mentorship. Abby can help you learn how to read a bus schedule and also ride along with you to help you learn your route. Abby specializes in fixed-line bus riders! For transit2go customer service email TessmannAbigail@yahoo.com

Other Considerations

- Your long-term care team may be aware of other resources.
- If your son or daughter is currently in high school, you may consider making transportation one of your Individualized Education Plan goals.
- Families may also consider introducing bus riding to fun outings at a young age!
- Video on Pedestrian Safety
<https://www.nhtsa.gov/road-safety/pedestrian-safety>

Dane County Mobility Training Resources

Dane County Transportation Call Center

The Dane County Transportation Call Center is a Dane County and regional resource center operated by Mobility Managers that provide personalized assistance with your transportation needs. The Call Center provides information on all transportation options including mobility training.

For mobility training options in Dane County contact the **Dane County Transportation Call Center**.

Telephone: (608) 242-6489

Email: TransportationCallCenter@CountyofDane.com

Hours of operation: Monday – Friday 9:00 am – 4:30 pm

Other Resources

Mobility Training and Independent Living Program (MTILP)

- Individualized training program that is primarily focused on developing pedestrian skills and problem solving around riding fixed line bus routes.
- The goal of this program is independent mobility.
- Can brainstorm around behavioral issues as they relate to independent travel.
- Visit the MTILP website for more information. Go to: <https://www.mtilp.net>

Madison Metro Public Transportation System (bus and paratransit)

- Attend a bus orientation to explore if riding the bus is right for you.
- Madison Metro provides assessments to determine if riders are eligible for paratransit. Some riders are eligible to ride with a personal attendant at no charge.
- Madison Metro paratransit riders who complete a Travel Training program and are successfully able to ride the public bus independently may receive a free bus pass.
- For Madison Metro customer service call 608-266-4466.
- Visit the Madison Metro website to view training videos
 - **How to Ride the Metro**
General riding tips and instructions
<http://www.cityofmadison.com/metro/how-to-ride>
 - **Accessible Services**
Information and demonstration of features and equipment on Metro's fixed-route and paratransit services that make it easier for everyone to ride the bus. (link includes video and other resources, such as using a Personal Care Attendant (PCA))
<http://www.cityofmadison.com/metro/how-to-ride/accessible-services>