

Service Category: Transportation Services

Community Need:

Describe the problem at the state level (*written for all*): U.S. Census data from 2000 indicate that people aged 65 years and older in New York state have increased 3.6% since 1990 to almost 2.5 million people, and 31% of these seniors live alone. The ability to get to medical appointments and take care of other necessary errands is essential for people to remain living independently. Some local offices for the aging and senior centers offer transportation to vital appointments, but transportation options vary widely by county.

Describe community need at project level (city, district, county) and client served (*each project writes their own*):

[EXAMPLE] According to the Department of Labor and Statistics and the Census Report 2000, 22% of Herkimer County's 64,066 inhabitants, or 14,095 individuals, are 60 years of age and older. Of that population, approximately 19% have no access to a vehicle. In 2000, the Taskforce on Building Rural Capacity cited transportation "as the most critical barrier in the service delivery system throughout Herkimer County". Limited transportation services compromise the ability of the frail elderly to keep all scheduled appointments, thereby limiting their overall ability to manage their health. The Herkimer County Office for Aging affirmed that study when it prioritized transportation as the number one unmet community need in the county.

Describe how the need will be addressed, the contribution of the project toward the effort (foreshadow the service activity) (*each project writes their own*):

[EXAMPLE] The Herkimer County Office for the Aging, Public Health, and Country Manor have contacted the Faith in Action RIDE program to provide transportation and escort services for the frail elderly living in outlying areas and/or requesting transportation outside the county limits to hospitals and doctor appointments. Presently there is no other agency or programs in the county providing this service for the elderly.

What will change (end outcome) (*written for all*): This transportation service will assist seniors to access medical services in order to maintain their health and remain independent.

Service Activity:

Service description and beneficiaries: RSVP volunteers will serve as drivers and driver dispatchers for the (*enter program name*) in (*enter counties*). RSVP volunteers serving as dispatchers will take transportation requests during (*enter days when requests will be taken*) for clients who are (*describe criteria, e.g. "over 55, non-ambulatory," "disabled"*). The dispatchers then contact potential drivers, giving to them the necessary information for the transport. RSVP volunteer drivers will transport and escort clients to doctor and hospital appointments and pharmacy visits. Drivers will provide door-to-door service, and remain with the client during the appointment, including a stop to a pharmacy if needed.

Scope of service (how often, how long): This service will be offered (*enter number*) days a (*week/month*) throughout the program year.

Add details if needed (*each project writes their own*):

Anticipated Input:

Volunteer numbers/number of hours: At total of (*enter #*) RSVP volunteers (drivers and dispatchers) will serve a total of (*enter #*) hours per quarter.

Training/supervision: RSVP volunteers will receive training in (*list training topics and how often it occurs/duration of training, e.g. "annual Driver Safety"*) from (*enter name/organization*).

(Enter name/organization) will conduct background checks and motor vehicle screenings.

(Enter name/organization) will provide insurance.

Resources: RSVP volunteer drivers will use their own vehicles and be reimbursed for mileage by (enter name/organization) if requested.

Add details if needed (each project writes their own):

Anticipated Accomplishments/Outputs:

Elderly clients will receive transportation to medical appointments.

Indicator: Number of clients transported to and from medical appointments/pharmacy.

Target: (Enter #*) clients will receive transportation to medical appointments/pharmacy each quarter.

How measured: Volunteer timesheets, dispatcher logs, and (optional) *Transportation Summary Sheet*

Anticipated Intermediate Impact/Outcome:

Clients will be able to maintain or improve their current health status.

Indicator: Percent of clients served who report that the transportation service contributed to their ability to improve or maintain their health status

Target: 75% of seniors served report that the transportation service helped them to improve or maintain their health status.

How Measured: *Client Evaluation Form* distributed annually to clients

Anticipated End Impact/Outcome:

Clients who receive transportation to their medical appointments are assisted in their ability to remain independent.

Indicator: Percent of clients who report (“yes, somewhat” or “yes, very much”) that the transportation service helped them remain independent (i.e. residing at home or otherwise able to take care of themselves).

Target: 70% of seniors surveyed will report that the transportation service has contributed to their ability to remain independent.

How Measured: *Client Evaluation Form* distributed annually to clients

* Number may include repeat clients.

Transportation Summary Sheet

Site/Station: _____

Program Year: _____

Supervisor: _____

Instructions: Using dispatch logs and/or volunteer timesheets, write in the number of clients who received transportation each month, and total the number by quarter. It is understood that totals may be overestimated because some clients used the service more than once during the month or quarter.

<i>Estimated number of clients served:</i>	Jan	Feb	Mar	Quarter 1 Total	Apr	May	Jun	Quarter 2 Total
<i>Estimated number of clients served:</i>	Jul	Aug	Sep	Quarter 3 Total	Oct	Nov	Dec	Quarter 4 Total



*Developed with Project STAR in cooperation with NY RSVP
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RSVP Transportation Service CLIENT EVALUATION FORM



Please take a moment to fill out this survey and return it to _____.
Your answers are **confidential** and will help us better serve you.

1. How many times did you use this transportation service during the past 12 months?
(check one)

- 1 to 5 times 6 to 11 times 12 or more times

2. Did you ever miss an appointment because our office staff made an error in scheduling, or because they were unable to find a driver? Yes No

If yes, how often did this occur? _____

3. When you contacted the office staff, were you treated courteously? (check one)

- Always Usually Sometimes Never

4. The driver was (check one for each item):

a. Courteous

- Strongly agree Agree Disagree Strongly disagree

b. Punctual

- Strongly agree Agree Disagree Strongly disagree

c. Helpful

- Strongly agree Agree Disagree Strongly disagree

5. How important is this transportation service in helping you access medical services?
(check one)

- Extremely important Important Somewhat important Not important

6. Because this service provides transportation to medical appointments, are you better able to take care of your health? (check one)

- Yes, this has helped me to *improve* my current health status.
 Yes, this has helped me to *maintain* my current health status.
 No, this has not affected my ability to take care of my health.

7. Has this transportation service contributed to your ability to remain independent?
(check one)

- Yes, very much
- Yes, somewhat
- Yes, a little
- No, not at all
- Don't know

8. Which of the following transportation options do you currently use? (check all that apply)

- Office for Aging or another agency service
- Neighbor or friend
- Family members
- I drive
- I call a taxi
- Public transportation
- I walk to stores or appointments when possible
- Other (please specify: _____)

9. How did you first learn about this transportation service?

- Brochure
- Doctor's office
- Other: _____
- Agency referral
- Church bulletin
- Friend
- Media

10. Do you have any other comments about the transportation service?

Your Name (Optional): _____ Date _____

Please return this survey to: _____ when you are finished.

Thank you!

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