

Welcome to the Mobility Solutions Survey!

The Greater Portland Council of Governments (GPCOG) is working to better include the needs of all people in our transportation planning. Through the Inclusive Transportation Planning project, GPCOG is engaging underrepresented communities - including older adults, people with disabilities, and people of color - in developing solutions to address gaps in transportation.

In Summer and Fall 2018, we did outreach and we came up with four possible areas to focus on. Before we plan specific solutions, we want more input from people who have personal experience with transportation challenges. Based on your input, GPCOG will plan a project to address one of four needs:

- 1: Rides for Medical Appointments for Those Without MaineCare.
- 2: Rides to Grocery Stores for People With Transportation Needs.
- 3: Better Access to Free or Lower-Cost Bus Fare.
- 4: Rides to Jobs in Locations that Lack Transit Access.

Please help us decide which need to focus on first. Your opinion is important!

1. In your opinion, which of the above options would help the most people?

1 2 3 4

2. Which option would be most likely to result in a successful project?

1 2 3 4

3. Which option would YOU most like to see turned into a project?

1 2 3 4

4. What ideas or input do you have about the options listed above?

5. What best describes you? (Check all that apply).

- User of Transportation Case Manager Patient Navigator
 Caregiver Outreach Worker
 Other (please describe)

6. What types of transportation do you currently use? (Check all that apply).

- Bus service (METRO, Shuttlebus, South Portland, etc.) Logisticare (MaineCare-funded rides) I ride a bicycle
 Volunteer ride programs Casco Bay Lines (ferry service) I walk
 RTP - Regional Transportation Program Amtrak Downeaster (train service) I drive my own vehicle
 York County Community Action Agency Rides from neighbors, friends, and family
 Other (please specify)

7. What town/city do you live in?

8. What is your age?

9. Do you have a disability?

- Yes No Prefer not to answer

10. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native Black or African American White / Caucasian
 Asian or Pacific Islander Hispanic or Latino Prefer not to answer
 Other (please specify)

11. In what language do you speak most often?