



SAN JUAN COUNTY

# HUMAN SERVICES TRANSPORTATION PLANNING



## WHAT IS HUMAN SERVICES TRANSPORTATION PLANNING?

### A Plan to Help People

Every four years, San Juan County develops a Coordinated Public Transit-Human Services Transportation Plan (HSTP). This means working and coordinating with community members, key stakeholders, and other partners in order to help us prioritize funding for improving transportation throughout the county. This plan helps our county identify transportation needs and develop solutions to improve transportation access and opportunities for seniors, youth, people with disabilities, people with lower incomes, limited English speakers, and anyone without access to a private vehicle. The Washington State Department of Transportation (WSDOT) requires all Metropolitan Planning Organizations (MPOs)/Regional Transportation Planning Organizations (RTPOs) to develop a Human Services Transportation Plan every four years.

## WE NEED YOUR HELP!

Successful development of these plans means San Juan County can apply for funding to finance the strategies we put in our Plan. Your help ensures everyone has the access to opportunity, work, family, and recreation that they deserve through our regional public transportation system.

Please take this brief survey to provide critical feedback to staff as we make recommendations and decisions about how to improve transportation options for all in San Juan County.

**Get Involved!  
TAKE THE SURVEY!**

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# SURVEY

## Your Voice Guides Your Community Investment

Complete the short questionnaire below to have your voice heard! Whether you or someone you know has difficulty traveling in San Juan County, we would like to hear from you regarding your transportation needs. Please leave your contact information blank if you would like to submit your answers anonymously.

1. Please provide your home ZIP Code

Select one:

98222 (Blakely Island)

98243 (Deer Harbor)

98245 (Eastsound)

98250 (Friday Harbor)

98261 (Lopez Island)

98279 (Olga)

If Other Please specify:

2. Which of the following transportation challenges do you (or those you help) face? How limiting are these challenges?

Select all that apply

	Not a Limitation	Mild Limitation	Somewhat Limiting	Very Limiting
I have physical limitations and need assistance to get where I want to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can not afford transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can not drive myself for other reasons (age, no license, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing services do not take me where I need to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which of the following means of transportation do you (or those you help) use and how frequently?

Select all that apply

	Rarely/ Never	Seldom (once or twice per month)	Regularly (once per week)	Frequently (more than once per week)
Paratransit via Senior Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferry System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Island Rides NPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My own vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxicab/water taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends, Family or Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk or Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair/scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Transportation (Ferries, Amtrak, Greyhound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical (ambulance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What additional assistance do you (or those you help) use?

Select all that apply

I do not need assistance

Help into and out of vehicles

Getting home deliveries

Help reserving rides

Help getting to pick-up locations

Other

If Other Please specify:

5. Where do you (or those you help) need to go during a typical week and when do you need to go to these locations?

Select all that apply

	Not Regularly	Weekdays	Saturday	Sunday
Errands (banking, grocery, post office, pharmacy, library, deliveries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit Family/Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainland Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which time of the day do you (or those you help) need transportation services?

Select all that apply

- Early morning (4-7AM)
- Morning Commute (7-9AM)
- Mid-Day (9AM-4PM)
- Afternoon Commute (4-6PM)
- Evenings (6-10PM)
- Night (10PM-4AM)

7. What makes public transit challenging for you (or those you help)?

Select all that apply

- The trip takes too long
- I don't know how to sign up or get information
- Service does not go where I need to go
- Service not offered when I need to go
- I don't feel safe or comfortable
- It doesn't come to my neighborhood
- It is too complicated to use (drivers don't speak my language)
- The cost is prohibitive
- The ferry schedule doesn't work with my needs

8. How do public transportation challenges impact you? How much of an impact is this?

Select all that apply

	Minimal or No Impact	Some impact	Significant Impact
Employment or business opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community support or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete daily tasks (errands/shopping/deliveries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to participate in recreational/entertainment activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify:

9. Please provide an example experience where transportation was a challenge for you or those you assist. Where did your trip start, where were you going and why was this a challenge?

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12. Are you of Hispanic, Latino/a/x, or Spanish origin?  
*Select one*

- Yes
- No

13. How would you describe your race?  
*Select all that apply*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Asian/Pacific Islander
- White
- Other

*If Other Please specify:*

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14. What is your age?  
*Select one*

- Less than 16 years old
- 16-30 years old
- 31-45 years old
- 46-60 years old
- 61+ years old

15. Do you have any other comments or questions regarding transportation services in San Juan County?

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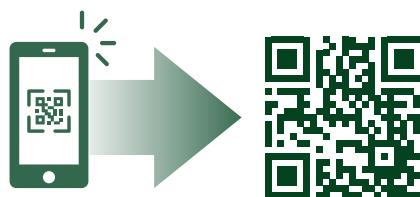
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**GET IN TOUCH**  
Questions, comments,  
special requests?  
We'd love to hear  
from you!

For more information, please visit:  
[www.sanjuanhstp.com](http://www.sanjuanhstp.com)



*scan with your phone  
to visit the website!*

Or contact:  
**Richard Uri**  
San Juan County Behavioral  
Health Program Coordinator  
360-370-0594  
[richardu@sanjuanco.com](mailto:richardu@sanjuanco.com)