## Mini Bus Survey 2024 Survey

## **Instructions**

Please fill out the survey / questionnaire. Your input is valuable and will help better understand how you value the Minibus Bus Service that Town of Beacon Falls offers to the Senior and Disabled Community.

Please return by February 22, 2024, to Kimberly Stevens C/O Senior Center 57 N. Main St Beacon Falls, CT 06403, you can drop off to the center or mail. Thank you for taking the time to participate.

| Name:   |
|---|
| Phone number / Cell Phone:  |
| Email address:  |
|   |
| Did you know the Town of Beacon Falls has a minibus for Seniors/Disabled?                                 |
| ☐ Yes ☐ No  |
| Have you ever used the Town of Beacon Falls minibus?  |
| ☐ Yes ☐ No  |
| If you have used the minibus, please indicate approximately how many times per<br>month you have used it. |
| Less than (4) times a month   |
| Four (4) to twelve (12) times a month   |
| ☐ Twelve (12) or more times a month   |
| If you have used the minibus, please indicate why you have used it.                                       |
| ☐ Doctors Appointment   |
| ☐ Grocery / Other Shopping  |
| Hair Appointment  |
| Just for the Ride / Companionship   |
| ☐ Special Events  |
| ☐ Weekly Luncheon Trips   |

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| Comn            | mportant is the Minibus Service to you and your Senior / Disabled unity? (even if you do not directly utilize the minibus do you know one who does and how it impacts their life):   |
|-----------------|--|
|                 |  |
|                 | services would you like to see for our minibus? Please explain eg: more<br>y trips combined trip lunch/shopping:   |
| Dema:<br>that w | e Town of Beacon Falls to continue to receive funding towards the minibus On and Transportation Service for our Seniors and Disabled Residents, it is important e show a need for the service. How important do you feel this service is to you ne you know that utilizes this service on a scale from 1 to 10? (1 meaning very loneaning very high) |
|                 |  |

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## What does the Beacon Falls Minibus Mean to Me

| Name:                               |   |
|-------------------------------------|---|
| Address:                            |   |
| Phone number / Cell Phone:          | _ |
| Email address:                      | - |
| I ride the bus because              | _ |
| The rides are                       | _ |
| The driver is                       |   |
| How does the minibus help you?      |   |
| Where do you like to go on the bus? | _ |
| What more can the bus do for you?   |   |
| Any comments you would like to add? |   |

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