

# Transportation Assessment

Assessment Date: \_\_\_\_\_

What was the client's primary mode of transportation prior to the disaster?

- |  |   |
|--|---|
| <input type="checkbox"/> Privately owned vehicle or motorcycle | <input type="checkbox"/> Ride with friends/family |
| <input type="checkbox"/> Public Transit                        | <input type="checkbox"/> Bike                     |
| <input type="checkbox"/> Paratransit                           | <input type="checkbox"/> Walk                     |
| <input type="checkbox"/> Car share                             | <input type="checkbox"/> Other                    |

Is this method of transportation still working for the client post-disaster?

- Yes                                       Don't know  
 No

Was your vehicle damaged in the disaster?

- Yes                                       Don't know  
 No     Refused

Transportation Needs:

- |   |  |
|---|--|
| <input type="checkbox"/> Vehicle lost/destroyed             | <input type="checkbox"/> Unable to afford gas              |
| <input type="checkbox"/> Public transit working             | <input type="checkbox"/> Unable to afford transit fare     |
| <input type="checkbox"/> Paratransit not working/accessible | <input type="checkbox"/> Unable to purchase gas dependably |
| <input type="checkbox"/> Road closure/damage                | <input type="checkbox"/> Accessible vehicle not available  |

Referral Status	Referral	Provider Name	Telephone	Street	City	State	Zip Code
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Bus Pass	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Bus Tokens	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Transportation	_____					