

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	_____					