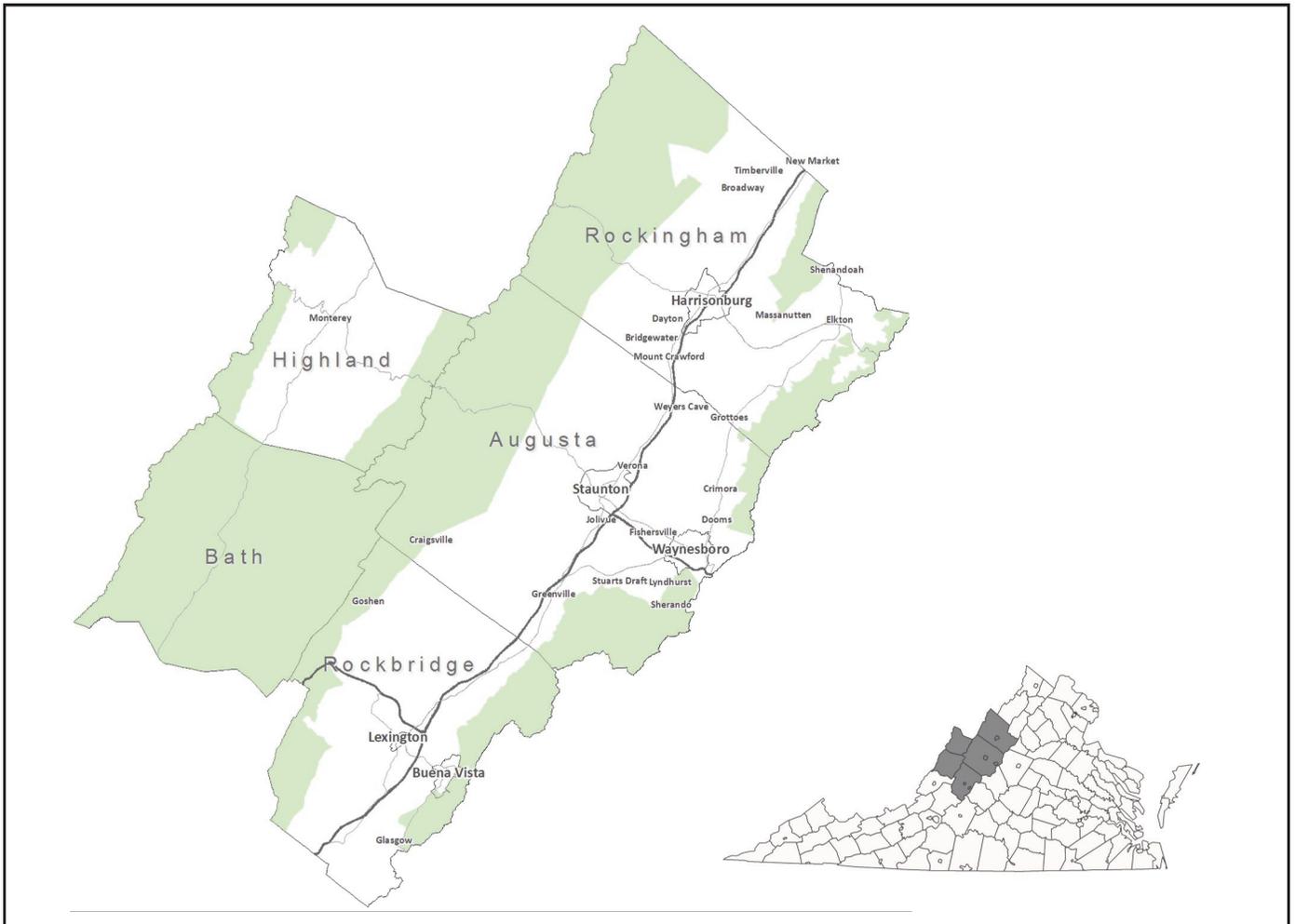


# Central Shenandoah (PDC 6) Coordinated Human Service Mobility Plan September 2013

*Counties: Augusta, Bath, Highland, Rockbridge, and Rockingham*

*Cities: Buena Vista, Harrisonburg, Lexington, Staunton, and Waynesboro*



*prepared for* **Virginia Department of Rail and Public Transportation**

*prepared by* **KFH Group, Inc.** *under subcontract to* **Cambridge Systematics, Inc.**



**Central Shenandoah (PDC 6)  
Coordinated Human Service Mobility Plan**

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# Introduction

On July 6, 2012, President Obama signed into law *Moving Ahead for Progress in the 21st Century (MAP-21)* that went into effect on October 1, 2012. The program changes in this legislation included the repeal of the Federal Transit Administration's (FTA) Section 5316 (Job Access and Reverse Commute - JARC Program) and Section 5317 (New Freedom Program) and the establishment of an enhanced Section 5310 that serves as a single formula program to support the mobility of seniors and individuals with disabilities.

This legislation continued the coordinated transportation planning requirements established in previous law. Specifically, the current Federal legislation notes that the projects selected for funding through the Section 5310 Program must be "included in a locally developed, coordinated public transit-human services transportation plan" and this plan must be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public."

In 2008, the Virginia Department of Rail and Public Transportation (DRPT) worked with rural and small urban areas around the Commonwealth to develop Coordinated Human Service Mobility (CHSM) Plans that met the coordinated transportation planning requirements, and DRPT supported the development of such plans in large urban areas. The CHSM Plans are organized geographically around 21 Planning District Commissions (PDC's) throughout the Commonwealth. The PDC's have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional basis.

With the enactment of the MAP-21 legislation, DRPT began a process of consultation with local stakeholders to update the CHSM Plans for their respective regions. This process included extensive discussion of MAP-21 changes to human service transportation funding and careful review and updating of local and regional transportation needs and issues.

Through a series of initial regional meetings held from September through November 2012, and series of a follow up meetings conducted in June and July 2013 to review plan revisions and gather additional input, Virginia's CHSM planning effort provided a structure and process intended to:

- Provide a forum to gain consensus on the transportation priorities in the region and facilitate input from seniors, individuals with disabilities, representatives of

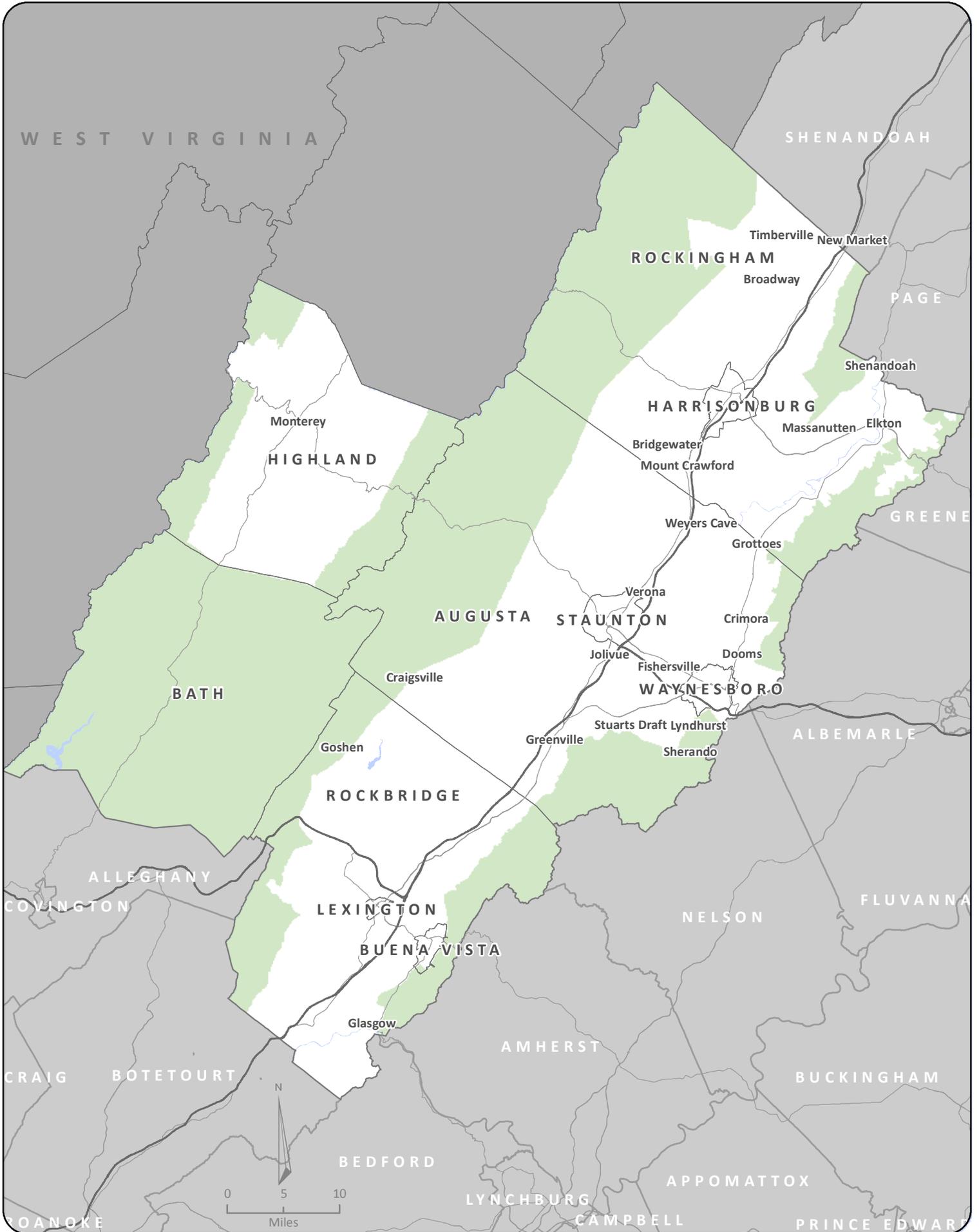
public, private, and non-profit transportation and human services providers, and others.

- Take into account previous transportation planning efforts,
- Foster local partnerships and provide an opportunity for the development of new ones,
- As appropriate, identify examples of projects and programs initiated since issuance of 2008 plans which demonstrate human service transportation enhancements and coordination efforts, i.e. mobility management efforts and new services,
- Continue an ongoing structure to support coordination efforts or help establish new coordination structures,
- Serve as a tool for educating local decision makers, elected officials, and other stakeholders on unmet transportation needs in the region.

This planning process also drove the development of updated CHSM Plans meeting the Federal coordinated transportation planning requirements and facilitating access to critical FTA monies.

This CHSM Plan is for the Central Shenandoah Planning District (PDC 6). As shown in Figure 1, PDC 6 is located in the northwest region of the Commonwealth, and includes Rockingham, Augusta, Rockbridge, Bath, and Highland Counties and the Cities of Harrisonburg, Staunton, Waynesboro, Lexington, and Buena Vista. Aside from these major cities, PDC 6 is largely rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

Figure 1: Central Shenandoah PDC 6



# Background/Requirements

This section provides background information on the coordinated transportation planning process based on previous FTA guidance and draft Section 5310 FTA guidance released in July 2013. It should be noted that final FTA guidance on the revised Section 5310 Program had not been released prior to issuance of this Plan.

## Coordinated Plan Elements

Currently effective FTA guidance defines a coordinated public transit human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit); and,
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes.
- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and,
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

Note: FTA's proposed Section 5310 circular, published in July 2013, modifies coordinated plan elements. Modifications include removing specific reference to people with low incomes and using the term "seniors" in place of the term "older adults." See Appendix A for further details.

## Section 5310 Program (Enhanced Mobility for Seniors and Individuals with Disabilities Program)

As noted in the Introduction, the MAP-21 legislation established a modified FTA Section 5310 Program that consolidates the previous New Freedom and Elderly and Disabled Programs. The purpose of the Section 5310 Program is to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services. Section 5310 Program recipients must continue to certify that projects selected are included in a locally developed, coordinated public transit-human services transportation plan. The plan must undergo a development and approval process that includes seniors and people with disabilities, transportation providers, among others,

and is coordinated to the maximum extent possible with transportation services assisted by other federal departments and agencies.

### *Funding*

Funds through the Section 5310 Program are apportioned for urbanized and rural areas based on the number of seniors and individuals with disabilities, with 60 percent of the funds apportioned to designated recipients in urbanized areas with populations larger than 200,000, 20 percent to states for use in urbanized areas of fewer than 200,000 persons, and 20 percent to states for use in rural areas. The federal share for capital projects is 80 percent, and for operating grants is 50 percent. (Note: designated recipients in large urban areas can include the state. By mutual agreement, DRPT will serve as the designated recipient for Hampton Roads, Richmond/Petersburg, and Roanoke).

The local share for Section 5310 Program projects can be derived from other federal non-DOT transportation sources. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF). More information on these programs is available in Appendix B, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

### *Eligible Subrecipients*

Under the MAP-21 legislation eligible subrecipients for the Section 5310 Program include states or local government authorities, private non-profit organizations, or operators of public transportation services that receive a grant indirectly through a recipient.

### *Eligible Activities*

MAP-21 also modified eligible activities under the Section 5310 Program:

- At least 55% of program funds must be used on capital projects that are:
  - Public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.
- The remaining 45% may be used for purposes including:
  - Public transportation projects that exceed ADA requirements,

- Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit,
- Alternatives to public transportation that assist seniors and individuals with disabilities.

# Outreach Efforts and Plan Development

Currently available FTA guidance notes that States and communities may approach the development of a coordinated transportation plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys.

DRPT took a broad approach with the initial CHSM planning efforts to help ensure the participation of key stakeholders at the local level. This included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region. Overall, eight broad categories of agencies were included in initial outreach activities:

- **Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs).** These boards provide or arrange for mental health, mental retardation, and substance abuse services within each locality.
- **Employment Support Organizations (ESOs).** These organizations provide employment services for persons with disabilities within localities around the State.
- **Area Agencies on Aging (AAAs).** These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels.
- **Public Transit Providers.** These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service.
- **Disability Services Boards.** These boards provide information and referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities.
- **Centers for Independent Living (CIL).** These organizations serve as educational/resource centers for persons with disabilities.

- **Brain Injury Programs.** These programs serve as clubhouses and day programs for persons with brain injuries.
- **Other appropriate associations and organizations.** These include Alzheimer’s Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

This initial CHSM planning and outreach process resulted in twenty-one CHSM Plans, finalized in June 2008.

The initial CHSM planning process also led to the development of an ongoing core group of this PDC’s stakeholders that has met several times a year. Efforts of this group have included:

- Serving as a forum for reports from providers in the region who received Section 5310, 5316, and 5317 funding for projects,
- Holding preliminary discussions on possible changes to the projects and current strategies included in the current CHSM Plan,
- Discussing applications and potential projects for the region in conjunction with DRPT,
- Identifying training opportunities that would benefit the regional providers and reporting them to DRPT, and
- Holding discussions to identify new and on-going projects to apply for in the region.

With the enactment of MAP-21 in mid-2012, DRPT began working with stakeholders in each PDC, including participants in initial plan development meetings, to update the existing CHSM plans. Throughout the fall of 2012, DRPT hosted fourteen local planning sessions with diverse groups of stakeholders in communities across the Commonwealth, with the goal of gathering up-to-date data and information, including perspectives from local seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other transportation providers and organizations and agencies.

In the fall meetings, participants reviewed the issues and strategies included in the original CHSM Plans, and discussed how transportation needs, gaps, and services have changed in their communities over the last five years. Participants identified current services and resources, shared best practices, and prioritized strategies and potential projects going forward.

In the spring and summer of 2013 DRPT conducted 12 follow-up meetings to gather additional input and finalize the draft updated plans. In correspondence and communications announcing the fall and spring stakeholder meetings (a total of 26 meetings were held), and in post meeting follow up activities, DRPT emphasized the importance of soliciting and incorporating perspectives from local seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other transportation providers, and encouraged all recipients to broadly disseminate meeting notices and encourage community participation.

Participant comments and recommendations were extensively discussed during the regional meetings, and consensus was developed regarding specific additions and amendments to each plan. Incorporating such feedback into each plan was a crucial component in updating and improving the plans and the willingness of stakeholders to participate in this process and share their perspectives is sincerely appreciated.

# Demographic Analysis

The following section provides an extensive overview of the demographic composition of PDC 6. It examines population density as well as data on potentially transit dependent populations, including older adults, individuals with disabilities, those living below the federal poverty level, and autoless households. It also presents two indices based on the density and percentage of transit dependent persons.

The analysis in this section draws on recent data from American Community Survey five-year estimates (2005 - 2009) and the 2010 Decennial Census. The underlying data, at the block group level, are included in Appendices C and D. For each potentially transit dependent population, block groups are classified relative to the PDC as a whole, using a five-tiered scale of very low to very high. Mapped and summarized below, the results of the analysis highlight those geographic areas of the PDC with the greatest transportation need.

## Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density. As shown in Figure 2, the vast majority of PDC 6 has a population density of less than 100 persons per square mile, particularly throughout Highland and Bath Counties. Higher density areas occur in Harrisonburg, Staunton, Waynesboro, Lexington, and Buena Vista, all of which have block groups with more than 2,000 persons per square mile.

## Older Adults, Persons with Disabilities, and Low-Income Individuals

Older adults (65 and above), persons with disabilities (16 and above), and low-income individuals (living below the federal poverty level) must be identified and accounted for when considering transit need. Figures 3, 4, and 5 display the relative concentrations of these populations in the PDC. The scale of “very low” to “very high” is based on the average for the PDC. A block group classified as “very low” can still have a significant number of potentially transit dependent persons; “very low” only means below the PDC average. At the other end of the spectrum, “very high” means greater than twice the PDC average.

As shown in Figure 3, most of the block groups classified as having a very high number of older adults are located near Harrisonburg, Elkton, Staunton, and Waynesboro. Figure 4 displays the relative number of individuals with disabilities. The northeast portion of the PDC has the most block groups classified as very high or high, as well as

several block groups surrounding Lexington and Buena Vista. As shown in Figure 5, areas with the highest relative number of low-income persons are scattered along the I-81 corridor. Specific block groups are located near Timberville, Harrisonburg, Staunton, Waynesboro, Stuarts Draft, and Glasgow.

<b>Number/Percentage of Vulnerable Persons or Households</b>	<b>Score Based on Potential Transit Dependence</b>
<= the PDC average	1 (Very Low)
> average and <= 1.33 times average	2 (Low)
> 1.33 times average and <= 1.67 times average	3 (Moderate)
> 1.67 times average and <= 2 times average	4 (High)
> 2 times the PDC average	5 (Very High)

### **Autoless Households**

Households without at least one personal vehicle are more likely to depend on the mobility offered by public transit and human service organizations than those households with access to a car. Figure 6 displays the relative number of autoless households for the PDC. Block groups with a classification of very high are located primarily to the north and west of Harrisonburg, as well as near Staunton, Waynesboro, Lexington, and Buena Vista.

### **Transit Dependence Indices**

For each block group in the PDC, the socioeconomic characteristics described above were combined into aggregate measures of transportation need: the Transit Dependence Index (TDI) and the Transit Dependence Index Percentage (TDIP). Both measures are based on the prevalence of the vulnerable populations in the PDC (older adults, youth, individuals with disabilities, low-income persons, and autoless households). However, the TDI accounts for population density and the TDIP does not. By removing the persons per square mile factor, the TDIP measures degree rather than amount of vulnerability. Both the TDI and the TDIP follow the same “very low” to “very high” classification scale as the maps described above.

Figures 7 and 8 display the overall TDI and TDIP rankings for the PDC. As shown in Figure 7, the block groups that have a TDI classification of very high are located in the population centers of Harrisonburg, Elkton, Staunton, Waynesboro, Lexington, and Buena Vista. In contrast, Figure 8 displays the TDIP. Those block groups classified as very high or high are dispersed near Harrisonburg, south of Staunton, Waynesboro, and Lexington. Other block groups in Highland and Augusta Counties also have moderate TDIP classifications.

Figure 2: 2010 Population Density for Central Shenandoah PDC 6

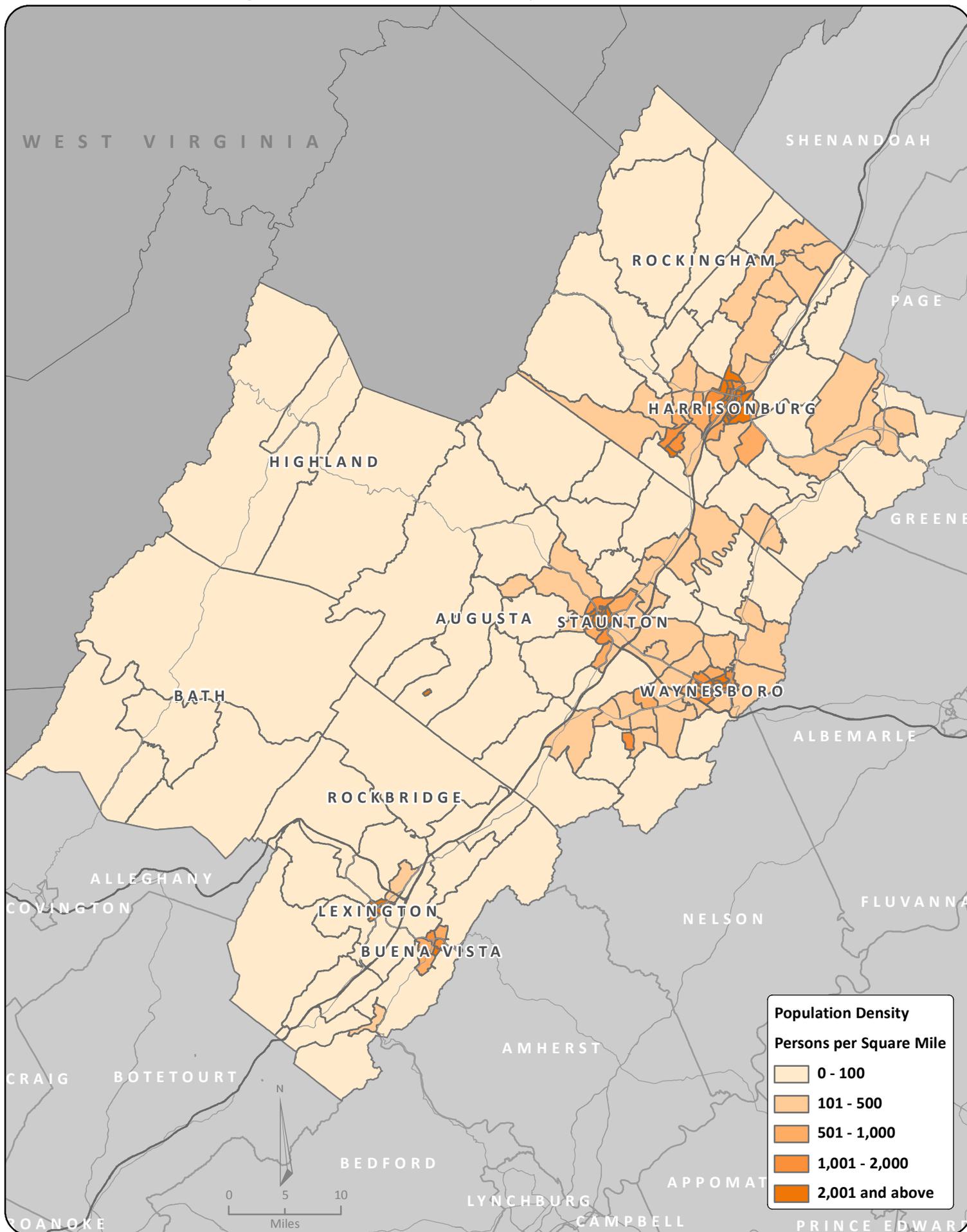


Figure 3: Relative Number of Senior Adults (65+) for Central Shenandoah PDC 6

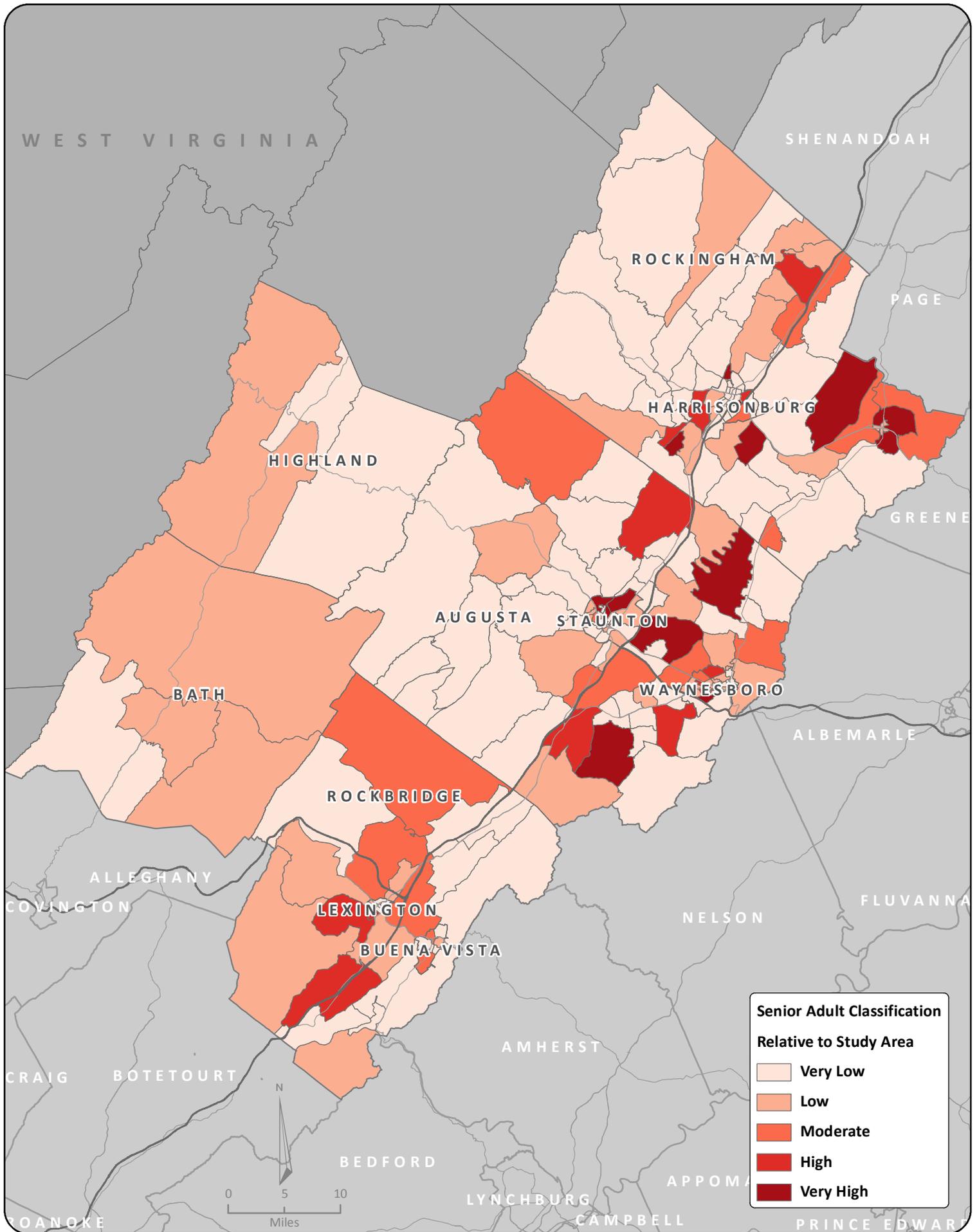


Figure 4: Relative Number of Disabled Persons for Central Shenandoah PDC 6

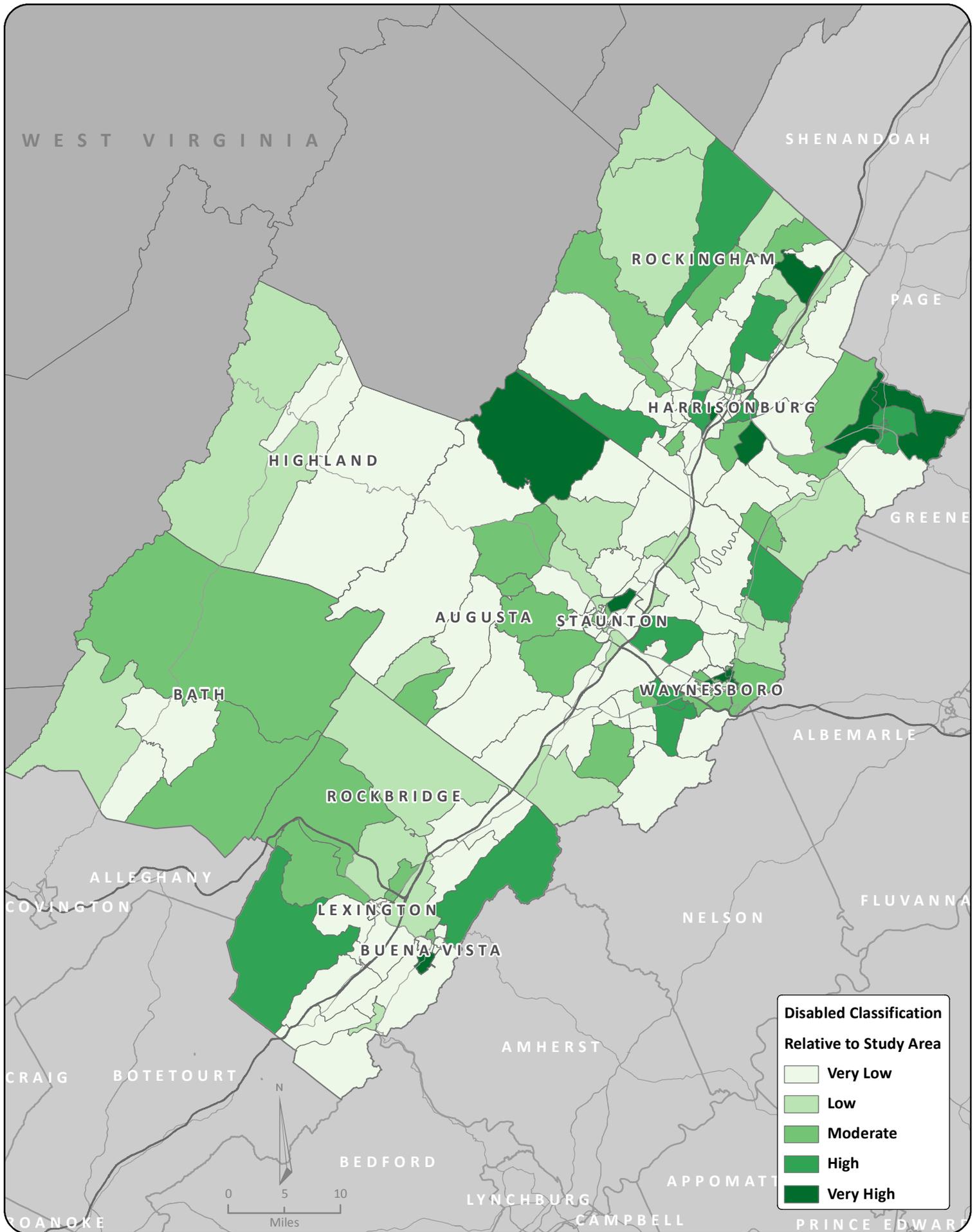


Figure 5: Relative Number of Below Poverty Residents for Central Shenandoah PDC 6

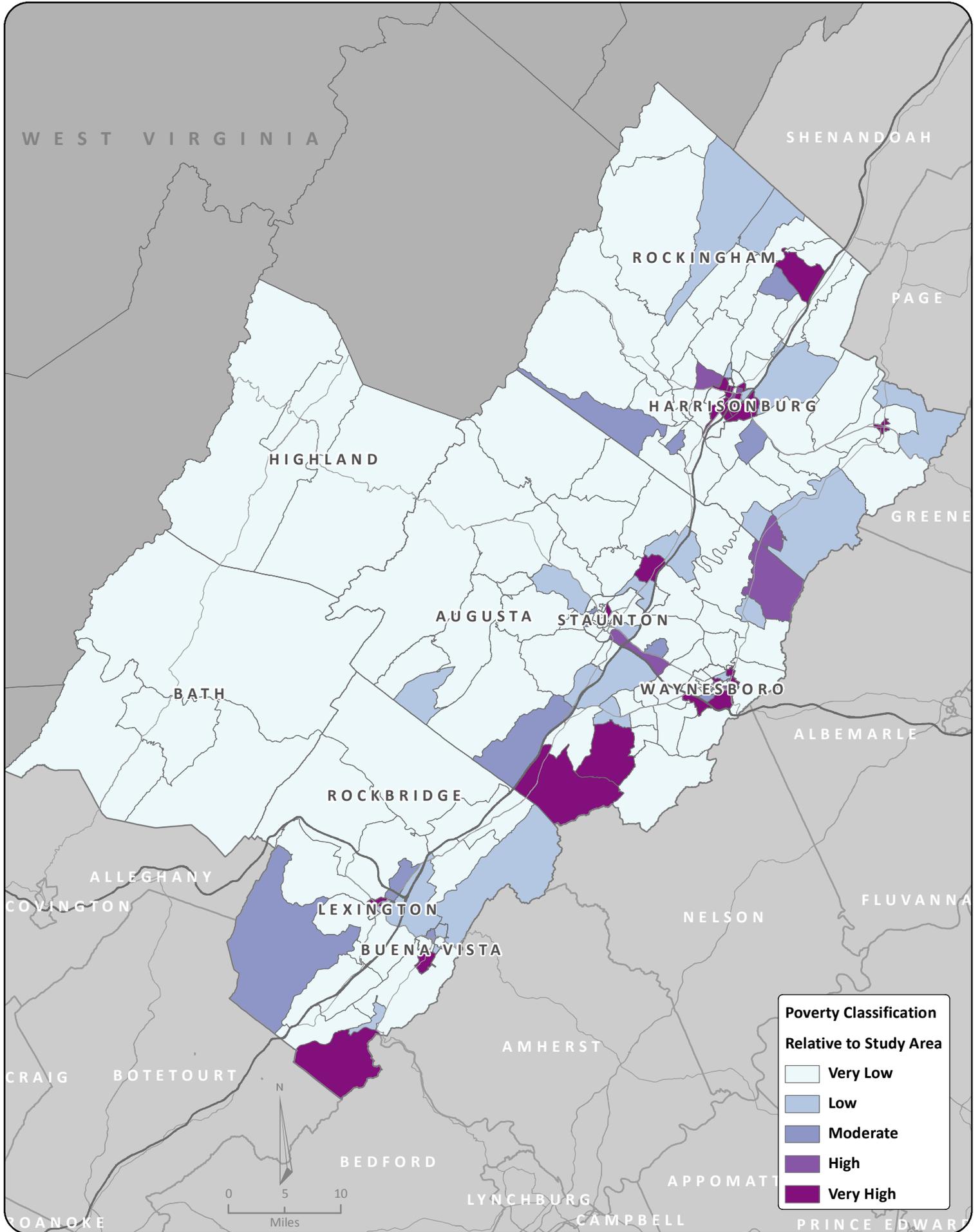


Figure 6: Relative Number of Autoless Households for Central Shenandoah PDC 6

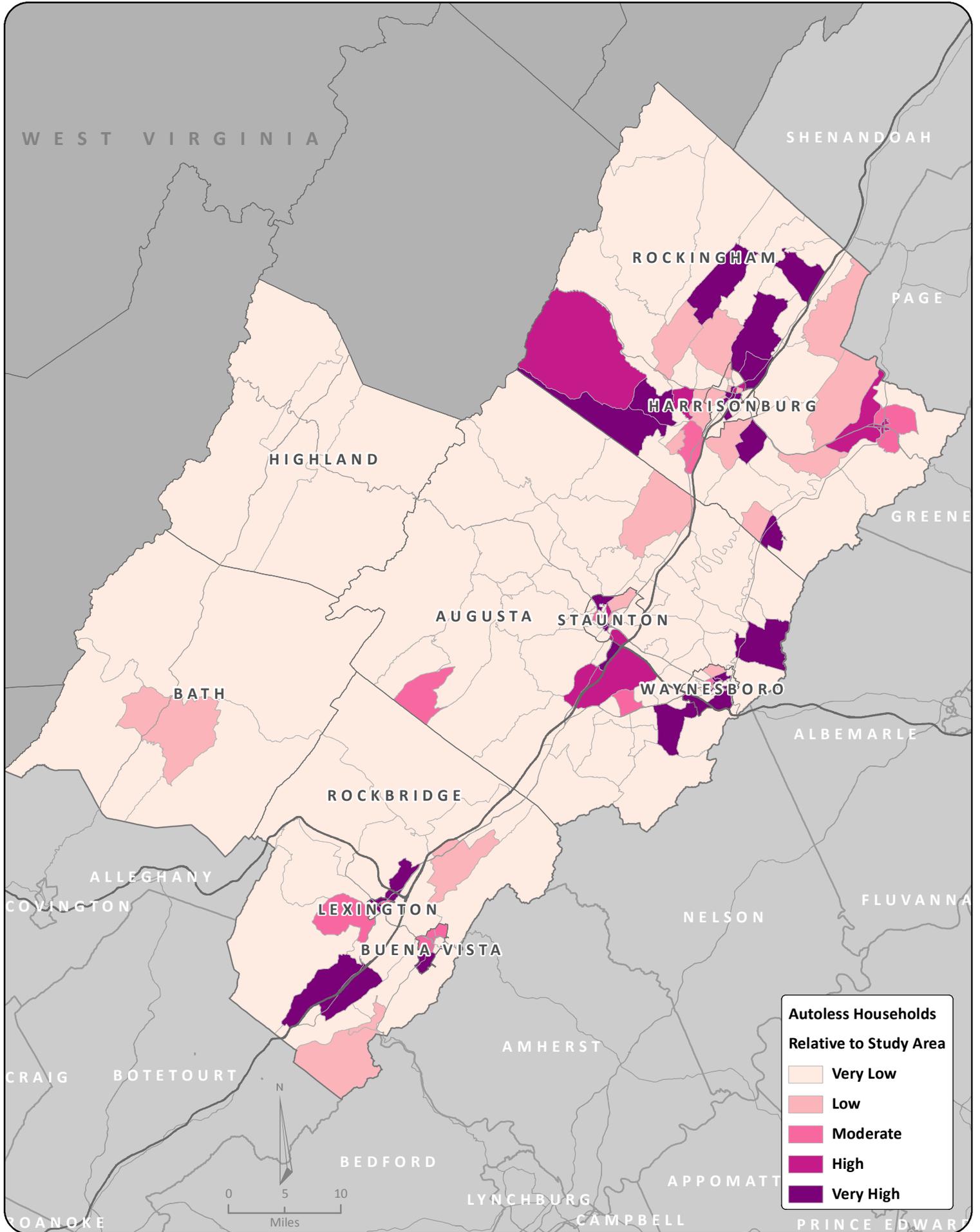


Figure 7: Transit Dependence Index for Central Shenandoah PDC 6

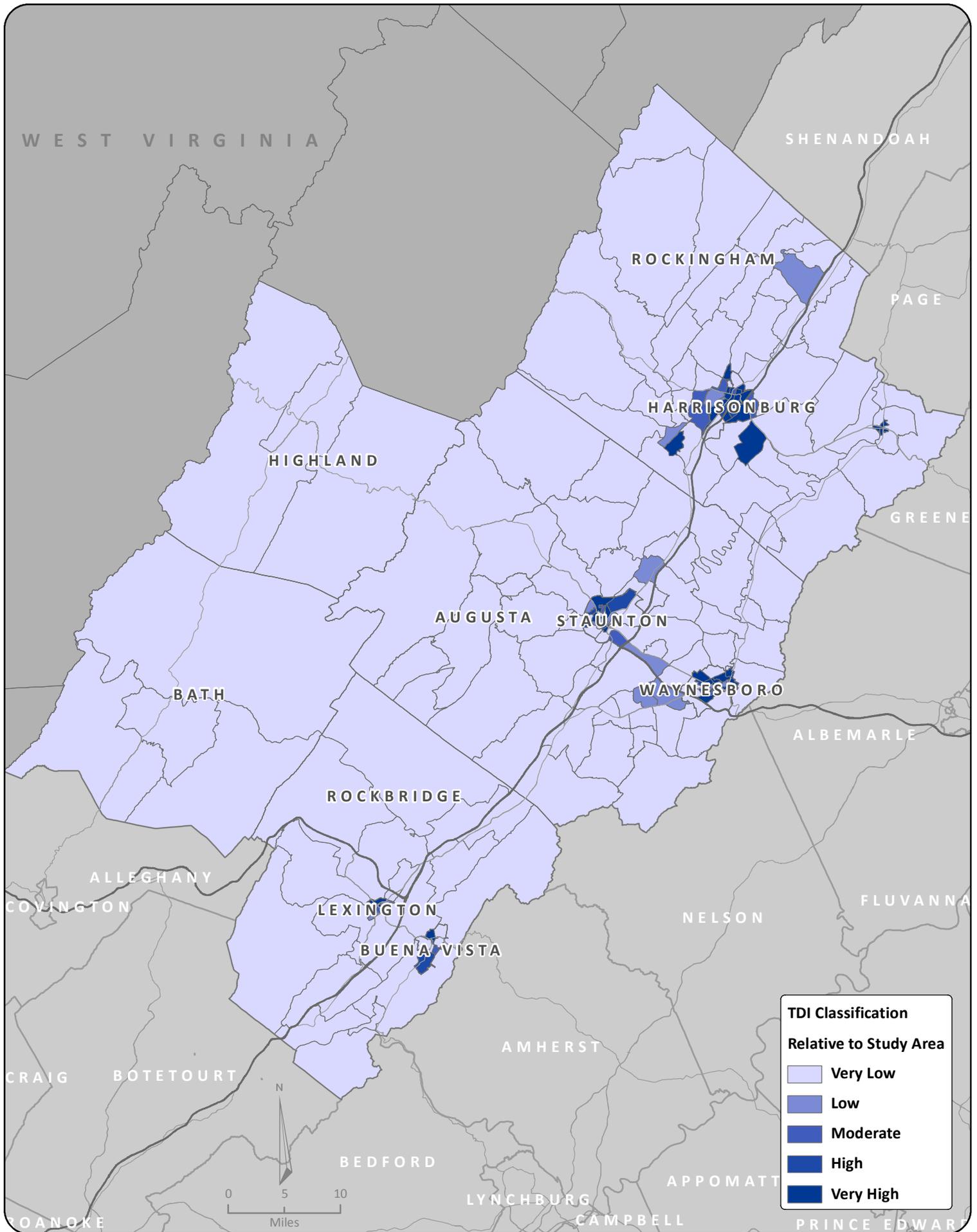
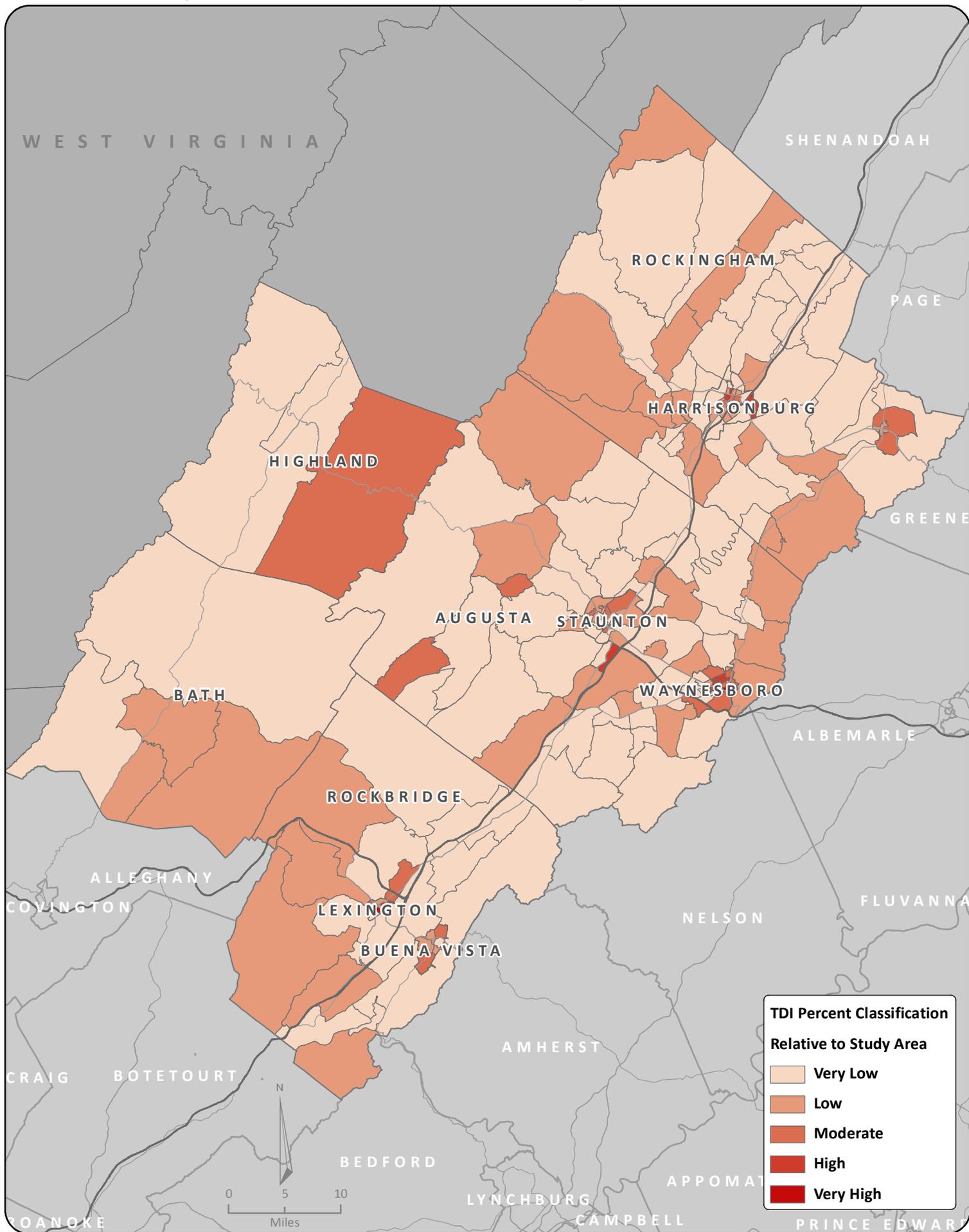


Figure 8: Transit Dependence Index Percentage for Central Shenandoah PDC 6



# Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it is important to first perform an assessment of the transportation services available in PDC 6. This process included collection of basic descriptive and operational data for the various programs during the initial workshop. It was achieved through a facilitated session where participants were guided through a catalog of questions.

The table below highlights the identified public transit and Medicaid transportation providers in the region:

## Available Transportation Services and Resources

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
The Arc of Augusta	Persons with intellectual and/or developmental disabilities that participate in the Arc's programs	1 accessible bus	Monday, Tuesday and Thursday 8-10:00AM, 3-5:00PM; one Saturday a month for social/recreational programs. \$2 voluntary fee. Door-to-door and curb-to-curb	2,500 trips per year	Augusta County and the Cities of Staunton and Waynesboro	No	Phone: (540) 943-1618  Website: www.arcof Augusta.org
The Arc of Harrisonburg and Rockingham	Persons with intellectual and other developmental disabilities	6 vehicles (2 accessible)	Trips to/from program activities		Rockingham County and the City of Harrisonburg	Yes	Phone: (540) 437-9214  Website: www.hrarc.org
First Choice Transport, Inc.	Ambulatory, wheelchair and non-emergency stretcher patients		Trips available upon request and through Logisticare		Rockingham County and the City of Harrisonburg	Yes	Phone: (540) 437-1997  Website: www.firstchoicetransport.org

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Friendship Industries	Persons with disabilities that are enrolled in the Friendship Industries Program	4 vans (2 accessible)	Monday – Friday 6-8:00AM, 3-5:00PM; nominal fee, deducted from their paycheck	400 trips weekly	Rockingham County and the City of Harrisonburg	No	Phone: (540) 434-9586  Website: www.friendship-industries.com
Harrisonburg Rockingham Community Services Board (HRCSB)	Persons with mental health, intellectual disability and substance abuse services	8 vehicles (1 accessible, 4 for residential services, 3 for Club House)	Monday – Friday 8:00AM to 5:00PM. Fees are based on a formula which takes into account income and family size. Transportation by case managers in their own vehicles		Rockingham County and the City of Harrisonburg	Yes	Phone: (540) 434-1941  Website: www.hrccb.org
Harrisonburg Transit	General public, fixed-route, ADA complementary paratransit, and university campus service	35 fixed-route vehicles and 8 paratransit vehicles (all vehicles are accessible)	Monday – Thursday and Sunday 6:30AM to 12:00 AM; Friday – Saturday until 2:15AM. Fare - \$1.00, \$0.50 for seniors, JMU and city students ride free, \$2.00 a trip for paratransit service, Medicaid discount fares	2.7 million trips per year	City of Harrisonburg	No	Phone: (540) 432-0492  Website: www.harrisonburgva.gov/hdpt
Heart Havens, Inc.	Persons with intellectual disabilities that are enrolled in the program	1 vehicle (accessible)	Trips available by appointment for community outings, medical appointments, shopping.	400 trips per year	Augusta County and the Cities of Staunton and Waynesboro. Additional trips offered by request out of the area (e.g. Charlottesville, Richmond, etc.)	No	Phone: (540) 292-8230  Website: www.hearthavens.org
LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare		Reservations 24/7 by call center		Statewide	Yes	Website: www.logisticare.com
Pleasant View	Persons with intellectual disabilities; mostly for program services	50 vehicles (20 accessible)	Trips provided 7 days a week	1,200 per week	Rockbridge County and the City of Lexington	No	Phone: (540) 896-8255  Website: www.pleasantviewinc.com

<b>Agency/ Provider</b>	<b>(1) Client Type</b>	<b>(2) # of Vehicles</b>	<b>(3) Trip Characteristics (Times, Fees, etc.)</b>	<b>(4) # of Trips</b>	<b>(5) Service Area</b>	<b>(6) Provide Medicaid Trips?</b>	<b>(7) Contact Information</b>
RADAR (Maury Express)	General public, ADA paratransit	2 vehicles (accessible)	Monday – Friday 8:00AM to 6:00PM and Saturday from 10:00AM to 4:00PM. Fare - \$0.50	1,800 per month	Cities of Buena Vista and Lexington and parts of Rockbridge County	No	Phone: (800) 964-5707  Website: www.radartransit.org/ mauryexpress.htm
Ride Rite	Airport service and non-emergency medical transportation to the general public		Self-pay or Medicaid transportation through Logisticare		Statewide	Yes	Phone: (434) 422-3148  Website: www.riderite.info
Rockbridge Area Community Services Board (RACS)	Clients with behavioral/healthcare issues	9 vehicles (6 accessible)	Trips to day programs, medical/dental/psychiatric appointments, community integrated outings	3,500 trips per year	Rockbridge County	Yes	Phone: (540) 463-3141  Website: www.racsb.org
Rockbridge Area Transportation System (RATS)	Medicaid, public/community members with need (non-emergency medical, non-medical, etc.)	15 vehicles (9 accessible)	Monday – Friday 8:00AM to 5:00PM. Sliding scale fare based on miles traveled (e.g. \$4 ride within 5 miles; \$6 ride between 5-10 miles, etc.). Wheelchair assessable trips are subject to a separate sliding scale fare structure (e.g. \$5 ride within 5 miles; \$8 ride between 5-10 miles, etc.). Door-to-door service	17,000 trips per year	Rockbridge County and the Cities of Buena Vista and Lexington. Trips are offered to regional medical centers in Charlottesville and Roanoke.	Yes	Phone: (540) 463-3346  Website: rats.rockbridgearea.info/
Rockbridge Area Occupational Center, Inc.	Persons with intellectual and physical disabilities	3 vehicle (all accessible)	Monday – Friday 8-9:00AM and 1-2:00PM. Trips provided from residence to work program approximately 200 days a year.	2,000 trips per year	Rockbridge County	No	Phone: (540) 261-6159  Website: www.raoc.org

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Rockingham County Transportation (Department of Social Services)	Individuals who are low-income, elderly, disabled	4 vehicles (all accessible)	Essential life trips (non-Medicaid medical trips, some supportive employment, banking, shopping), Monday – Friday 8:00 AM – 5:00 PM, provide earlier as needed; per trip each way: less than 10 miles \$4.00, more than 10 miles \$8.00, up to 75 mi \$12.00; repeat customer (especially dialysis), take no more than 5% of individual's income (sliding fee or co-pay)	3,800 trips per year	Rockingham County	Yes	Phone: (540) 574-5100  Website: www.rockinghamcountyva.gov
Valley Community Services Board (VCSB)	Clients with mental health, intellectual disability and substance abuse issues	25 vehicles (5 accessible)	Monday – Friday 7:30AM to 4:00PM trips to UVA. Door-to-door service	7,000 trips per year	Augusta and Highland County and the Cities of Staunton and Waynesboro	Yes	Phone: (540) 887-3200  Website: www.vcsb.org
Valley Program for Aging Services (VPAS)	Persons with disabilities, medical and non-medical transportation for the elderly and disabled and senior center (age 60+) transportation	15 vans for senior centers (7 accessible) and 3 vans for elderly and disabled transportation (all accessible)	Senior Center: Door-to-door, PDC 6, 7:30AM to 4:30PM, varies between 7 senior centers, modified fixed route; voluntary contributions. Elderly and disabled; door-to-door. Volunteer Program TED provides \$1.00/roundtrip suggested donation; MedTed \$2.00/roundtrip suggested donation and up to \$3.00 suggested donation for longer distance trips; demand-response	60,000+ trips per year (senior centers)  5,000+ trips per year (elderly and disabled)	PDC 6	No	Phone: (540) 949-7141  Website: www.valleyprogramforagingservices.com
Vector Industries	Employees that are physically or mentally challenged, learning disabled and/or sensory disabilities	9 vehicles (2 accessible)	Monday – Friday 6:30-8:00AM, 4:30-6:00PM; Saturday program Community Connections. Sliding fee out of pay check, donations are accepted. Door-to-door and curb-to-curb	35,000+ trips per year		No	Phone: (540) 943-8444  Website: www.vectorindustries.org

<b>Agency/ Provider</b>	<b>(1) Client Type</b>	<b>(2) # of Vehicles</b>	<b>(3) Trip Characteristics (Times, Fees, etc.)</b>	<b>(4) # of Trips</b>	<b>(5) Service Area</b>	<b>(6) Provide Medicaid Trips?</b>	<b>(7) Contact Information</b>
Virginia Regional Transit (VRT-CATS)	General public, fixed-route, ADA complimentary demand response paratransit, and college campus service		Monday – Friday 7:00AM to 10:00PM fixed route services, dependent on route; Saturday 12:30PM to 7:30PM service on the 250 Connector. Monday – Friday 7:00AM to 7:00PM Demand Response Service		Augusta and Rockingham Counties and the Cities of Harrisonburg, Staunton and Waynesboro	No	Phone: (540) 943-9302  Website: www.vatransit.org

## Private Transportation Providers

In addition, the following private transportation providers were identified:

- 435-Ride, Fulks Run, VA
- ABC Cab of Harrisonburg, Harrisonburg, VA
- Al's Radio Cabs, Inc., Waynesboro, VA
- Benish Limousine Service, Harrisonburg, VA
- Business to Business Limousine Service (B2B), Waynesboro, VA
- Checkered Cab, Harrisonburg, VA
- City Cab Co., Waynesboro, VA
- Custom Transportation Inc., Harrisonburg, VA
- Escort Limousine, Harrisonburg, VA
- Home Ride of VA, Inc., a bus service geared toward JMU students, providing service to Northern Virginia, Charlottesville, Richmond, and Tide Water.
- Green Taxi, Harrisonburg, VA
- Lexington Limousine & Transportation LLC, Lexington, VA
- Royal Cab & Limo, Harrisonburg, VA
- Rockbridge Taxi Services, Buena Vista, VA
- Talcott Limo Service, Waynesboro, VA
- Yellow Cab, Harrisonburg, VA

# Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 6, it is vital to gain the insight of local stakeholders who are acutely aware of the transportation challenges faced by residents. Participants from the initial CHSM planning process provided input on specific unmet needs in the region. This information was gained by focusing on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/ outreach, travel training/orientation, or others). The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups.

In the fall of 2012 and the summer of 2013 DRPT convened meetings of local stakeholders to review and discuss the original list of unmet needs and gaps in transportation services. The following list provides an update of unmet needs based on the group’s comments.

## Trip Purpose

- Transportation services beyond a specific agency’s program criteria.
- Transportation for social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Region wide there is a greater need for employment transportation.
- Additional options for non-Medicaid health care trips.
- General transportation to Charlottesville and the University of Virginia for healthcare and education from Harrisonburg City

## Time

- Expanded transportation in evenings and on weekends (except in Harrisonburg during the fall and spring semesters).
- Transportation for job opportunities that require late shifts.
- Same-day transportation service for spontaneous travel needs.
- Efficient and effective transportation.

### Place/Destination

- Transportation services from remote areas of the region to employment and shopping destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

### Information/Outreach

- Local mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of insurance options including coverage through the Community Transportation Association of Virginia's (CTAV) insurance program and/or the Virginia Department of the Treasury's Division of Risk Management.
- Use of the Virginia 211 system to provide information on available services.
- Marketing campaigns to educate the public on the need for non-automobile transportation options and to reduce stigmatization of people who use transit.

### Travel Training/Orientation

- Expand travel training services to help people who are unsure of how to use available transportation services.

### Other

- Increased funding for operating costs.
- Expanded transportation options for school children and young people.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve funding coordination to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Fares may be prohibitive for individuals with limited incomes.
- Accessible and safe bus stops.
- Better connections between public transportation and land use.

# Identified Strategies

Coupled with the need to identify unmet needs and gaps in transportation services is the need to identify corresponding strategies to address needs and gaps and help improve mobility in the region. Based on the assessment of demographics and the unmet transportation needs obtained from key local stakeholders, a variety of strategies were generated through the original CHSM planning process. These strategies were reassessed by stakeholders during the fall 2012 and summer 2013 CHSM meeting and updated accordingly.

As noted in the previous version of this CHSM Plan, these strategies are intended to broadly describe how needs and gaps could be addressed. Specific project proposals would require identification of agency sponsors, specific expenditures, etc., and therefore more details would be provided through the application process for appropriate funding.

1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
2. Build coordination among existing public, private, and human service transportation providers.
3. Expand outreach and information on available transportation options in each area of the region, including establishment of a central/single point of access.
4. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.
5. Expand availability of demand-response services and specialized transportation services to provide additional trips for older adults, people with disabilities, veterans, and people with lower incomes.
6. Implement new public transportation services or operate existing public transit services on a more frequent basis.
7. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
8. Bring new funding partners to public transit/human service transportation.
9. Provide targeted shuttle services to access employment opportunities.

# Priorities for Implementation and Potential Projects

Through the initial CHSM planning process, the region identified priorities for implementation based on determined strategies. These priorities were updated to reflect the revised list of strategies provided in the previous section. In addition, they account for changes to the funding programs that resulted from the MAP-21 legislation.

Similar to the previous version of this CHSM Plan, the strategies in this section detail the multiple unmet transportation needs or issues that they address. The strategies also include potential projects, though it should be noted that the listing is not comprehensive and other projects that meet the strategy would also be considered.

<b>Strategy: Continue to Support and Maintain Capital Needs of Coordinated Human Service/Public Transportation Providers</b>
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Maintaining and building upon current capital infrastructure is crucial to expanding mobility options for older adults, people with disabilities, and people with lower incomes in the region. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a more coordinated community transportation network.

#### Unmet Need/Issue Strategy Will Address:

- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities)
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

#### Potential Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.

- Capital needs to maintain current mobility management program and support new local mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

<p><b>Strategy: Build Coordination among Existing Public, Private, and Human Service Transportation Providers</b></p>
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One of the issues noted during the initial CHSM planning process workshop was the need for a formalized structure to facilitate the improved coordination of public transit and human services transportation in the region. This strategy presents opportunities to improve connections between providers, and expand access both within and outside the region. A regional mobility management strategy was implemented to explore these possibilities and carry out necessary follow-up activities. During the update of this CHSM Plan, local stakeholders expressed the need to build upon these efforts by having local mobility managers.

Unmet Needs/Issues Strategy Will Address:

- Transportation services beyond a specific agency's program criteria.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).
- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of insurance options including coverage through the Community Transportation Association of Virginia's (CTAV) insurance program and/or the Virginia Department of the Treasury's Division of Risk Management.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve funding coordination to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.

Potential Projects:

- Local mobility manager to facilitate cooperation between transportation providers, including:
  - Help establish inter-agency agreements for connecting services or sharing rides.

- Arrange trips for customers as needed.
- Explore technologies that simplify access to information on services.
- Coordinate services among providers with wheelchair accessible vans so that these resources can be better accessed throughout the community.
- Use of human service agency transportation providers as feeder service to fixed routes.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

**Strategy: Expand Outreach and Information on Available Transportation Options in Each Area of the Region, Including Establishment of a Central/Single Point of Access**

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. This strategy also presents an opportunity for a mobility manager project that includes the promotion of available transportation services.

**Unmet Needs/Issues Strategy Will Address:**

- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Use of the Virginia 211 system to provide information on available transportation services.
- Marketing campaigns to educate general public on need for non-automobile transportation options and to reduce stigmatization of people who use transit.

**Potential Projects:**

- Mobility manager to facilitate access to transportation services, including:
  - Serving as information clearinghouse on available public transit and human services transportation in region.
  - Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
  - Implement mentor/advocate program to connect current riders with potential customers for training in use of services.
  - Implement marketing campaign targeting specific audiences and routes.

**Strategy: Provide Flexible Transportation Options and More Specialized or One-To-One Services through Expanded Use of Volunteers**

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, veterans, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, especially in rural portions of the region. The use of volunteers may offer transportation options that are difficult to otherwise provide. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

**Unmet Needs/Issues Strategy Will Address:**

- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

**Potential Projects:**

- Implement new or expanded volunteer driver program to meet specific geographic or trip purpose needs.
- Implement new or expanded volunteer driver program to provide same day transportation.

**Strategy: Expand Availability of Demand-Response Service and Specialized Transportation Services to Provide Additional Trips for Older Adults, People with Disabilities, Veterans, and People with Lower Incomes**

The expansion of current demand-response and specialized transportation services is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends (except Harrisonburg).
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.
- Transportation services from remote areas of the region to employment and shopping destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

Potential Projects:

- Expand current demand-response system to serve additional trips.
- Expand hours and days of current demand response system to meet additional service needs.
- Aid a private taxi provider in purchasing an accessible vehicle.
- Create same day service under current demand-response system.

**Strategy: Implement New Public Transportation Services or Operate Existing Public Transit Services on a More Frequent Basis**

New or expanded public transit services in the evenings and weekends should be considered in order to increase mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region are an important need. This strategy should be implemented in conjunction with any recent Transit Development Plans (TDP) conducted by local transit systems in the PDC, as these TDPs contain specific service improvement recommendations.

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities

Potential Projects:

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed-route services as possible.

**Strategy: Establish or Expand Programs that Train Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Services**

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Expand travel training services to help people who are unsure of how to use available transportation services.
- Transportation for non-medical related social trips.
- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Expanded transportation options for school children and young people.

Potential Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

**Strategy: Bring New Funding Partners to Public Transit/Human Service Transportation**

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of

funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Increased funding for operating costs.
- Fares may be prohibitive for individuals with limited incomes.
- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.

Potential Projects:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

<b>Strategy: Provide Targeted Shuttle Services to Access Employment Opportunities</b>
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Limited transportation services to employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Transportation to access job opportunities that require evening and weekends shifts.
- Weekend transportation service in rural areas of the region, especially for work-related trips.

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.

# Coordinated Human Service Mobility Projects

Over the past five years, PDC 6 has embraced the opportunities and funding support outlined in the 2008 CHSM Plan. Recent projects are listed below, with a short description for insight on best practices.

- Rockbridge Area Mobility Management: FY2011 - On-going
  - Sustain the position of Mobility Manager in order to continue to identify and address unmet needs, develop ways to access public transportation, administer the use of transportation operating funds, and coordinate the use of area resources.
  - Support the existing One-Call Center and the development of a Volunteer Driver program.
  - Provide transportation services to those with disabilities that are beyond customary public transit ADA and otherwise unavailable to rural Rockbridge area residents.
  - Chair the PD6 CHSM Team and represent Mobility Management on the CTAV Board where training is planned and coordinated.
  - FY2014 Total Operating Expenses - \$20,800
  - FY2014 RMC Operating Expenses - \$6,000

# Appendix A – FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the U.S. DOT/FTA – Proposed Circular: Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions – FTA C 9070.1 G – posted by FTA on July 9, 2013. (Note: At the time of CHSM plan publication, the Proposed Circular had not been finalized. The following proposed language represents the most current FTA guidance available, as of the CHSM plan publication date).

## COORDINATED PLANNING

### 1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES

TRANSPORTATION PLAN. Federal transit law, as amended by MAP-21, requires that projects selected for funding under the Section 5310, program be “included in a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and other members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310 program. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5310.

### 2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.

- a. Overview. A locally developed, coordinated public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient, and the MPO, where applicable. The agency leading the planning process is decided locally and does not have to be the State or designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes participation by seniors, individuals with disabilities, representatives of public and private and non-profit transportation and human services transportation providers, and other members of the public. While the plan is only required in communities seeking funding under the Section 5310 program, a coordinated plan should incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

- b. Required Elements. Projects selected for funding shall be included in a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:
- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
  - (2) An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
  - (3) Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
  - (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.
- c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the State or the agency that will serve as the designated recipient for the Section 5310 program. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities and seniors. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated,

human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans, and action items. As new Federal requirements must be met, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under four other FTA programs – the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), Formula Grants for Rural Areas (Section 5311), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration:

- (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation, or coordination, with the applicable metropolitan or statewide planning process.

- (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at [www.unitedweride.gov](http://www.unitedweride.gov), helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.
  - (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
  - (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the Internet, literacy levels, and limited English proficiency.
  - (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, Geographic Information Systems (GIS) mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.
3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public. Note that the required participants include not only

transportation providers but also providers of human services, and members of the public who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of “participation.” Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g. private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 program must be “included in a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and participation by other members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to

improve services for people with disabilities and seniors. Therefore, individuals, groups, and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including ADA paratransit providers and agencies administering the projects funded under FTA urbanized and rural programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers, including volunteer programs;
- (e) Past or current organizations funded under the Section 5310, JARC, and/or the New Freedom programs; and
- (f) Human service agencies funding, operating, and/or providing access to transportation services.

(2) Passengers and advocates:

- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities and seniors);
- (b) Protection and advocacy organizations;
- (c) Representatives from independent living centers; and
- (d) Advocacy organizations working on behalf of targeted populations.

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services, Vocational Rehabilitation, Workforce Investment Boards,

Medicaid, Community Action Programs (CAP), Agency on Aging (AoA);  
Developmental Disability Council, Community Services Board;

- (b) Non-profit human service provider organizations that serve the targeted populations;
- (c) Job training and placement agencies;
- (d) Housing agencies;
- (e) Health care facilities; and
- (f) Mental health agencies.

(4) Other:

- (a) Security and emergency management agencies;
- (b) Tribes and tribal representatives;
- (c) Economic development organizations;
- (d) Faith-based and community-based organizations;
- (e) Representatives of the business community (e.g., employers);
- (f) Appropriate local or State officials and elected officials;
- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the project selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the common grant rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. FTA expects that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and

human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the State's State Management Plan (SMP) and the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve coordinated plans. The recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

#### 4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan may either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding must be incorporated into both the TIP and STIP in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for rural areas under 50,000 in population. In some areas, where the coordinated plan or project selection is not completed in a timeframe that coincides with the development of

the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

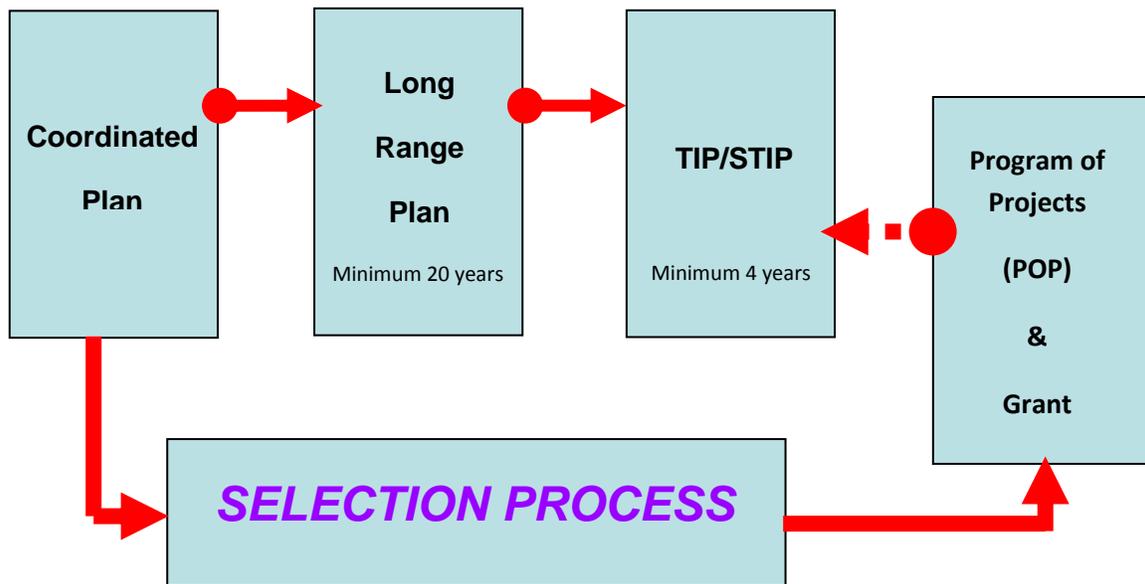
Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing, and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. Title 49 U.S.C. 5303(i)(6) and 5304(f)(3), as amended by MAP-21, require MPOs and States to engage interested parties in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for MTPs (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
  
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Rural Area Formula Grant Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(b)(5), as amended by MAP-21, requires that, “Each recipient of a grant shall ensure that the proposed POP provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of DOT to determine that a State’s Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

The schematic below illustrates the relationship between the coordinated plan and the metropolitan and statewide planning processes.



# Appendix B - Federal Programs Available for Use in Coordinated Transportation Arrangements

## ***FEDERAL PROGRAMS AVAILABLE FOR USE IN COORDINATED TRANSPORTATION ARRANGEMENTS***

In its 2003 report, the Government Accountability Office (GAO) identified 62 federal programs as having the greatest extent or potential for being used in partnership with Federal Transit Administration programs for serving “transportation disadvantaged” populations. In 2011, GAO revisited this question, and identified 80 such programs in that year’s report and testimony to Congress. On the following pages is a table summarizing salient information about these programs as of FY 2010, plus a dozen others, including the following elements:

- Agency and program name, and web site for additional program information
- Outlays of federal funds in FY 2010, as reported by the Office of Management and Budget, and the amount of federal funds spent specifically on transportation in FY 2009, if known, as reported by GAO.
- Indications as to primary target populations (key: “D” = individuals with disabilities, “E” = elderly persons, “L” = low-income persons or households, “V” = veterans, “Y” = children or youth)
- Indication as to whether the program has a planning mechanism at either a state or metropolitan level
- Indication as to whether the program’s funds can be used for mobility management activities as defined at 49 USC 5302(3)(K)
- Indication as to whether the program’s funds can be used to support call centers or one-call services
- Indication as to whether the program’s funds can be used to purchase transit fares, vouchers, or similar media
- Indication as to whether the program’s funds can be used to help purchase vans, buses or other vehicles

In reviewing and updating this table, these points emerge:

- The GAO 2003 methodology may not be perfect (for instance, it excludes a few agencies and programs, such as Indian Health Service, Indian Reservation Roads and other FHWA programs, that have documented histories of coordinated transit-human services partnerships), but has become a widely referenced basis of discussion.
- Most of the programs identified in 2003 by GAO are still in place (four have dropped, the United We Ride initiative identified two programs that have been added, and the 2011 GAO study identified 18 additional programs which have been added to this inventory).
- Aside from FTA programs, all others are restricted in the populations to be served, such as: persons at poverty or in low-income households (9 programs), youth and children (9

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programs), clientele of specific public health programs (7 programs), persons with disabilities (6 programs), veterans (4 programs), elderly individuals (3 programs), Native Americans (3 programs), and adult job-seekers (3 programs).

- Most of these programs are administered by states, with varying degrees of decision-making at local level. Some programs have planning structures that could, in theory, mesh with DOT statewide transportation planning (18 programs, not including DOT programs), and only 3 non-DOT programs have planning structures that could theoretically mesh with DOT metropolitan planning processes and DOT coordinated human services transportation plans.
- Mobility management activities are at least theoretically allowable under 40 of these programs.
- The establishment and provision of “one-call” coordinated service delivery is allowable under 34 of these programs.
- Transit passes, vouchers, or other forms of fare payment are allowed uses of 35 of these programs’ federal funds.
- Vehicles or other transit-related capital assets can be purchased with 18 of these programs’ federal funds.

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<b>U.S. DEPARTMENT OF AGRICULTURE</b>								
<i>Food and Nutrition Service</i>								
SNAP Employment and Training Program (formerly Food Stamp Employment and Training Program) <a href="http://www.fns.usda.gov/snap/rules/Memo/Support/employment-training.htm">http://www.fns.usda.gov/snap/rules/Memo/Support/employment-training.htm</a> State nutrition agencies may receive grants from USDA to provide employment and training services for participants in their Supplemental Nutrition Assistance Program (formerly known as “Food Stamps”). Transportation services connected with participants’ job search, job training and job retention can be eligible uses of these funds, at a state’s discretion.	\$344m	L	States	N	N	N	N	N
Hunger-Free Communities <a href="http://www.fns.usda.gov/outreach/grants/hfc_grants.htm">http://www.fns.usda.gov/outreach/grants/hfc_grants.htm</a> The Hunger-Free Communities grants are a one-time opportunity for funds aimed at helping communities increase food access by promoting coordination and partnerships between public, private and non-profit partners.	\$5m	L	Local entities	N	N	Y	Y	Y
<i>USDA Rural Development</i>								
Community Facilities Loans and Grants <a href="http://www.rurdev.usda.gov/HCF_CF.html">http://www.rurdev.usda.gov/HCF_CF.html</a> Community Facilities Programs provide loans and grants and loan guarantees for water and environmental projects, as well as community	\$490m (in lending authority)	Other	Local entities	N	N	N	N	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
facilities projects. Community facilities projects develop essential community facilities for public use in rural areas and may include hospitals, fire protection, safety, as well as many other community-based initiatives, including rural transit facilities.								
<b>DEPARTMENT OF EDUCATION</b>								
<i>Office of Elementary and Secondary Education</i>								
21 <sup>st</sup> Century Community Learning Centers <a href="http://www2.ed.gov/programs/21stcccl/index.html">http://www2.ed.gov/programs/21stcccl/index.html</a> This program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs, including transportation services related to these activities; and offers literacy and other educational services to the families of participating children.	\$1.2b	Y	States	N	N	N	N	N
<i>Office of Innovation and Improvement</i>								
Voluntary Public School Choice <a href="http://www2.ed.gov/programs/choice/index.html">http://www2.ed.gov/programs/choice/index.html</a> This program supports efforts to establish or expand intradistrict, interdistrict, and open enrollment public school choice programs to provide parents, particularly parents whose children attend low-performing public schools, with expanded education options. Programs and projects assisted are required to use a portion of the grant funds to provide the students selected to participate in the program with transportation services, or the cost of transportation, to and from the public elementary schools and secondary schools, including charter schools, which the students choose to attend under the program. The nature of how funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.	\$26m	Y	States, local entities	N	N	N	N	N
<i>Office of Special Education and Rehabilitative Services</i>								
Special Education State Grants (Assistance for Education of All Children with Disabilities) Special Education Pre-School Grants Special Education Grants for Infants and Families <a href="http://www2.ed.gov/about/offices/list/osers/osep/programs.html">http://www2.ed.gov/about/offices/list/osers/osep/programs.html</a> The Office of Special Education Programs (OSEP) supports a comprehensive array of	\$11.5b	Y	States	State	N	N	N	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<p>programs and projects authorized by the <i>Individuals with Disabilities Education Act (IDEA)</i> that improve results for infants, toddlers, children and youth with disabilities. Transportation is a critical element to these programs' success, but the nature of how these funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.</p>								
<p><b>Centers for Independent Living</b>  <b>Independent Living State Grants</b>  <a href="http://www.rsa.ed.gov/programs.cfm?pc=CIL&amp;ub=purpose">http://www.rsa.ed.gov/programs.cfm?pc=CIL&amp;ub=purpose</a>  <b>Independent Living Services for Older Individuals Who Are Blind</b>  <a href="http://www2.ed.gov/programs/rsailob/index.html">http://www2.ed.gov/programs/rsailob/index.html</a>  <b>Supported Employment Services for Individuals with Most Significant Disabilities</b>  <a href="http://www.rsa.ed.gov/programs.cfm?pc=SE&amp;ub=purpose">http://www.rsa.ed.gov/programs.cfm?pc=SE&amp;ub=purpose</a>                      Through a combination of formula-based grants to states' independent living councils, grants to individual centers for independent living, grants to states to provide independent living for older persons who are blind, and grants to help support employment opportunities for individuals with significant disabilities, persons with disabilities receive training, counseling, advocacy and supportive services that enable them to be more fully integrated into the mainstream of American society.</p>	\$255m	D	States	N	Y	Y	Y	Y
<p><b>Vocational Rehabilitation Grants</b>  <a href="http://www.rsa.ed.gov/programs.cfm?pc=BASIC-VR&amp;sub=purpose">http://www.rsa.ed.gov/programs.cfm?pc=BASIC-VR&amp;sub=purpose</a>                      Vocational rehabilitation grants are distributed to state rehabilitation agencies on a formula basis to provide a full range of rehabilitative services. Funds may be used for transportation to these services.</p>	\$3.1b  Transport: \$79.4m	D	States	State	Y	N	Y	N
<p><b>Vocational Rehabilitation Projects for American Indians with Disabilities</b>  <a href="http://www2.ed.gov/programs/vramerind/index.html">http://www2.ed.gov/programs/vramerind/index.html</a>                      The purpose of this program is to assist tribal governments to develop or to increase their capacity to provide a program of vocational rehabilitation services, in a culturally relevant manner, to American Indians with disabilities residing on or near federal or state reservations. Funds may be used for transportation to these services.</p>	\$43m	D	Tribes	N	Y	N	Y	N
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>								
<i>Administration for Children and Families</i>								
<p><b>Social Services Block Grant</b>  <a href="http://www.acf.hhs.gov/programs/ocs/ssbg/index.html">http://www.acf.hhs.gov/programs/ocs/ssbg/index.html</a>                      Also known as Title XX, this program provides formula funds to state welfare agencies for the provision of social services, often including</p>	\$1.7b	L	States	State	Y	Y	Y	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
transportation, that help individuals reduce welfare dependency, achieve economic self-sufficiency, or forestall unnecessary use of institutional care. Many states rely of this program to fill programmatic gaps that cannot be addressed through TANF (see below).								
<b>Child Care and Development Fund</b> <a href="http://www.acf.hhs.gov/programs/ccbf/">http://www.acf.hhs.gov/programs/ccbf/</a> The CCDF program is authorized by the Child Care and Development Block Grant Act and Section 418 of the Social Security Act and assists low-income families in obtaining child care so that they can work or attend training and/or education activities. The program also improves the quality of child care and promotes coordination among early childhood development and afterschool programs.	\$2.1b	Y	States	State	Y	N	Y	N
<b>Head Start</b> <a href="http://www.acf.hhs.gov/programs/ohs/">http://www.acf.hhs.gov/programs/ohs/</a> Head Start is a program of comprehensive services for economically disadvantaged preschool children. Funds are distributed to tribes and local public and nonprofit agencies to provide child development and education services, as well as supportive services such as transportation. Head Start funds are used to provide transportation services, acquire vehicles and provide technical assistance to local Head Start centers.	\$7.2b	Y	Local entities	N	Y	N	Y	Y
<b>Refugee and Entrant Assistance Programs</b> <a href="http://www.acf.hhs.gov/programs/orr/">http://www.acf.hhs.gov/programs/orr/</a> This is a family of programs that distribute funds on reimbursement, formula and discretionary bases for cash medical assistance and social services to refugees. A leading program goal is to help refugees quickly achieve economic self-sufficiency. Transportation is supported when provided as a component of these services.	\$563m	other	States	N	Y	Y	Y	N
<b>Developmental Disabilities Basic Support and Advocacy Grants</b> (State Councils on Developmental Disabilities and Protection and Advocacy Grants) <a href="http://www.acf.hhs.gov/programs/add/addprogram.html">http://www.acf.hhs.gov/programs/add/addprogram.html</a> <b>Developmental Disabilities Projects of National Significance</b> <a href="http://www.acf.hhs.gov/programs/add/pns/pns.html">http://www.acf.hhs.gov/programs/add/pns/pns.html</a> The Administration on Developmental Disabilities (ADD) provides formula-based grants to state agencies serving the developmentally disabled, and also awards discretionary grants for demonstrations and special projects that address the unique needs of persons with developmental disabilities. Among the activities supported through these various grants are employment-, training- and housing-related services. Transportation often figures into ADD-funded projects and services.	\$130m	D	States	State	Y	Y	N	N
<b>Temporary Assistance to Needy Families</b> <a href="http://www.acf.hhs.gov/programs/ofa/tanf/index.html">http://www.acf.hhs.gov/programs/ofa/tanf/index.html</a>	\$16.5b Trans-	L	States	State	Y	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
States receive these formula grants, known as TANF, to provide cash assistance, work opportunities, and necessary support services for needy families with children. States may choose to spend some of their TANF funds on transportation and related services needed by program beneficiaries.	port: \$355.3m							
<b>Community Services Block Grant</b> <a href="http://www.acf.hhs.gov/programs/ocs/csbq/index.html">http://www.acf.hhs.gov/programs/ocs/csbq/index.html</a> Under this family of programs, states and tribes receive funding to provide a broad range of services for low-income persons. Most of the funds in this set of programs are awarded as formula-based grants to states, which pass them on to local community action programs. An important component of these community services programs is the Job Opportunities for Low-income Individuals (JOLI) program, through which the federal Office of Community Services awards discretionary grants to local non-profits who are creating employment and business opportunities for welfare recipients and other low-income individuals. Transportation services are commonly provided in both the block grant and JOLI programs.	\$700m	L	States	N	Y	Y	Y	Y
<b>Transitional Living Program for Older Homeless Youth</b> <a href="http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm">http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm</a> The Transitional Living Program provides competitive grants to support projects that provide long-term residential services to homeless youth ages 16-21. The services offered are designed to help young people who are homeless make a successful transition to self-sufficient living. Transitional living programs are required to provide youth with stable, safe living accommodations, and services – sometimes including transportation – that help them develop the skills necessary to become independent.	\$39m	Y	Local entities	N	N	N	Y	N
<b>Native American Programs</b> <a href="http://transition.acf.hhs.gov/programs/ana/programs">http://transition.acf.hhs.gov/programs/ana/programs</a> The Administration for Native Americans promotes social and economic self-sufficiency in communities through its Social and Economic Development Services (SEDS) grants. These competitive financial assistance grants support locally determined projects designed to reduce or eliminate community problems and achieve community goals, which can include strategies for addressing transportation and mobility goals.	\$22m	Other	Tribes	N	Y	Y	Y	Y
<b>Native Employment Works (Tribal Work Grants)</b> <a href="http://www.acf.hhs.gov/programs/ofa/programs/new">http://www.acf.hhs.gov/programs/ofa/programs/new</a> The purpose of the Native Employment Works (NEW) program is to make work activities available to Native Americans. Allowable activities include educational activities, training	\$8m	L	Tribes	N	N	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
and job readiness activities, employment activities, and supportive and job retention services such as transportation; child care; items such as uniforms, clothing, tools, and eyeglasses that are needed for employment or training; medical services; counseling, et al.								
<b>Chafee Foster Care Independence Program</b> <a href="http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm">http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm</a> The John H. Chafee Foster Care Independence Program offers assistance to help current and former foster care youths achieve self-sufficiency. Grants are offered to States and Tribes who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system.	\$140m	Y	States Tribes	State Tribal	Y	N	Y	N
<b>Administration on Aging</b>								
<b>Supportive Services and Senior Centers</b> <a href="http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx">http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx</a> Through this program, authorized under Title III-B of the Older Americans Act, funds are awarded by formula to state units on aging for the purpose of providing supportive services to older persons, including the operation of multi-purpose senior centers. In turn, states award funds to area agencies on aging, most of whom use a portion of their funding allocations to help meet the transportation needs of older persons.	\$368m  Transport: \$72.3m	E	States	State Metro	Y	Y	Y	Y
<b>Services for Native American Elders</b> (Program for American Indian, Alaskan Native and Native Hawaiian Elders) <a href="http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx">http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx</a> Authorized by Title VI of the Older Americans Act, this program supports nutrition, information and referral, multi-purpose senior centers and other supportive services for American Indian Alaskan Natives and Native Hawaiian elders. Transportation is among the supportive services provided through this program. Federally recognized tribes, Alaska native corporations and Native Hawaiian organizations are the only eligible grant recipients.	\$28m	E	Tribes	N	Y	Y	Y	Y
<b>Centers for Disease Control and Prevention</b>								
<b>Communities Putting Prevention to Work</b> <a href="http://www.cdc.gov/communitiesputtingpreventiononwork/">http://www.cdc.gov/communitiesputtingpreventiononwork/</a>	\$5m	Other	Local entities	N	Y	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
First established under the American Recovery and Reinvestment Act, and then continued under the Affordable Care Act, Communities Putting Prevention to Work (CPPW) is a locally driven initiative supporting 50 communities to tackle obesity and tobacco use. Through CPPW, these communities are implementing environmental changes to make healthy living easier, such as improving means for safe active transportation for pedestrians, bicyclists and transit users; ensuring provision of healthy food and beverage options in schools; limiting exposure to secondhand smoke; and increasing available tobacco cessation resources.								
<b>Centers for Medicare and Medicaid Services</b>								
<b>Medicaid</b> <a href="http://www.cms.gov/home/medicaid.asp">http://www.cms.gov/home/medicaid.asp</a> Medicaid is a state-federal partnership that ensures medical assistance to qualified low-income persons and persons with disabilities. States are mandated to provide certain categories of health care, and some choose to expand these benefits as appropriate for their beneficiary population. There is a federal mandate for states to arrange the provision of transportation when necessary for accessing health care, but each state may set their own guidelines, payment mechanisms, and participation guidelines for these transportation services. Over the past dozen years, federal legislation has expanded the scope of mandated Medicaid coverage: the 1999 Ticket to Work and Work Incentives Improvement Act required a Medicaid safety net of continued health coverage and related services for qualified persons with disabilities who are entering the workforce. The 2010 Affordable Care Act requires states to extend Medicaid eligibility to all persons at or below 133 percent of the federal poverty line.	\$286.2b  Transport: \$704.0m	L	States	State	Y	Y	Y	N
<b>Children's Health Insurance Program (State Children's Health Insurance Program)</b> <a href="http://www.cms.gov/home/chip.asp">http://www.cms.gov/home/chip.asp</a> States receive formula-based funds under this program to initiate and expand child health assistance for uninsured, low-income children. States may accomplish this goal either by providing health insurance benefits to eligible children, or by expanding the coverage of their Medicaid program (see above) to include these children under those benefits. In either case, state may choose to include transportation as a covered benefit.	\$10.7b  Transport: \$4.5m	Y	States	State	Y	Y	Y	N
<b>Health Resources and Services Administration</b>								
<b>Health Centers Program (Community Health Centers)</b> <a href="http://bphc.hrsa.gov/">http://bphc.hrsa.gov/</a> Federal funds are allocated to community-based health centers in medically underserved	\$2.1b  Transport: \$24.3m	L	Local entities	N	N	N	N	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
areas, migrant and seasonal farmworker communities, public housing sites, and at locations provide medical care to homeless persons. Funds may be used to provide transportation services as necessary for the delivery of primary health care services. A few community health centers provide transportation services directly, and some others contract with other providers to meet their transportation needs.								
<b>State Health Access Program</b> (Healthy Communities Access Program) <a href="http://www.hrsa.gov/statehealthaccess/index.html">http://www.hrsa.gov/statehealthaccess/index.html</a> This program of competitive grants builds on existing models of health care service integration to help health care providers develop integrated, community-wide health systems that serve the uninsured and underinsured. Grants are designed to increase access to health care by eliminating fragmented service delivery, improving efficiencies among safety net providers, and by encouraging greater private sector investment. To the extent that participating networks choose to include transportation services as part of their funded health care "safety net," such services can be supported with these funds.	\$75.0m	L	States	N	N	Y	N	N
<b>HIV Care ("Ryan White") Formula Grants</b> <a href="http://hab.hrsa.gov/">http://hab.hrsa.gov/</a> Authorized under the Ryan White AIDS CARE Act, these comprise a set of programs that help communities provide emergency assistance, comprehensive HIV/AIDS care, early intervention, dental services, education and outreach, training, and pediatric services to children with HIV/AIDS. Some of these funds are awarded on a formula basis to state public health agencies, others are awarded directly to health agencies in communities disproportionately affected by HIV/AIDS, and some funds are available for competitive, discretionary grants. In many communities, health agencies use a small portion of these funds to contract for, or reimburse, necessary transportation services.	\$2.3b	Other	States	State	Y	Y	N	Y
<b>Maternal and Child Health Block Grant</b> (Maternal and Child Services Grants) <a href="http://mchb.hrsa.gov/programs/default.htm">http://mchb.hrsa.gov/programs/default.htm</a> Most of these funds are distributed to states as formula-based block grants to help provide health services to mothers, infants and children. There are particular emphases on caring for children with special health care needs and children in low-income families. Some of these funds are reserved to help support competitive grants for special projects of regional or national significance. Both formula and discretionary grants' funds may be used to support transportation that is part of these grants' services.	\$661m	Other	States	N	N	Y	N	N
<b>Rural Health Program Grants</b>	\$107m	Other	States	N	Y	Y	N	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
(Rural Health Care, Rural Health Network, and Small Health Care Provider Grants). <a href="http://www.hrsa.gov/ruralhealth/grants/index.html">http://www.hrsa.gov/ruralhealth/grants/index.html</a> Through this initiative, state offices of rural health receive funds for discretionary grants to rural hospitals that then form integrated networks to address community health needs, such as the formation of rural health maintenance organizations, co-located health and social services, telemedicine, or transportation services as needed for rural residents' health care. A portion of these programs' funds are reserved for federally awarded demonstration grants to expand or enhance the availability of health services in rural areas.	Transport: \$187K							
<b>Healthy Start Initiative</b> <a href="http://mchb.hrsa.gov/healthystart/phase1report/">http://mchb.hrsa.gov/healthystart/phase1report/</a> This initiative supports a community-oriented approach to reducing infant mortality. A total of 94 Healthy Start communities have been designated to demonstrate this program. There are no funds for replication or for additional sites. Transportation services that help link pregnant women and new mothers to necessary health care and related services are provided in some of the initiative's locations.	\$105m	Y	Local entities	N	N	N	Y	Y
<b>Indian Health Service</b>								
<b>Urban Indian Health Program</b> <a href="http://www.ihs.gov/nonmedicalprograms/urban/UIHP.asp">http://www.ihs.gov/nonmedicalprograms/urban/UIHP.asp</a> The Indian Health Service addresses the health care needs of urban American Indian and Alaska Native populations by funding 34 urban Indian health organizations operating at 41 sites located in cities throughout the United States. These health organizations engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Services currently include medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services (including transportation), and home health care.	\$43m Transport: \$27K	Other	Local entities	N	N	N	Y	N
<b>Community Health Representatives</b> <a href="http://www.ihs.gov/NonMedicalPrograms/chr/">http://www.ihs.gov/NonMedicalPrograms/chr/</a> The Indian Health Service typically does not provide direct transportation services. Instead, it relies on its network of Community Health Representatives (CHRs) to provide not only health outreach and health promotion services, but also to provide transportation as needed for American Indians and Alaska Natives to access the medical services at IHS facilities.	n/a	Other	IHS-employed CHRs	N	N	N	N	N

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**APPENDIX, PAGE 11**

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<b>Special Diabetes Program for Indians</b> <a href="http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI">http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI</a> This is a program to treat and prevent diabetes among American Indians and Alaska Natives. Grants are provided on a discretionary basis to IHS, tribal and urban Indian Health programs to provide community-based diabetes treatment and prevention services, including the transportation aspects of diabetes countermeasures such as physical fitness and access to nutrition	\$112m  Transport: \$359K	Other	IHS facilities and programs	N	Y	N	Y	N
<b>Substance Abuse and Mental Health Services Administration</b>								
<b>Community Mental Health Services Block Grant</b> <a href="http://www.samhsa.gov/about/cmhs.aspx">http://www.samhsa.gov/about/cmhs.aspx</a> The Community Mental Health Services Block Grant is a formula grant awarded to states and territories to improve access (including transportation, if necessary) to community-based health care delivery systems for adults with serious mental illnesses and children with serious emotional disturbances.	\$400m	Other	States	State	Y	Y	N	N
<b>Substance Abuse Prevention and Treatment Block Grants</b> <a href="http://www.samhsa.gov/grants/blockgrant/">http://www.samhsa.gov/grants/blockgrant/</a> States receive these formula-based grants to address substance abuse prevention, treatment, recovery supports and other services (sometimes including transportation) that will supplement services covered by Medicaid, Medicare and private insurance.	\$1.8b	Other	States	N	Y	Y	N	N
<b>Comprehensive Community Mental Health Services Program for Children and Their Families</b> <a href="http://www.samhsa.gov/grants/">http://www.samhsa.gov/grants/</a> Under this program, competitively selected communities provide coordinated mental health services to children and families through a system of care that is not limited to traditional mental health services, but may also offer services such as respite care, tutoring, vocational counseling, legal services, peer-to-peer and family-to-family support systems, and therapeutic recreation, along with the possibility of necessary transportation for these services.	\$85m	Other	Local entities	N	N	N	Y	N
<b>Access to Recovery</b> <a href="http://www.atr.samhsa.gov/">http://www.atr.samhsa.gov/</a> Access To Recovery (ATR) is a program of three-year competitive grants program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services, including transportation.	\$95m  Transport: \$3.0m	Other	Local entities	N	N	N	Y	N
<b>DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>								

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
<b>Office of Community Planning and Development</b>								
Community Development Block Grant <a href="http://www.hud.gov/offices/cpd/communitydevelopment/programs/">http://www.hud.gov/offices/cpd/communitydevelopment/programs/</a> The Community Development Block Grant (CDBG) program supports a wide variety of community and economic development activities, with priorities determined at the local level. Some communities have used CDBG funds to assist in the construction of transportation facilities or for operating expenses and vehicle acquisition for community transportation services. Most CDBG funds are distributed on a formula basis to entitled cities, states and urban counties, but some funds are retained for national community development initiatives.	\$3.9b  Trans- port: \$4m	L	States, local entities	State Metro	Y	Y	Y	Y
Emergency Solutions Grants (formerly Emergency Shelter Grants) <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg">http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg</a> The purpose of the Emergency Solutions Grant (ESG) program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System. Transportation costs related to emergency shelter services are eligible under this program.	\$250m	Other	States, local entities	N	N	N	Y	N
Housing Opportunities for Persons with AIDS <a href="http://www.hud.gov/offices/cpd/aidshousing/index.cfm">http://www.hud.gov/offices/cpd/aidshousing/index.cfm</a> The Housing Opportunities for Persons with AIDS (HOPWA) program provides grants for housing and supportive services for low-income persons with HIV/AIDS and their families. Grants may be used to provide transportation services to assist clients in accessing health care and other services. Most of this program's funding is awarded on a formula basis to state and city governments, who then may contract with local providers of transportation and other services.	\$314m  Trans- port: \$2.6m	Other	States, local entities	State Metro	Y	Y	Y	N
Supportive Housing and Related Programs for the Homeless <a href="http://www.hud.gov/offices/cpd/homeless/programs/shp/">http://www.hud.gov/offices/cpd/homeless/programs/shp/</a> Through programs authorized by the McKinney-Vento Act, HUD helps local governments and private nonprofits provide housing and supportive services to homeless persons. Transportation is among the services many of these local housing providers seek to furnish for their residents. Most McKinney Act	\$1.7b  Trans- port: \$43.0m	Other	States, local entities	N	Y	Y	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
funds are awarded by formula to states and localities, but some are available for competitive grants from HUD's headquarters offices. Another aspect of the McKinney-Vento Act is that it requires federally owned facilities or property that no longer is needed for federal purposes to be considered first for use to serve the needs of the homeless before being considered for sale or transfer to non-federal entities.								
<b>Office of Public and Indian Housing</b>								
HOPE VI (Revitalization of Severely Distressed Public Housing) <a href="http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm">http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm</a> These grants allow public housing authorities to improve the living environments for residents of severely distressed public housing through demolition, revitalization or replacement of housing units. This program's funds also may be used to promote sustainable community development and supportive services, including transportation. HOPE VI funds may be used as matching funds for Federal Transit Administration programs.	\$120m	L	Local entities	N	Y	Y	Y	Y
Moving to Work <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw">http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw</a> Moving to Work (MTW) is a demonstration program for public housing authorities (PHAs) that provides them the opportunity to design and test innovative, locally-designed strategies that use Federal dollars more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families. MTW gives PHAs exemptions from many existing public housing and voucher rules and more flexibility with how they use their Federal funds, including some opportunities to include transportation services as appropriate to local priorities.	\$3.8b	L	Local entities	N	Y	N	Y	N
Resident Opportunities and Self Sufficiency Service Coordinators (ROSS) <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/ross/about">http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/ross/about</a> The purpose of the ROSS Service Coordinator program is to provide funding to hire and maintain Service Coordinators who will assess the needs of residents of conventional Public Housing or Indian housing and coordinate available resources in the community to meet those needs. This program works to promote the development of local strategies to coordinate the use of assistance under the Public Housing program with public and private resources, for supportive services and resident empowerment activities. These services should enable participating families to increase earned	\$66m	L	Local entities	N	Y	N	N	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
income, reduce or eliminate the need for welfare assistance, make progress toward achieving economic independence and housing self-sufficiency, or, in the case of elderly or disabled residents, help improve living conditions and enable residents to age-in-place.								
<b>Choice Neighborhoods</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/cn">http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/cn</a> Choice Neighborhoods grants transform distressed neighborhoods and public and assisted projects into viable and sustainable mixed-income neighborhoods by linking housing improvements with appropriate services, schools, public assets, transportation, and access to jobs.	\$122m	L	Local entities	N	N	N	N	N
<b>Office of Housing</b>								
<b>Supportive Housing for the Elderly</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202">http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202</a> Also known as Section 202, this program helps expand the supply of affordable housing with supportive services for the elderly. It provides very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc.	\$411m	E	Local entities	N	Y	N	Y	N
<b>Supportive Housing for Persons with Disabilities</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811">http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811</a> Through the Section 811 Supportive Housing for Persons with Disabilities program, HUD provides funding to develop and subsidize rental housing with the availability of supportive services, including transportation, for very low-income adults with disabilities.	\$115m	D	Local entities	N	Y	N	Y	N
<b>Congregate Housing Services Program</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/chsp">http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/chsp</a> <i>Although HUD has made no new grants under this program since 1995, it continues to provide technical assistance to assist previous recipients in their efforts to provide meals and other supportive services needed by frail elderly residents and residents with disabilities in federally subsidized housing.</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Office of Sustainable Housing and Communities</b>								
<b>Sustainable Communities Initiative</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/sustainable_housing_communities/">http://portal.hud.gov/hudportal/HUD?src=/program_offices/sustainable_housing_communities/</a> The objective of the Sustainable Communities Initiative is to stimulate more integrated and sophisticated regional planning and outcomes that guide state, metropolitan and local investments in land use, transportation and house, as well as challenging localities to undertake zoning and land use reforms. This	\$102m	Other	States, local entities	Y	Y	Y	N	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
initiative has undertaken national competitive challenge grants, competitive regional planning grants, and competitive capacity building grants.								
<b>DEPARTMENT OF INTERIOR</b>								
<i>Bureau of Indian Affairs</i>								
<b>Tribal Human Services</b> <a href="http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm">http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm</a> The Bureau of Indian Affairs' Division of Human Services provides direct funding to individuals and activities related to social services, welfare assistance, Indian child welfare and tribes' human services program administration.	\$118m	Other	Tribes, Individuals	N	Y	Y	Y	N
<b>Tribal Community, Economic &amp; Workforce Development</b> <a href="http://www.bia.gov/WhoWeAre/AS-IA/IEED/DWD/index.htm">http://www.bia.gov/WhoWeAre/AS-IA/IEED/DWD/index.htm</a> The Bureau of Indian Affairs' Division of Workforce Development manages a wide variety of job placement and training activities to promote job training and employment opportunities. These include coordination of federal employment and training resources for tribes, providing training for economic development opportunities towards job creation, and administering other tribal job training programs.	\$42m	Other	Tribes	N	Y	Y	Y	N
<i>Bureau of Indian Education</i>								
<b>Indian Schools Student Transportation Assistance for Indian Children with Severe Disabilities</b> <b>Administrative Cost Grants for Indian Schools</b> <b>Indian Education Assistance to Schools</b> <a href="http://www.bie.edu/Schools/PrimarySecondary/index.htm">http://www.bie.edu/Schools/PrimarySecondary/index.htm</a> The Bureau of Indian Education oversees a total of 183 elementary and secondary schools, located on 64 reservations in 23 states. Of these, 59 are BIE-operated and 124 are Tribally-operated under BIE contracts or grants. The Bureau also funds or operates off-reservation boarding schools and peripheral dormitories near reservations for students attending public schools. BIE provides for school bus transportation of children to and from its schools. Furthermore, BIE provides for the educational needs of Indian children with disabilities, including their necessary transportation, in compliance with the Individuals with Disabilities Education Act.	\$147m  Transport: \$50.5m	Y	Tribes	N	N	N	N	Y
<b>Family and Child Education</b> <a href="http://www.bie.edu/Programs/FACE/index.htm">http://www.bie.edu/Programs/FACE/index.htm</a> Known by its acronym as FACE, this program was initiated in 1990, and currently has programs in 44 Bureau of Indian Education (BIE) funded schools. It was designed as a family literacy program, and has become an	\$11m	Y	Tribes	N	N	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
integrated model for an early childhood/parental involvement program for American Indian families in BIE-funded schools. The goals of the FACE program are: to support parents/primary caregivers in their role as their child's first and most influential teacher; to increase family literacy; to strengthen family-school-community connections; to promote the early identification and services to children with special needs; to increase parent participation in their child's learning; to support and celebrate the unique cultural and linguistic diversity of each American Indian community served by the program; and to promote lifelong learning. Transportation in support of these goals may be provided.								
<b>DEPARTMENT OF LABOR</b>								
<i>Employment and Training Administration</i>								
Trade Adjustment Assistance Training Grants <a href="http://www.doleta.gov/tradeact/">http://www.doleta.gov/tradeact/</a> The Trade Adjustment Assistance (TAA) program is a federal program that provides a path for employment growth and opportunity through aid to US workers who have lost their jobs as a result of foreign trade. The TAA program seeks to provide these workers with opportunities to obtain the skills, resources and support they need to become reemployed.	\$685m	Other	States	N	Y	N	Y	N
Welfare to Work Grants for Tribes <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Welfare to Work for States and Local Governments <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Work Incentive Grants <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Workforce Investment Act Adult & Dislocated Worker Programs <a href="http://www.doleta.gov/programs/general_info.cfm">http://www.doleta.gov/programs/general_info.cfm</a> Workforce Investment Act Youth Activities <a href="http://www.doleta.gov/youth_services/">http://www.doleta.gov/youth_services/</a> Native American Employment and Training <a href="http://www.doleta.gov/dinap/">http://www.doleta.gov/dinap/</a> National Farmworker Jobs Program (Migrant and Seasonal Farmworker Program) <a href="http://www.doleta.gov/MSFW/html/NFJP.cfm">http://www.doleta.gov/MSFW/html/NFJP.cfm</a> The Workforce Investment Act (WIA) authorizes funding to state, tribal and local workforce development agencies for a variety of employment and training services for youths, adults, dislocated workers, migrant and seasonal farmworkers and their families, and Native Americans. These funds may be used to help provide transportation to training programs for program participants.	\$3.5b	Other	States	State Metro	Y	Y	Y	N
Youthbuild <a href="http://www.doleta.gov/youth_services/youthbuild.cfm">http://www.doleta.gov/youth_services/youthbuild.cfm</a>	\$116m	Y	Local entities	N	N	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
Youthbuild is an alternative education program that assists youth who are often significantly behind in basic skills with obtaining the education and employment skills necessary to achieve economic self-sufficiency, while also providing these disadvantaged youth with opportunities for meaningful work, fostering a commitment to community development among youth in low-income communities, and expanding the supply of permanent affordable housing by utilizing the energies and talents of disadvantaged youth.								
<b>Youth Opportunity Grants</b> <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Senior Community Service Employment Program</b> <a href="http://www.doleta.gov/seniors/">http://www.doleta.gov/seniors/</a> This program, authorized at Title V of the Older Americans Act, provides formula grants to states, and grants to national nonprofit organizations, for subsidized employment and related services for low-income elders. Transportation is among the services provided through this program.	\$820m	E	States	N	Y	Y	Y	N
<b>Employment Standards Administration</b>								
<b>Black Lung Benefits Program</b> <a href="http://www.dol.gov/owcp/dcmwc/regs/compliance/bltable.htm">http://www.dol.gov/owcp/dcmwc/regs/compliance/bltable.htm</a> Coal industry workers who have been disabled from pneumoconiosis, or "Black Lung Disease," and the widow(er)s and surviving dependents of these workers, receive monthly cash payments and other benefits from the Black Lung Disability Trust Fund. In addition to the cash payments, which carry no restriction on their use, persons disabled due to pneumoconiosis are reimbursed for their travel to and from necessary medical care; these reimbursements can be for payments to transportation providers.	\$596m	Other	Eligible individuals	N	Y	N	Y	N
<b>Office of Job Corps</b>								
<b>Job Corps</b> <a href="http://www.jobcorps.gov/home.aspx">http://www.jobcorps.gov/home.aspx</a> Job Corps is an alternative education and training program that helps young people from low-income households earn a high school diploma or GED, and find and keep a good job.	\$1.7b	Y		N	N	N	Y	N
<b>Veterans' Employment and Training Service</b>								
<b>Veterans Workforce Investment Program (Veterans' Employment Program)</b> <a href="http://www.dol.gov/vets/programs/vwip/main.htm">http://www.dol.gov/vets/programs/vwip/main.htm</a> <b>Homeless Veterans Reintegration Project</b> <a href="http://www.dol.gov/vets/grants/hvrp.htm">http://www.dol.gov/vets/grants/hvrp.htm</a> The Labor Department's Veterans' Employment and Training Service addresses the specific needs of veterans, including veterans with disabilities, as they transition from military service to non-military employment. Working	\$43m	V	State	State	Y	Y	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
through state and local workforce agencies, veterans groups, and One-Stop Career Centers, a variety of job search, training, transitional assistance and necessary supportive services, occasionally including transportation, are provided to veterans, with particular emphasis paid to addressing the needs of veterans with disabilities and homeless veterans.								
<b>DEPARTMENT OF TRANSPORTATION</b>								
<i>Federal Transit Administration</i>								
<b>Over-the-Road Bus Accessibility Grants</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_11856.html">http://www.fta.dot.gov/funding/grants/grants_financing_11856.html</a> This is a program of grants to help private operators of over-the-road buses finance a portion of their costs in complying with unique aspects of the Americans with Disabilities Act that pertain to these vehicles and their operations. <i>NOTE: This program discontinued as of FY 2013, per MAP-21.</i>	\$6m	Other	Private bus companies	N	N	N	N	N
<b>Transit Capital Assistance for Elderly Persons and Persons with Disabilities</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3556.html">http://www.fta.dot.gov/funding/grants/grants_financing_3556.html</a> Known by its authorizing legislation as Section 5310, this program provides formula funding to state for the purpose of assisting private nonprofit groups and certain public bodies in meeting the transportation needs of elders and persons with disabilities. With a limited number of exceptions, funds may be used only for capital expenses or purchase-of-service agreements. States receive these funds on a formula basis. <i>NOTE: This program revised significantly in FY 2013, per MAP-21.</i>	\$176m	E. D	States	State	Y	Y	N	Y
<b>Job Access and Reverse Commute Program</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3550.html">http://www.fta.dot.gov/funding/grants/grants_financing_3550.html</a> The Job Access and Reverse Commute program (JARC) promotes transportation services in urban and rural areas that assist welfare recipients and low-income individuals in accessing employment opportunities. Funding is distributed by formula to urbanized areas over 200,000 population, and to states for projects in rural areas and in urbanized areas of less than 200,000 population. <i>NOTE: This program discontinued as of FY 2013, per MAP-21.</i>	\$163m	L	States, local entities	State Metro	Y	Y	N	Y
<b>Federal Transit Formula Grants – Nonurbanized (“rural”) Areas</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3555.html">http://www.fta.dot.gov/funding/grants/grants_financing_3555.html</a> Commonly known by its authorizing legislation as Section 5311, this is a program of formula funding to states for the purpose of supporting public transportation in areas with populations of less than 50,000. Funds may be used to support administrative, capital or operating	\$633m	Other	States	State	Y	Y	Y	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
costs of local transportation providers. States are to spend 15 percent of their funding allocations on rural intercity bus needs, unless their governor certifies these needs already are adequately met. States may distribute funding to public, private non-profit, or tribal organizations.								
<b>Federal Transit Formula Grants – Urbanized Areas</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3561.html">http://www.fta.dot.gov/funding/grants/grants_financing_3561.html</a> Commonly known by its authorizing legislation as Section 5307, this program provides formula-based funding for transit projects in urbanized areas with populations greater than 50,000. In areas with populations greater than 200,000, funds are apportioned directly to designated recipients in the urbanized area, and may be used almost solely for capital expenses, although both preventive maintenance and mobility management activities are considered eligible capital expenses (these urbanized areas also may spend up to 10 percent of their Section 5307 allocations on the costs of their ADA complementary paratransit operations, and are required to spend 1 percent of their allocations on safety and security, and 1 percent on transit enhancements). In urbanized areas with populations between 50,000 and 200,000, Section 5307 funds may be used either for capital or operating costs, and typically are allocated to states for distribution among the smaller urbanized areas within the state.	\$4.9b	Other	States, local entities	State Metro	Y	Y	Y	Y
<b>New Freedom Program</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3549.html">http://www.fta.dot.gov/funding/grants/grants_financing_3549.html</a> The New Freedom formula grant program aims to reduce barriers to transportation services and expand the transportation mobility options available to persons with disabilities act beyond the requirements of the Americans with Disabilities Act of 1990 (ADA). Funds are available to provide both capital and operating assistance to projects that provide accessible transportation services beyond the accessible transportation requirements of the ADA. Projects must be derived from a locally developed, coordinated public transit-human services transportation plan. <i>NOTE: This program discontinued as of FY 2013, per MAP-21.</i>	\$90m	D	States, local entities	State Metro	Y	Y	Y	Y
<b>Federal Transit Capital Investment Grants</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3557.html">http://www.fta.dot.gov/funding/grants/grants_financing_3557.html</a> Commonly known by its authorizing legislation as Section 5309, this is a program of capital assistance grants for (a) new rail and other fixed-guideway transit systems, (b) modernization of existing rail and other fixed-guideway systems, and (c) buses and bus facilities. <i>NOTE: This program revised significantly in FY 2013, per MAP-21.</i>	\$3.3b	Other	States, local entities	State Metro	N	N	N	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<b>Federal Highway Administration</b>								
<b>Indian Reservation Roads</b> <a href="http://fh.fhwa.dot.gov/programs/irr/">http://fh.fhwa.dot.gov/programs/irr/</a> The Indian Reservation Roads Program addresses transportation needs of tribes by providing funds for planning, designing, construction and maintenance activities. These funds may be used for the capital and operating costs of tribal transit programs, as based on plans that assess the condition and relative need of all transportation infrastructure on Indian reservations.	\$450m	Other	Tribes	Tribal	N	N	N	Y
<b>DEPARTMENT OF VETERANS AFFAIRS</b>								
<b>Veterans Health Administration</b>								
<b>Veterans Medical Care Benefits</b> <a href="http://www.va.gov/health/MedicalCenters.asp">http://www.va.gov/health/MedicalCenters.asp</a> Veterans are eligible for a wide range of hospital-based and outpatient medical services. The Dept of Veterans Affairs (VA) will reimburse eligible veterans for some transportation to covered medical care. In addition, many VA Medical Centers work with volunteer networks to provide transportation for veterans seeking health care, and there occasionally are opportunities for transportation providers to contract directly with VA Medical Centers to provide some services. A growing number of VA Medical Centers have transportation mobility managers, and those VA Medical Centers participating in VA's Veterans Transportation Service provide transportation services above and beyond volunteer networks and individual reimbursements. VA also has specific funding opportunities for organizations serving homeless veterans.	\$36.1b  Transport: \$314.8m	V	Individuals	N	N	N	Y	N
<b>Homeless Providers Grant and Per Diem Program</b> <a href="http://www.va.gov/homeless/gpd.asp">http://www.va.gov/homeless/gpd.asp</a> This is a program of annual discretionary grants to community agencies that provide services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping veterans achieve residential stability, increase their occupational skills and income, and obtain greater self-determination.	\$122m  Transport: \$283K	V	Local entities	N	N	N	N	Y
<b>Veterans Benefits Administration</b>								
<b>Automobiles and Adaptive Equipment</b> <a href="http://www.vba.va.gov/VBA/benefits/factsheets/index.asp">http://www.vba.va.gov/VBA/benefits/factsheets/index.asp</a> The Dept of Veterans Affairs (VA) will pay for the acquisition of an accessible personal vehicle, or for the adaptation of a personal vehicle, to accommodate a veteran or service member with certain disabilities that resulted from an injury or disease incurred or aggravated during active military service.	\$75m	V	Individuals	N	N	N	N	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<b>CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</b>								
<b>National Senior Service Corps</b> <a href="http://www.seniorcorps.gov">http://www.seniorcorps.gov</a> Senior Corps connects volunteers age 55+ with community service opportunities where they are needed most, and provides limited stipends and transportation reimbursements when needed for successful program participation. The three components of the Senior Corps are the Foster Grandparent Program, the Senior Companion Program, and RSVP (the Retired Senior Volunteer Program)	\$205m	E	Local entities, individuals	N	N	N	Y	N
<b>SOCIAL SECURITY ADMINISTRATION</b>								
<b>Ticket to Work Program</b> <a href="http://www.ssa.gov/work/aboutticket.html">http://www.ssa.gov/work/aboutticket.html</a> Under the Ticket to Work program, Social Security beneficiaries may receive "tickets" that help connect them with designated employment networks, where they can obtain employment services vocational rehabilitation services, or other support services necessary to achieve a vocational goal.	\$84m	D	Individuals	N	Y	Y	Y	N

## Appendix C – Population Statistics

### PDC6 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Square Mile
Augusta	510150701001	50.75	1,253	24.7
Augusta	510150701002	17.20	740	43.0
Augusta	510150701003	151.76	822	5.4
Augusta	510150701004	0.25	1,153	4,642.2
Augusta	510150702001	28.82	1,491	51.7
Augusta	510150702002	82.59	1,078	13.1
Augusta	510150702003	24.80	1,185	47.8
Augusta	510150703001	28.86	1,882	65.2
Augusta	510150703002	13.24	1,385	104.6
Augusta	510150703003	15.61	2,821	180.7
Augusta	510150704001	24.75	1,779	71.9
Augusta	510150704002	22.51	1,870	83.1
Augusta	510150704003	4.59	1,658	361.2
Augusta	510150705001	8.13	690	84.9
Augusta	510150705002	7.40	1,303	176.2
Augusta	510150705003	15.41	1,870	121.3
Augusta	510150705004	13.69	1,377	100.6
Augusta	510150706001	16.51	3,863	234.0
Augusta	510150706002	2.36	1,090	461.6
Augusta	510150706003	3.58	1,711	478.6
Augusta	510150706004	5.91	1,119	189.4
Augusta	510150706005	3.92	1,435	366.4
Augusta	510150707001	12.79	975	76.2
Augusta	510150707002	4.32	1,524	352.8

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Augusta	510150707003	4.22	2,027	480.6
Augusta	510150707004	2.08	980	470.3
Augusta	510150707005	13.70	1,183	86.3
Augusta	510150708001	37.17	1,423	38.3
Augusta	510150708002	10.75	1,133	105.4
Augusta	510150708003	11.37	1,149	101.0
Augusta	510150708004	2.54	839	330.5
Augusta	510150708005	22.41	970	43.3
Augusta	510150708006	4.15	752	181.1
Augusta	510150709001	28.56	1,531	53.6
Augusta	510150709002	1.92	1,154	600.1
Augusta	510150709003	1.61	667	415.5
Augusta	510150709004	23.49	1,584	67.4
Augusta	510150710001	57.81	973	16.8
Augusta	510150710002	28.21	1,231	43.6
Augusta	510150710003	15.32	2,147	140.1
Augusta	510150710004	35.67	1,588	44.5
Augusta	510150711011	3.69	763	206.8
Augusta	510150711012	3.67	1,167	317.8
Augusta	510150711013	3.26	2,700	827.0
Augusta	510150711021	3.88	894	230.7
Augusta	510150711022	1.31	2,554	1,948.1
Augusta	510150711023	17.98	1,161	64.6
Augusta	510150711024	5.15	1,126	218.5
Augusta	510150712001	5.25	1,642	312.5
Augusta	510150712002	10.10	2,217	219.5

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Augusta	510150712003	13.70	1,065	77.8
Augusta	510150712004	38.30	1,056	27.6
Bath	510179201001	101.55	844	8.3
Bath	510179201002	284.56	1,435	5.0
Bath	510179201003	42.37	836	19.7
Bath	510179201004	78.44	1,037	13.2
Bath	510179201005	22.24	579	26.0
Highland	510919701001	177.34	684	3.9
Highland	510919701002	39.36	744	18.9
Highland	510919701003	198.45	893	4.5
Rockbridge	511639301001	56.83	1,213	21.3
Rockbridge	511639301002	18.86	1,226	65.0
Rockbridge	511639301003	4.72	1,523	322.8
Rockbridge	511639301004	18.82	1,097	58.3
Rockbridge	511639301005	13.86	1,313	94.8
Rockbridge	511639301006	15.44	976	63.2
Rockbridge	511639302001	103.99	1,670	16.1
Rockbridge	511639302002	30.44	1,745	57.3
Rockbridge	511639302003	70.01	1,165	16.6
Rockbridge	511639303001	17.85	1,255	70.3
Rockbridge	511639303002	14.42	1,415	98.1
Rockbridge	511639303003	89.88	1,509	16.8
Rockbridge	511639303004	26.54	1,224	46.1
Rockbridge	511639303005	33.25	1,031	31.0
Rockbridge	511639304001	34.97	943	27.0
Rockbridge	511639304002	2.60	1,139	438.5

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Rockbridge	511639304003	16.14	733	45.4
Rockbridge	511639304004	28.94	1,130	39.0
Rockingham	511650101001	24.06	2,104	87.5
Rockingham	511650101002	29.69	1,195	40.2
Rockingham	511650102001	5.28	1,281	242.5
Rockingham	511650102002	5.66	2,187	386.2
Rockingham	511650103001	29.50	3,046	103.2
Rockingham	511650103002	11.90	1,767	148.5
Rockingham	511650104001	17.56	1,315	74.9
Rockingham	511650104002	25.15	1,216	48.4
Rockingham	511650105001	27.80	1,280	46.0
Rockingham	511650105002	5.60	1,076	192.1
Rockingham	511650106001	18.80	2,133	113.5
Rockingham	511650106002	16.35	1,518	92.9
Rockingham	511650107001	18.48	1,493	80.8
Rockingham	511650107002	13.17	1,825	138.6
Rockingham	511650108001	7.52	1,405	186.7
Rockingham	511650108002	9.98	2,715	271.9
Rockingham	511650108003	5.81	2,277	391.7
Rockingham	511650109001	14.78	1,093	74.0
Rockingham	511650109002	11.45	1,488	130.0
Rockingham	511650110001	100.62	767	7.6
Rockingham	511650110002	35.32	608	17.2
Rockingham	511650110003	53.19	1,659	31.2
Rockingham	511650111001	51.59	1,246	24.2
Rockingham	511650111002	15.59	1,028	65.9

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Rockingham	511650111003	6.24	909	145.7
Rockingham	511650112001	9.40	1,278	135.9
Rockingham	511650112002	22.94	2,433	106.1
Rockingham	511650112003	73.22	1,218	16.6
Rockingham	511650114001	4.15	1,069	257.6
Rockingham	511650114002	4.62	2,666	577.5
Rockingham	511650114003	1.38	1,033	749.8
Rockingham	511650114004	3.89	824	211.6
Rockingham	511650115001	1.93	1,958	1,015.3
Rockingham	511650115002	1.55	2,610	1,680.7
Rockingham	511650115003	0.47	1,327	2,821.6
Rockingham	511650116001	6.80	1,223	179.9
Rockingham	511650116002	11.86	941	79.3
Rockingham	511650117001	8.83	2,520	285.4
Rockingham	511650117002	8.80	716	81.3
Rockingham	511650118001	12.91	1,167	90.4
Rockingham	511650118002	21.73	1,670	76.9
Rockingham	511650118003	6.22	4,996	803.6
Rockingham	511650119001	19.32	1,370	70.9
Rockingham	511650119002	9.23	1,636	177.2
Rockingham	511650120001	49.18	966	19.6
Rockingham	511650120002	4.16	1,613	387.6
Rockingham	511650120003	5.39	2,449	454.2
Buena Vista	515309306001	0.76	1,427	1,865.4
Buena Vista	515309306002	1.19	732	617.0
Buena Vista	515309306003	1.47	847	575.1

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Buena Vista	515309306004	2.27	1,392	611.9
Buena Vista	515309306005	0.62	1,094	1,776.8
Buena Vista	515309306006	0.39	1,158	2,978.2
Harrisonburg	516600001011	0.39	2,462	6,374.8
Harrisonburg	516600001012	0.16	644	4,009.7
Harrisonburg	516600001013	0.22	1,239	5,675.0
Harrisonburg	516600001021	0.65	3,818	5,895.8
Harrisonburg	516600001022	1.68	853	508.7
Harrisonburg	516600002031	2.95	1,696	575.4
Harrisonburg	516600002041	0.17	740	4,313.0
Harrisonburg	516600002042	0.15	1,180	7,979.8
Harrisonburg	516600002043	0.28	824	2,897.4
Harrisonburg	516600002044	0.12	798	6,890.4
Harrisonburg	516600002051	1.72	5,087	2,954.5
Harrisonburg	516600002061	0.36	4,699	13,121.5
Harrisonburg	516600002071	0.13	1,655	12,692.4
Harrisonburg	516600002072	0.37	2,078	5,632.2
Harrisonburg	516600002073	0.84	3,198	3,806.1
Harrisonburg	516600003011	1.91	1,931	1,013.3
Harrisonburg	516600003012	0.33	1,193	3,654.7
Harrisonburg	516600003021	1.09	2,165	1,990.1
Harrisonburg	516600003022	0.26	1,405	5,305.9
Harrisonburg	516600003023	0.29	1,356	4,730.7
Harrisonburg	516600003024	0.15	972	6,315.6
Harrisonburg	516600004011	1.25	3,106	2,476.9
Harrisonburg	516600004021	0.80	2,013	2,504.8

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Harrisonburg	516600004022	0.18	983	5,479.6
Harrisonburg	516600004023	0.15	790	5,353.6
Harrisonburg	516600004024	0.34	1,216	3,539.9
Harrisonburg	516600004025	0.49	813	1,664.7
Lexington	516789305001	0.54	997	1,858.7
Lexington	516789305002	0.42	2,098	4,955.8
Lexington	516789305003	0.29	840	2,930.9
Lexington	516789305004	0.25	1,290	5,091.5
Lexington	516789305005	0.35	639	1,825.3
Lexington	516789305006	0.65	1,178	1,820.4
Staunton	517900001001	0.24	1,054	4,392.8
Staunton	517900002001	0.17	837	5,012.4
Staunton	517900002002	0.16	808	4,922.1
Staunton	517900002003	0.37	971	2,628.6
Staunton	517900002004	1.16	1,139	980.0
Staunton	517900003001	0.64	1,037	1,625.2
Staunton	517900003002	0.58	895	1,553.3
Staunton	517900003003	0.27	920	3,410.1
Staunton	517900003004	0.57	1,530	2,676.0
Staunton	517900003005	0.28	744	2,679.3
Staunton	517900004001	3.00	1,594	532.1
Staunton	517900004002	1.52	1,730	1,140.6
Staunton	517900004003	0.25	1,050	4,263.7
Staunton	517900004004	0.26	1,015	3,952.7
Staunton	517900004005	0.51	1,726	3,391.4
Staunton	517900005001	4.33	740	170.8

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Square Mile</b>
Staunton	517900005002	0.27	981	3,695.1
Staunton	517900005003	0.39	1,269	3,225.8
Staunton	517900006001	1.23	2,015	1,637.5
Staunton	517900006002	3.79	1,691	445.8
Waynesboro	518200031001	0.57	1,217	2,128.4
Waynesboro	518200032001	4.63	1,797	388.5
Waynesboro	518200032002	0.77	1,647	2,127.1
Waynesboro	518200032003	0.30	744	2,488.1
Waynesboro	518200032004	0.82	1,052	1,284.7
Waynesboro	518200033001	0.18	989	5,399.3
Waynesboro	518200033002	0.22	1,025	4,674.3
Waynesboro	518200033003	0.62	1,556	2,507.3
Waynesboro	518200033004	1.52	968	637.8
Waynesboro	518200034001	1.00	1,985	1,975.5
Waynesboro	518200034002	0.50	1,659	3,304.9
Waynesboro	518200034003	0.25	976	3,875.3
Waynesboro	518200034004	0.19	745	3,934.1
Waynesboro	518200035001	0.54	1,218	2,267.5
Waynesboro	518200035002	0.87	1,464	1,681.2
Waynesboro	518200035003	0.67	1,086	1,608.9
Waynesboro	518200035004	1.38	878	637.3

# Appendix D- Demographics of Potentially Transit Dependent Persons

PDC6 Demographics (American Community Survey 2005-2009)  
 Classifications: 1= Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510150701001	Augusta	62.11	1	79	1	0	1	75	1	1	1
510150701002	Augusta	44.68	1	55	1	32	1	32	1	1	1
510150701003	Augusta	82.33	2	103	1	31	1	141	1	3	1
510150701004	Augusta	116.45	3	155	1	48	3	204	2	1	1
510150702001	Augusta	170.56	5	261	3	16	1	37	1	2	1
510150702002	Augusta	43.67	1	107	1	0	1	62	1	1	1
510150702003	Augusta	89.77	2	134	1	0	1	141	1	1	1
510150703001	Augusta	60.83	1	349	4	41	2	98	1	1	1
510150703002	Augusta	85.24	2	138	1	0	1	187	2	1	1
510150703003	Augusta	72.45	1	236	2	0	1	58	1	1	1
510150704001	Augusta	65.05	1	429	5	9	1	143	1	1	1
510150704002	Augusta	147.72	4	165	1	30	1	309	4	2	1
510150704003	Augusta	97.50	2	95	1	28	1	224	2	1	1
510150705001	Augusta	19.72	1	112	1	13	1	68	1	1	1
510150705002	Augusta	28.09	1	195	2	0	1	0	1	1	1
510150705003	Augusta	76.82	2	307	3	162	5	158	1	2	1
510150705004	Augusta	122.47	3	203	2	31	1	66	1	2	1
510150706001	Augusta	127.55	4	565	5	0	1	174	1	1	1
510150706002	Augusta	63.58	1	63	1	0	1	264	3	2	1
510150706003	Augusta	65.94	1	160	1	0	1	293	4	1	2
510150706004	Augusta	52.49	1	294	3	0	1	0	1	2	1
510150706005	Augusta	34.03	1	283	3	0	1	0	1	1	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510150707001	Augusta	20.07	1	96	1	16	1	31	1	1	1
510150707002	Augusta	44.80	1	170	1	0	1	384	5	2	2
510150707003	Augusta	64.32	1	98	1	0	1	188	2	1	1
510150707004	Augusta	81.08	2	93	1	0	1	143	1	1	1
510150707005	Augusta	68.22	1	218	2	0	1	0	1	2	1
510150708001	Augusta	110.88	3	201	2	14	1	118	1	2	1
510150708002	Augusta	82.54	2	130	1	0	1	0	1	1	1
510150708003	Augusta	55.78	1	143	1	0	1	180	2	1	1
510150708004	Augusta	54.22	1	159	1	0	1	86	1	2	1
510150708005	Augusta	125.08	3	158	1	23	1	78	1	1	1
510150708006	Augusta	103.26	3	74	1	23	1	0	1	3	1
510150709001	Augusta	104.37	3	224	2	13	1	45	1	1	1
510150709002	Augusta	68.03	1	91	1	0	1	17	1	1	1
510150709003	Augusta	85.24	2	223	2	90	5	150	1	4	1
510150709004	Augusta	41.52	1	262	3	60	4	209	2	2	1
510150710001	Augusta	57.01	1	86	1	0	1	30	1	1	1
510150710002	Augusta	59.26	1	157	1	13	1	259	3	2	1
510150710003	Augusta	80.79	2	254	2	0	1	397	5	1	1
510150710004	Augusta	43.06	1	382	4	0	1	14	1	1	1
510150711001	Augusta	118.17	3	228	2	0	1	78	1	1	2
510150711002	Augusta	37.14	1	166	1	46	3	43	1	2	1
510150711003	Augusta	55.95	1	140	1	13	1	182	2	1	1
510150711004	Augusta	35.56	1	87	1	0	1	17	1	1	1
510150711005	Augusta	29.67	1	52	1	0	1	131	1	1	1
510150711006	Augusta	119.34	3	437	5	24	1	381	5	1	1
510150712001	Augusta	151.63	4	174	1	0	1	137	1	1	2
510150712002	Augusta	133.17	4	364	4	93	5	94	1	2	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510150712003	Augusta	38.74	1	62	1	11	1	11	1	1	1
510150712004	Augusta	64.19	1	184	1	0	1	15	1	1	1
510179801001	Bath	107.43	3	242	2	32	1	88	1	1	1
510179801002	Bath	86.44	2	97	1	0	1	33	1	1	1
510179801003	Bath	12.46	1	65	1	0	1	130	1	2	1
510179801004	Bath	62.93	1	249	2	41	2	169	1	2	1
510179801005	Bath	102.47	3	248	2	0	1	44	1	2	1
510919701001	Highland	72.11	1	157	1	21	1	118	1	3	1
510919701002	Highland	72.34	1	132	1	10	1	80	1	1	1
510919701003	Highland	77.44	2	246	2	0	1	96	1	1	1
511639901001	Rockbridge	151.60	4	143	1	0	1	196	2	1	1
511639901002	Rockbridge	41.38	1	131	1	18	1	71	1	1	1
511639901003	Rockbridge	54.46	1	87	1	10	1	132	1	1	1
511639901004	Rockbridge	27.56	1	140	1	37	2	116	1	1	1
511639901005	Rockbridge	76.90	2	269	3	0	1	212	2	1	1
511639901006	Rockbridge	102.82	3	226	2	68	5	263	3	3	1
511639902001	Rockbridge	97.46	2	260	3	14	1	70	1	1	1
511639902002	Rockbridge	123.40	3	166	1	11	1	166	1	2	1
511639902003	Rockbridge	79.73	2	315	3	26	1	77	1	1	1
511639903001	Rockbridge	104.14	3	245	2	9	1	43	1	2	1
511639903002	Rockbridge	144.10	4	220	2	19	1	260	3	2	1
511639903003	Rockbridge	72.09	1	364	4	46	3	123	1	1	1
511639903004	Rockbridge	31.07	1	201	2	0	1	102	1	1	1
511639903005	Rockbridge	48.45	1	322	4	82	5	12	1	2	1
511639904001	Rockbridge	33.77	1	120	1	8	1	72	1	1	1
511639904002	Rockbridge	92.88	2	181	1	38	2	184	2	1	1
511639904003	Rockbridge	45.04	1	86	1	3	1	3	1	1	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
511639904004	Rockbridge	75.53	1	195	2	39	2	364	5	2	1
511650101001	Rockingham	204.98	5	312	3	8	1	233	2	1	1
511650101002	Rockingham	66.33	1	113	1	0	1	120	1	1	1
511650102001	Rockingham	149.38	4	414	5	45	3	64	1	3	1
511650102002	Rockingham	134.31	4	220	2	65	4	363	5	2	5
511650103001	Rockingham	187.02	5	258	3	65	4	126	1	1	1
511650103002	Rockingham	108.43	3	427	5	40	2	142	1	1	1
511650104001	Rockingham	63.75	1	192	1	40	2	85	1	1	1
511650104002	Rockingham	90.34	2	304	3	18	1	95	1	1	1
511650105001	Rockingham	49.41	1	146	1	105	5	60	1	2	1
511650105002	Rockingham	39.65	1	87	1	7	1	183	2	1	1
511650106001	Rockingham	127.56	4	250	2	88	5	90	1	1	1
511650106002	Rockingham	36.75	1	135	1	41	2	104	1	1	1
511650107001	Rockingham	11.76	1	164	1	29	1	29	1	1	1
511650107002	Rockingham	116.20	3	161	1	72	5	148	1	2	1
511650108001	Rockingham	73.98	1	222	2	30	1	173	1	1	1
511650108002	Rockingham	244.54	5	356	4	85	5	357	5	1	2
511650108003	Rockingham	76.62	2	248	2	28	1	273	3	1	1
511650109001	Rockingham	97.15	2	68	1	18	1	225	2	2	1
511650109002	Rockingham	123.14	3	199	2	28	1	156	1	1	1
511650110001	Rockingham	143.55	4	238	2	31	1	204	2	1	1
511650110002	Rockingham	87.70	2	52	1	0	1	54	1	2	1
511650110003	Rockingham	86.61	2	126	1	8	1	43	1	1	1
511650111001	Rockingham	37.95	1	112	1	15	1	47	1	1	1
511650111002	Rockingham	61.88	1	141	1	44	2	64	1	2	1
511650111003	Rockingham	119.79	3	80	1	22	1	80	1	1	1
511650112001	Rockingham	62.87	1	141	1	103	5	135	1	2	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
511650112002	Rockingham	133.89	4	234	2	84	5	244	3	2	1
511650112003	Rockingham	63.80	1	115	1	57	4	134	1	2	1
511650114001	Rockingham	111.03	3	175	1	8	1	320	4	1	1
511650114002	Rockingham	134.59	4	329	4	39	2	115	1	1	3
511650114003	Rockingham	49.55	1	121	1	11	1	27	1	2	1
511650114004	Rockingham	39.64	1	95	1	65	4	5	1	2	1
511650115001	Rockingham	112.23	3	780	5	43	2	268	3	1	5
511650115002	Rockingham	69.59	1	328	4	30	1	132	1	1	2
511650116001	Rockingham	13.47	1	225	2	49	3	110	1	2	1
511650116002	Rockingham	38.85	1	132	1	8	1	5	1	1	1
511650117001	Rockingham	116.40	3	226	2	38	2	90	1	1	1
511650117002	Rockingham	57.21	1	71	1	0	1	0	1	2	1
511650118001	Rockingham	18.13	1	182	1	0	1	64	1	1	1
511650118002	Rockingham	66.71	1	149	1	0	1	95	1	1	1
511650118003	Rockingham	533.03	5	1031	5	108	5	273	3	2	5
511650119001	Rockingham	124.14	3	255	2	35	2	100	1	2	1
511650119002	Rockingham	41.45	1	170	1	0	1	73	1	1	1
511650120001	Rockingham	84.03	2	72	1	22	1	206	2	2	1
511650120002	Rockingham	117.65	3	284	3	140	5	307	4	2	1
511650120003	Rockingham	125.65	3	179	1	40	2	189	2	1	1
515309906001	Buena Vista	8.06	1	94	1	55	3	184	2	3	1
515309906002	Buena Vista	117.40	3	300	3	55	3	261	3	2	5
515309906003	Buena Vista	34.13	1	211	2	23	1	4	1	1	1
515309906004	Buena Vista	44.26	1	144	1	0	1	178	2	2	3
515309906005	Buena Vista	72.58	1	151	1	48	3	143	1	2	1
515309906006	Buena Vista	162.06	5	302	3	79	5	466	5	3	4
516600001001	Harrisonburg	22.15	1	78	1	56	4	34	1	2	3

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
516600001002	Harrisonburg	109.18	3	68	1	34	2	298	4	2	5
516600001003	Harrisonburg	115.69	3	104	1	57	4	391	5	1	5
516600001004	Harrisonburg	75.65	1	382	4	12	1	190	2	1	5
516600001005	Harrisonburg	143.24	4	124	1	0	1	392	5	4	3
516600002011	Harrisonburg	2.07	1	57	1	78	5	320	4	3	5
516600002012	Harrisonburg	55.13	1	79	1	123	5	513	5	3	5
516600002013	Harrisonburg	63.07	1	486	5	31	1	190	2	3	4
516600002014	Harrisonburg	135.25	4	266	3	33	1	1032	5	1	5
516600002021	Harrisonburg	26.98	1	39	1	0	1	1101	5	2	4
516600002022	Harrisonburg	564.73	5	0	1	0	1	216	2	1	4
516600002023	Harrisonburg	42.66	1	0	1	85	5	2083	5	2	5
516600002031	Harrisonburg	44.00	1	62	1	30	1	503	5	2	4
516600002032	Harrisonburg	18.63	1	43	1	0	1	15	1	1	1
516600003001	Harrisonburg	40.33	1	24	1	107	5	537	5	4	5
516600003002	Harrisonburg	72.86	1	233	2	44	2	0	1	1	2
516600003003	Harrisonburg	20.41	1	132	1	38	2	78	1	2	2
516600003004	Harrisonburg	32.97	1	30	1	84	5	354	5	3	5
516600003005	Harrisonburg	22.88	1	116	1	10	1	370	5	1	4
516600003006	Harrisonburg	165.11	5	213	2	33	1	476	5	2	5
516600004001	Harrisonburg	122.11	3	87	1	198	5	534	5	4	5
516600004002	Harrisonburg	81.08	2	59	1	44	2	695	5	2	5
516600004003	Harrisonburg	62.76	1	156	1	11	1	59	1	1	1
516600004004	Harrisonburg	40.61	1	89	1	12	1	12	1	1	1
516600004005	Harrisonburg	81.29	2	824	5	41	2	230	2	1	5
516600004006	Harrisonburg	46.57	1	156	1	15	1	390	5	1	3
516789905001	Lexington	38.18	1	53	1	46	3	181	2	4	2
516789905002	Lexington	63.28	1	138	1	80	5	362	5	2	5

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
516789905003	Lexington	37.87	1	230	2	128	5	448	5	3	5
516789905004	Lexington	33.18	1	64	1	9	1	15	1	1	1
516789905005	Lexington	24.27	1	175	1	120	5	193	2	5	3
516789905006	Lexington	43.39	1	336	4	0	1	55	1	1	2
517900001001	Staunton	65.76	1	79	1	166	5	162	1	2	4
517900002001	Staunton	31.32	1	48	1	13	1	118	1	1	1
517900002002	Staunton	76.18	2	120	1	17	1	126	1	1	2
517900002003	Staunton	107.37	3	109	1	10	1	260	3	2	4
517900002004	Staunton	45.89	1	90	1	33	1	51	1	1	1
517900003001	Staunton	38.80	1	217	2	0	1	0	1	2	2
517900003002	Staunton	65.14	1	219	2	26	1	73	1	1	1
517900003003	Staunton	70.51	1	194	2	0	1	237	3	3	4
517900003004	Staunton	120.35	3	281	3	52	3	84	1	2	5
517900003005	Staunton	27.75	1	50	1	0	1	133	1	1	2
517900004001	Staunton	174.10	5	548	5	41	2	169	1	3	4
517900004002	Staunton	82.06	2	487	5	68	5	151	1	2	5
517900004003	Staunton	54.98	1	186	1	15	1	20	1	2	3
517900004004	Staunton	118.51	3	927	5	62	4	541	5	3	5
517900004005	Staunton	36.93	1	154	1	14	1	14	1	1	1
517900005001	Staunton	24.00	1	247	2	0	1	30	1	2	1
517900005002	Staunton	15.89	1	108	1	17	1	77	1	1	1
517900005003	Staunton	23.03	1	97	1	43	2	74	1	1	2
517900006001	Staunton	43.54	1	11	1	0	1	219	2	1	1
517900006002	Staunton	0.48	1	20	1	0	1	0	1	1	1
517900006003	Staunton	77.85	2	210	2	82	5	45	1	3	5
517900006004	Staunton	73.05	1	160	1	17	1	77	1	1	1
517900006005	Staunton	84.48	2	232	2	58	4	348	4	2	3

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
518200031001	Waynesboro	41.40	1	227	2	83	5	311	4	5	5
518200031002	Waynesboro	35.80	1	198	2	36	2	150	1	4	2
518200032001	Waynesboro	203.86	5	61	1	14	1	370	5	3	5
518200032002	Waynesboro	102.31	3	137	1	18	1	251	3	2	2
518200032003	Waynesboro	83.07	2	161	1	24	1	114	1	3	2
518200032004	Waynesboro	107.59	3	155	1	100	5	461	5	3	1
518200033001	Waynesboro	75.57	1	182	1	44	2	159	1	2	2
518200033002	Waynesboro	103.81	3	227	2	79	5	748	5	4	5
518200033003	Waynesboro	206.99	5	223	2	141	5	196	2	4	5
518200033004	Waynesboro	35.68	1	359	4	39	2	157	1	3	1
518200034001	Waynesboro	107.19	3	316	3	0	1	157	1	1	5
518200034002	Waynesboro	167.21	5	209	2	52	3	107	1	2	5
518200034003	Waynesboro	70.07	1	278	3	156	5	189	2	4	5
518200034004	Waynesboro	114.97	3	147	1	11	1	39	1	1	3
518200035001	Waynesboro	114.00	3	338	4	15	1	36	1	1	4
518200035002	Waynesboro	88.59	2	465	5	15	1	250	3	1	5
518200035003	Waynesboro	41.71	1	200	2	0	1	0	1	1	1
518200035004	Waynesboro	16.49	1	222	2	15	1	17	1	1	1