

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	Buffalo County Transportation Program Buffalo County DtlHS						
Contact Information	Name: Stephen LaValla Phone: 608-685-6317 Email: stephen.lavalla@co.buffalo.wi.us						
Website Address	www.buffalocounty.com						
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below)						
Service Area (Municipality(s) or County or Counties)	Buffalo County						
Hours of Operations							
	Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat <input type="checkbox"/> Sun
	General Start Time	7 AM	7 AM	7 AM	7 AM	7 AM	AM AM
	General End Time	5 PM	5 PM	5 PM	5 PM	5 PM	PM PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions	85.21 eligibility, not on family care						
Vehicle Type - Bus	Total Number of Vehicles 2 Own _____ Lease						
	Number of Vehicles with Lifts 2 Own _____ Lease						

		Number of Vehicles with Ramps <u>0</u> Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>4</u> Own ____ Lease
		Number of Vehicles with Lifts <u>0</u> Own ____ Lease
		Number of Vehicles with Ramps <u>0</u> Own ____ Lease
Volunteers		Number of Volunteer Drivers
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input checked="" type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input checked="" type="checkbox"/>	Veterans Assistance
	<input checked="" type="checkbox"/>	Older Americans Act Title 3B
	<input checked="" type="checkbox"/>	Other: County Tax Levy
	<input checked="" type="checkbox"/>	Other: Rider Contribution
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

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Program Name / Sponsoring Agency/ Transit System	Crawford County Opportunity Center						
Contact Information	Name: Kari Kossman Phone: 608-326-6486 ext. 123 Email: kkossman@opcctr.org						
Website Address	www.pdcopportunitycenter.org						
System Type	<input checked="" type="checkbox"/>	Fixed Route					
	<input type="checkbox"/>	Demand Response					
	<input checked="" type="checkbox"/>	Other (explain below)					
		Only clients we serve					
Service Area (Municipality(s) or County or Counties)	Crawford + Grant						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time	6 AM	AM	AM	AM	AM	AM	AM
General End Time	6 PM	PM	PM	PM	PM	PM	PM
How to access rides?	<input checked="" type="checkbox"/>	Fixed Route					
	<input type="checkbox"/>	Call for Each Ride					
	<input type="checkbox"/>	Subscription					
	<input checked="" type="checkbox"/>	Other (explain below)					
		Included with employment services					
Eligibility Restrictions							
Vehicle Type - Bus	Total Number of Vehicles 7 Own Lease						
	Number of Vehicles with Lifts 7 Own Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>2</u> Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Volunteers	<input checked="" type="checkbox"/>	Number of Volunteer Drivers
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: Medicaid HCBS Funding
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

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Program Name / Sponsoring Agency/ Transit System		Aging & Disability Resource Center - Crawford County							
Contact Information		Name: Roby Fuller Phone: 608-326-0235 Email: Rfuller@Crawfordcountywi.org							
Website Address		www.Crawfordcountywi.org							
System Type		<input checked="" type="checkbox"/>	Fixed Route						
		<input type="checkbox"/>	Demand Response						
		<input type="checkbox"/>	Other (explain below)						
Service Area (Municipality(s) or County or Counties)		Crawford County							
Hours of Operations									
Days		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Start Time		8	AM		AM		AM		
General End Time		4:30	PM		PM		PM		
How to access rides?		<input type="checkbox"/>	Fixed Route						
		<input checked="" type="checkbox"/>	Call for Each Ride						
		<input type="checkbox"/>	Subscription						
		<input type="checkbox"/>	Other (explain below)						
Eligibility Restrictions		60+ or disabled							
Vehicle Type - Bus		Total Number of Vehicles							
		3 Own Lease							
		Number of Vehicles with Lifts							
		3 Own Lease							

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>3</u> Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps <u>3</u> Own ____ Lease
Volunteers		Number of Volunteer Drivers <u> </u>
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input checked="" type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

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Program Name / Sponsoring Agency/ Transit System	Jackson County 85.21 DOT Grant													
Contact Information	Name: Lynette Gates Phone: 715-284-4301 ext 370 Email: lynette.gates@co.jackson.wi.us													
Website Address														
System Type	<input checked="" type="checkbox"/>	Fixed Route Bus Shopping												
	<input checked="" type="checkbox"/>	Demand Response Volunteer Driver - Med Appt												
	<input type="checkbox"/>	Other (explain below)												
Service Area (Municipality(s) or County or Counties)	Jackson County													
Hours of Operations														
Days	<input type="checkbox"/>	Mon	<input type="checkbox"/>	Tues	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thur	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun
General Start Time		AM		AM		AM		AM		AM		AM		AM
General End Time		PM		PM		PM		PM		PM		PM		PM
How to access rides?	<input type="checkbox"/>	Fixed Route												
	<input checked="" type="checkbox"/>	Call for Each Ride												
	<input type="checkbox"/>	Subscription												
	<input type="checkbox"/>	Other (explain below)												
Eligibility Restrictions	60+ and/or disabled - if room others													
Vehicle Type - Bus	1	Total Number of Vehicles												
		X	Own				Lease							
	1	Number of Vehicles with Lifts												
		X	Own				Lease							

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van	2	Total Number of Vehicles <u>X</u> Own ____ Lease
	0	Number of Vehicles with Lifts ____ Own ____ Lease
	1	Number of Vehicles with Ramps <u>X</u> Own ____ Lease
Volunteers	11	Number of Volunteer Drivers
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input checked="" type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

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Program Name / Sponsoring Agency/ Transit System	Jackson County Interfaith Volunteer Caregivers							
Contact Information	Name: Lori Chown Phone: 715-284-7058 Email: interfaith@jeivc.org							
Website Address	jeivc.org							
System Type	<input type="checkbox"/>	Fixed Route						
	<input type="checkbox"/>	Demand Response						
	<input checked="" type="checkbox"/>	Other (explain below)						
	Volunteer drivers - demand varies							
Service Area (Municipality(s) or County or Counties)	Jackson County area							
Hours of Operations								
	Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time		8 AM	8 AM	8 AM	8 AM	8 AM	AM	AM
General End Time		5 PM	5 PM	5 PM	5 PM	5 PM	PM	PM
How to access rides?	<input type="checkbox"/>	Fixed Route						
	<input checked="" type="checkbox"/>	Call for Each Ride						
	<input type="checkbox"/>	Subscription						
	<input type="checkbox"/>	Other (explain below) must be elderly or disabled and have a clear background						
Eligibility Restrictions	Older adults, disabled individuals, special needs							
Vehicle Type - Bus we do not have a bus.		Total Number of Vehicles ____ Own ____ Lease						
		Number of Vehicles with Lifts ____ Own ____ Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van We do not own or lease a van.		Total Number of Vehicles ____ Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Volunteers	70	Number of Volunteer Drivers
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: Community Donations
	<input checked="" type="checkbox"/>	Other: Community Grants
	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	

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Program Name / Sponsoring Agency/ Transit System	JACKSON COUNTY VETERANS SERVICE						
Contact Information	Name: RANDY S. BUENKE Phone: (715) 284-0226 Email: Veterans.Services@co.jackson.wi.us						
Website Address	www.Co-Jackson.wi.us						
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below)						
Service Area (Municipality(s) or County or Counties)	JACKSON COUNTY.						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time	8 AM	8 AM	8 AM	8 AM	8 AM	AM	AM
General End Time	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM	PM	PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions	JACKSON COUNTY MILITARY VETERANS ONLY						
Vehicle Type - Bus	Total Number of Vehicles <input checked="" type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Number of Vehicles with Lifts <input checked="" type="checkbox"/> Own <input checked="" type="checkbox"/> Lease						

		Number of Vehicles with Ramps <u>0</u> Own <u>0</u> Lease
Vehicle Type - Van		Total Number of Vehicles <u>0</u> Own <u>0</u> Lease
		Number of Vehicles with Lifts <u>0</u> Own <u>0</u> Lease
		Number of Vehicles with Ramps <u>0</u> Own <u>0</u> Lease
Volunteers		Number of Volunteer Drivers 12
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: County Levy
	<input checked="" type="checkbox"/>	Other: WISC. DEPT. OF VETERAN AFFAIRS TRANSPORTATION GRANT
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	

OUR DRIVERS ARE VOLUNTEERS WHO ARE PAID DOOR-TO-DOOR BY THE MILE AND WHO UTILIZE THEIR OWN VEHICLE.

WE TRANSPORT MILITARY VETERANS TO MEDICAL APPOINTMENTS: JOUTH, MADISON, MILWAUKEE, LA CROSSE VAS, EVAN CLARE, CITRUS PARK, MARSHFIELD, ETC - WHEREVER THEIR APPOINTMENT IS. VA OR NON VA DESTINATION.

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Program Name / Sponsoring Agency/ Transit System	VETERAN SERVICES						
Contact Information	Name: SANDI VALENTINE Phone: 608 785 9719 Email: svaentine@lacrossecounty.org						
Website Address							
System Type	<input type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input checked="" type="checkbox"/> Other (explain below) DO HAVE FIXED ROUTES BUT WILL ALSO PICK UP AT HOME IF NEEDED						
Service Area (Municipality(s) or County or Counties)	LA CROSSE, MONROE COUNTIES						
Hours of Operations							
	Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat <input type="checkbox"/> Sun
By CALL	General Start Time	___ AM	___ AM	___ AM	___ AM	___ AM	___ AM
By CALL	General End Time	___ PM	___ PM	___ PM	___ PM	___ PM	___ PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions	VETERAN'S ONLY MUST HAVE MEDICAL Appt.						
Vehicle Type - Bus	Total Number of Vehicles ___ Own ___ Lease						
	Number of Vehicles with Lifts ___ Own ___ Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles MUST CALL CHUCK @ TOMAH VAMC 1800 872 8662 ext 46227 ____ Own ____ Lease
		Number of Vehicles with Lifts MUST CALL DAVE @ TOMAH VAMC 1800 872 8662 ext 61456 ____ Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Volunteers		Number of Volunteer Drivers ?
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input checked="" type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

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Program Name / Sponsoring Agency/ Transit System	Brookdale Senior Living						
Contact Information	Name: Kelly Voegel, CTRS Phone: 608-788-7730 Email: KVoegel@brookdale.com						
Website Address							
System Type	<input type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input checked="" type="checkbox"/> Other (explain below) Bus is used when outings are scheduled						
Service Area (Municipality(s) or County or Counties)	La Crosse County + surrounding areas						
Hours of Operations	As Needed						
Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time	___ AM	___ AM	___ AM	___ AM	___ AM	___ AM	___ AM
General End Time	___ PM	___ PM	___ PM	___ PM	___ PM	___ PM	___ PM
How to access rides?	<input type="checkbox"/> Fixed Route <input type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input checked="" type="checkbox"/> Other (explain below) Must be a resident @ Brookdale						
Eligibility Restrictions	Electric scooters do not fit						
Vehicle Type - Bus	Total Number of Vehicles 1 Own ___ Lease ___ Number of Vehicles with Lifts 1 Own ___ Lease ___						

	<div>0</div> <div>Number of Vehicles with Ramps</div> <div> <div>— Own</div> <div>— Lease</div> </div>
Vehicle Type - Van	<div>Total Number of Vehicles</div> <div> <div>— Own</div> <div>— Lease</div> </div>
	<div>Number of Vehicles with Lifts</div> <div> <div>— Own</div> <div>— Lease</div> </div>
	<div>Number of Vehicles with Ramps</div> <div> <div>— Own</div> <div>— Lease</div> </div>
Volunteers	<div>0</div> <div>Number of Volunteer Drivers</div>
Funding Sources	<input type="checkbox"/> 5310
	<input type="checkbox"/> 5311
	<input type="checkbox"/> 5307
	<input type="checkbox"/> 85.21
	<input type="checkbox"/> 85.20
	<input type="checkbox"/> 85.215
	<input type="checkbox"/> Medical Assistance
	<input type="checkbox"/> Veterans Assistance
	<input type="checkbox"/> Older Americans Act
	<input checked="" type="checkbox"/> Other: Budgeted through the community
	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:

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Program Name / Sponsoring Agency/ Transit System	Monroe Co ADRC						
Contact Information	Name: Pam Weber, ADRC Manager Phone: (608) 269-8691 Email: pam.weber@co.monroe.wi.us						
Website Address	N/A to be rolled out in 2018						
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below)						
Service Area (Municipality(s) or County or Counties)	Monroe						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time	5 AM	8 AM	5 AM	8 AM	5 AM	AM	AM
General End Time	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM	PM	PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input checked="" type="checkbox"/> Other (explain below) scheduled ongoing (i.e. Dialysis & work)						
Eligibility Restrictions							
Vehicle Type - Bus	Total Number of Vehicles 4 Own Lease Number of Vehicles with Lifts 4 Own Lease						

		Number of Vehicles with Ramps <u>4</u> Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>2</u> Own ____ Lease
		Number of Vehicles with Lifts <u>2</u> Own ____ Lease
		Number of Vehicles with Ramps <u>2</u> Own ____ Lease
Volunteers		Number of Volunteer Drivers <u>20</u>
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input checked="" type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input checked="" type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input checked="" type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: <u>self-pay</u>
	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	

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Program Name / Sponsoring Agency/ Transit System	Hardishop Industries Inc						
Contact Information	Name: Ryan Tichenor Phone: (608) 372-3289 Email: rtichenor@hardishop.org						
Website Address							
System Type	<input checked="" type="checkbox"/>	Fixed Route					
	<input type="checkbox"/>	Demand Response					
	<input type="checkbox"/>	Other (explain below)					
Service Area (Municipality(s) or County or Counties)	Tomah						
Hours of Operations							
Days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
General Start Time	7:15 AM	7:15 AM	7:15 AM	7:15 AM	7:15 AM	— AM	— AM
General End Time	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	— PM	— PM
How to access rides?	<input checked="" type="checkbox"/>	Fixed Route					
	<input type="checkbox"/>	Call for Each Ride					
	<input type="checkbox"/>	Subscription					
	<input type="checkbox"/>	Other (explain below)					
Eligibility Restrictions	work + social opportunities in our Route.						
Vehicle Type - Bus	Total Number of Vehicles <input checked="" type="radio"/> Own <input type="radio"/> Lease						
	Number of Vehicles with Lifts <input checked="" type="radio"/> Own <input type="radio"/> Lease						

		Number of Vehicles with Ramps <u>0</u> Own <u>0</u> Lease
Vehicle Type - Van		Total Number of Vehicles <u>4</u> Own <u>0</u> Lease
		Number of Vehicles with Lifts <u>4</u> Own <u>0</u> Lease
		Number of Vehicles with Ramps <u>0</u> Own <u>0</u> Lease
Volunteers		Number of Volunteer Drivers <u>0</u>
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

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Program Name / Sponsoring Agency/ Transit System		Morrow Home Community							
Contact Information		Name: Eileen Ripley Phone: 608 269-3168 Email: eripley@morrowhome.org							
Website Address		www.morrowhome.org							
System Type		<input type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input checked="" type="checkbox"/> Other (explain below)							
		Residents of Morrow Home only to appointments, social outings and activities. children (daycare)							
Service Area (Municipality(s) or County or Counties)		Morrow Home Community also use vehicle.							
Hours of Operations									
		Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input checked="" type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
General Start Time			8 AM	AM	AM	AM	AM	AM	AM
General End Time			8 PM	PM	PM	PM	PM	PM	PM
How to access rides?		<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)							
Eligibility Restrictions									
Vehicle Type - Bus		Total Number of Vehicles							
		3 Own Lease							
		Number of Vehicles with Lifts							
		4 Own Lease							

		Number of Vehicles with Ramps <u>4</u> Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>4</u> Own ____ Lease
		Number of Vehicles with Lifts <u>4</u> Own ____ Lease
		Number of Vehicles with Ramps <u>4</u> Own ____ Lease
Volunteers	<input checked="" type="checkbox"/>	Number of Volunteer Drivers
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input checked="" type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: <i>specialized medical vehicles</i>
	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	Pine Creek Transportation Service LLC						
Contact Information	Name: DAN & A Burnell Phone: 715-662-2028 Email: db.pinecreektrans@gmail.com						
Website Address	www.pinecreektrans.com						
System Type	<input checked="" type="checkbox"/>	Fixed Route					
	<input type="checkbox"/>	Demand Response					
	<input checked="" type="checkbox"/>	Other (explain below)					
		APPTS					
Service Area (Municipality(s) or County or Counties)	JACKSON, TREMPER LAKE, BUFFALO, CLARK, FAYETTE, LACROSSE, MONROE, WOOD						
Hours of Operations							
Days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
General Start Time	8 AM	8 AM	8 AM	8 AM	8 AM	AM	AM
General End Time	5 PM	5 PM	5 PM	5 PM	5 PM	PM	PM
How to access rides?	<input checked="" type="checkbox"/>	Fixed Route					
	<input checked="" type="checkbox"/>	Call for Each Ride					
	<input type="checkbox"/>	Subscription					
	<input type="checkbox"/>	Other (explain below)					
Eligibility Restrictions							
Vehicle Type - Bus	Total Number of Vehicles ____ Own ____ Lease						
	Number of Vehicles with Lifts ____ Own ____ Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>7</u> Own ____ Lease
		Number of Vehicles with Lifts <u>1</u> Own ____ Lease
		Number of Vehicles with Ramps <u>5</u> Own ____ Lease
Volunteers		Number of Volunteer Drivers
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input checked="" type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: <u>DVR</u>
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	Pepin County						
Contact Information	Name: Cammi DeWyre Phone: 715 672 8941 Ext 115 Email: cdeWyre@co.pepin.wi.us						
Website Address	www.co.pepin.wi.us						
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below)						
Service Area (Municipality(s) or County or Counties)	Any in western Wisconsin						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
General Start Time	5 AM	5 AM	5 AM	5 AM	5 AM	5 AM	5 AM
General End Time	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions							
Vehicle Type - Bus	Total Number of Vehicles <u>2</u> Own <u>0</u> Lease Number of Vehicles with Lifts <u>2</u> Own <u>0</u> Lease						

	Number of Vehicles with Ramps <u>0</u> Own <u>0</u> Lease
--	--

Vehicle Type - Van	Total Number of Vehicles <u>2</u> Own <u>0</u> Lease
	Number of Vehicles with Lifts <u>0</u> Own <u>0</u> Lease
	Number of Vehicles with Ramps <u>2</u> Own <u>0</u> Lease

Volunteers	<u>15</u> Number of Volunteer Drivers
------------	---------------------------------------

Funding Sources	<input checked="" type="checkbox"/> 5310
	<input type="checkbox"/> 5311
	<input type="checkbox"/> 5307
	<input checked="" type="checkbox"/> 85.21
	<input type="checkbox"/> 85.20
	<input type="checkbox"/> 85.215
	<input type="checkbox"/> Medical Assistance
	<input type="checkbox"/> Veterans Assistance
	<input type="checkbox"/> Older Americans Act
	<input checked="" type="checkbox"/> Other: Tax Levy
	<input checked="" type="checkbox"/> Other: Participant co-pays
	<input checked="" type="checkbox"/> Other: Contracts (MCO/IRIS/nursing homes)
<input type="checkbox"/> Other:	

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	ADRC of Pierce County						
Contact Information	Name: Heather Conway Phone: 715-273-6780 Email: heather.conway@co.pierce.wi.us						
Website Address							
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response – volunteer drivers <input type="checkbox"/> Other (explain below)						
Service Area (Municipality(s) or County or Counties)	Pierce County						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time	8 AM	8 AM	8 AM	8 AM	8 AM	AM	AM
General End Time	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM	PM	PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions							
Vehicle Type - Bus	Total Number of Vehicles <input checked="" type="radio"/> Own <input type="radio"/> Lease						
	Number of Vehicles with Lifts <input checked="" type="radio"/> Own <input type="radio"/> Lease						

	Number of Vehicles with Ramps <u>0</u> Own <u>0</u> Lease
Vehicle Type - Van	Total Number of Vehicles <u>6</u> Own <u> </u> Lease
	Number of Vehicles with Lifts <u>1</u> Own <u> </u> Lease
	Number of Vehicles with Ramps <u>1</u> Own <u> </u> Lease
Volunteers	Number of Volunteer Drivers <u>30</u>
Funding Sources	<input type="checkbox"/> 5310
	<input type="checkbox"/> 5311
	<input type="checkbox"/> 5307
	<input checked="" type="checkbox"/> 85.21
	<input type="checkbox"/> 85.20
	<input type="checkbox"/> 85.215
	<input type="checkbox"/> Medical Assistance
	<input type="checkbox"/> Veterans Assistance
	<input checked="" type="checkbox"/> Older Americans Act
	<input checked="" type="checkbox"/> Other: <u>county tax levy</u>
	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System		DAVID TILL Pierce County Veterans Service Office Pierce County Office Building P.O. Box 146 Ellsworth, WI 54011	
Contact Information		Name:	
		Phone:	715 273 6753
		Email:	tami.mccgregor@co.pierce.wi.us
Website Address			
System Type		<input type="checkbox"/> Fixed Route	
		<input checked="" type="checkbox"/> Demand Response	
		<input checked="" type="checkbox"/> Other (explain below)	
		We take Pierce Co Veterans	
Service Area (Municipality(s) or County or Counties)		to the VA Medical Center, mpls.	
Hours of Operations			
5 am to	Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues
		<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur
		<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat
		<input type="checkbox"/> Sun	
3 pm most	General Start Time	5 AM	
days, if	General End Time	3 PM	
How to access rides?		<input type="checkbox"/> Fixed Route	
		<input checked="" type="checkbox"/> Call for Each Ride	
		<input type="checkbox"/> Subscription	
		<input checked="" type="checkbox"/> Other (explain below)	For medical appts at VA Medical Center
Eligibility Restrictions			
Vehicle Type - Bus Van		Total Number of Vehicles	
		<input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease 1 with lift	
		Number of Vehicles with Lifts	
		<input type="checkbox"/> Own <input type="checkbox"/> Lease	

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles ____ Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Volunteers		Number of Volunteer Drivers 3
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: County Funding (levy)
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	ADRC of Trempealeau County						
Contact Information	Name: Kristine Servais Phone: 715-538-2001 Email: servaisk@trempealeau.com						
Website Address	trempealeau.com/home/aging-disability-resource-center						
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below) Volunteer Driver, Bus Service, Local Vans						
Service Area (Municipality(s) or County or Counties)	Trempealeau County						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time	8 AM	8 AM	8 AM	8 AM	8 AM	AM	AM
General End Time	4 PM	4 PM	4 PM	4 PM	4 PM	PM	PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions	Age 60+ over or Disability						
Vehicle Type - Bus	Total Number of Vehicles 4 Own Lease						
	Number of Vehicles with Lifts 4 Own Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles <u>4</u> Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps <u>4</u> Own ____ Lease
Volunteers		Number of Volunteer Drivers <u>10</u>
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input checked="" type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System		TRENDELEIGH COUNTY HEALTH CARE CENTER						
Contact Information		Name: CURTIS JOHNSON Phone: (915) 538-4312 x 3025 Email: cjohnson@tchcc.com						
Website Address		www.tchcc.com						
System Type		<input type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input checked="" type="checkbox"/> Other (explain below) 1						
Service Area (Municipality(s) or County or Counties)		WE ONLY PROVIDE TRANSPORT FOR OUR CLIENTS						
Hours of Operations		24/7 (365)						
Days		<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time		___ AM	___ AM	___ AM	___ AM	___ AM	___ AM	___ AM
General End Time		___ PM	___ PM	___ PM	___ PM	___ PM	___ PM	___ PM
How to access rides?		<input type="checkbox"/> Fixed Route <input type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions								
Vehicle Type - Bus		Total Number of Vehicles 3 Own ___ Lease						
		Number of Vehicles with Lifts 3 Own ___ Lease						

		Number of Vehicles with Ramps <u>1</u> Own <u> </u> Lease
Vehicle Type - Van		Total Number of Vehicles <u>7</u> Own <u> </u> Lease
		Number of Vehicles with Lifts <u>2</u> Own <u> </u> Lease
		Number of Vehicles with Ramps <u>1</u> Own <u> </u> Lease
Volunteers		Number of Volunteer Drivers <u>N/A</u>
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System		ADRC of Vernon County / Department of Human Services						
Contact Information		Name: Trica Clements		Amy Braun				
		Phone: 608-637-5332		608-637-5303				
		Email: tclements@vernoncounty.org		amy.braun@vernoncounty.org				
Website Address								
System Type		<input type="checkbox"/> Fixed Route						
		<input checked="" type="checkbox"/> Demand Response						
		<input type="checkbox"/> Other (explain below)						
Service Area (Municipality(s) or County or Counties)		Vernon County						
Hours of Operations								
Days		<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time		8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	AM	AM
General End Time		3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM	PM	PM
How to access rides?		<input type="checkbox"/> Fixed Route						
		<input checked="" type="checkbox"/> Call for Each Ride						
		<input type="checkbox"/> Subscription						
		<input type="checkbox"/> Other (explain below)						
Eligibility Restrictions								
Vehicle Type - Bus		Total Number of Vehicles						
		2 Own Lease						
		Number of Vehicles with Lifts						
		1 Own Lease						

		Number of Vehicles with Ramps <input type="radio"/> Own <input type="radio"/> Lease
Vehicle Type - Van		Total Number of Vehicles <input type="radio"/> Own <input type="radio"/> Lease
		Number of Vehicles with Lifts <input type="radio"/> Own <input type="radio"/> Lease
		Number of Vehicles with Ramps <input type="radio"/> Own <input type="radio"/> Lease
Volunteers		Number of Volunteer Drivers 22
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input checked="" type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: Tax Levy
	<input checked="" type="checkbox"/>	Other: MCO
	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	Bethel Home and Services - Helping Hands						
Contact Information	Name: Kris Markert Phone: 608 637-2378 Email: kmarkert@bethelhome.org						
Website Address	https://bethelhomeservices.org						
System Type	<input type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input checked="" type="checkbox"/> Other (explain below) <i>vehicle driver</i> <i>as requested + staff availability</i>						
Service Area (Municipality(s) or County or Counties)	Vernon, La Crosse, Monroe, Crawford others as requested						
Hours of Operations							
Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input checked="" type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
General Start Time	8 AM	8 AM	8 AM	8 AM	8 AM	8 AM	8 AM
General End Time	5 PM	5 PM	5 PM	5 PM	5 PM	5 PM	5 PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)						
Eligibility Restrictions							
Vehicle Type <i>Bus</i>	Total Number of Vehicles <input checked="" type="checkbox"/> Own _____ Lease						
	Number of Vehicles with Lifts <input checked="" type="checkbox"/> Own _____ Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van/car		Total Number of Vehicles <u>6</u> Own ____ Lease
		Number of Vehicles with Lifts <u>2</u> Own ____ Lease
		Number of Vehicles with Ramps <u>1</u> Own ____ Lease
Volunteers		Number of Volunteer Drivers <u>N/A</u>
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: <u>Private Pay</u>
	<input checked="" type="checkbox"/>	Other: <u>Family Care</u>
	<input checked="" type="checkbox"/>	Other: <u>IRIS</u>
	<input type="checkbox"/>	Other:

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System		Vernon County Veterans Service Office Volunteer Driver Program							
Contact Information		Name: Crystal Knoll Phone: (608) 637-5323 Email: crystal.knoll@vernoncounty.org							
Website Address		www.vernoncounty.org							
System Type		<input type="checkbox"/> Fixed Route							
		<input type="checkbox"/> Demand Response							
		<input checked="" type="checkbox"/> Other (explain below)							
		Taking Vernon Co. Veterans to V.A. Sanctioned appointments.							
Service Area (Municipality(s) or County or Counties)		Depends on the location of the appointment. we have transported to other surrounding states before.							
Hours of Operations									
		Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input checked="" type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
General Start Time			AM	AM	AM	AM	AM	AM	AM
General End Time			PM	PM	PM	PM	PM	PM	PM
How to access rides?		<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride (608) 637-5323 <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)							
Eligibility Restrictions		Must be V.A. sanctioned appointment							
Vehicle Type - Bus		Total Number of Vehicles							
		_____ Own _____ Lease Volunteer Drivers use their personal vehicle							
		Number of Vehicles with Lifts							
		_____ Own _____ Lease None							

		Number of Vehicles with Ramps ____ Own ____ Lease <i>None</i>
Vehicle Type - Van <i>None</i>		Total Number of Vehicles ____ Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Volunteers		Number of Volunteer Drivers <i>11</i>
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input checked="" type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: <i>WDVA Transportation Grant</i>
	<input checked="" type="checkbox"/>	Other: <i>Co-op state grant w/ADRC</i>
	<input type="checkbox"/>	Other:
	<input checked="" type="checkbox"/>	Other: <i>VA travel pay for service connected appts.</i>
<i>Depends on each Veteran</i>		

Transportation Services Inventory

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The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System		Prairie Maison Community Health Services Corporation						
Contact Information		Name: Rita Moore Phone: 608-326-3219 Email: rcm@chscwi.org						
Website Address		www.chscwi.org						
System Type		<input checked="" type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below)						
		(private) used to transport residents depending on their needs						
Service Area (Municipality(s) or County or Counties)		Crawford, Grant, LaCrosse mostly						
Hours of Operations								
Days		<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time		6 AM	8 AM	6 AM	8 AM	6 AM	AM	AM
General End Time		2 PM	4 PM	2 PM	4 PM	2 PM	PM	PM
How to access rides?		<input checked="" type="checkbox"/> Fixed Route						
		<input checked="" type="checkbox"/> Call for Each Ride Saturday / Sunday						
		<input type="checkbox"/> Subscription						
		<input type="checkbox"/> Other (explain below)						
Eligibility Restrictions								
Vehicle Type - Bus		Total Number of Vehicles						
		Own Lease						
		Number of Vehicles with Lifts						
		+ error Own Lease						

		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles ____ Own ____ Lease
		Number of Vehicles with Lifts <u>1</u> Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Volunteers	- only employees-2 0	Number of Volunteer Drivers
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: Mississippi Gaming Corporation
	<input checked="" type="checkbox"/>	Other: Corporate funds - Community Health Services Corporation
	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	Assisted Living of Durand.							
Contact Information	Name: <i>Marianne Van Stedern</i> Phone: <i>715 672 3936</i> Email: <i>VWatch@nebson.tel.net</i>							
Website Address	<i>VWatch@nebson.tel.net</i>							
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <i>of my residents only.</i> <input type="checkbox"/> Other (explain below)							
Service Area (Municipality(s) or County or Counties)	<i>Pepin, Eau Claire, Dunn, & Cross. Muscogee's MN. Black River Falls.</i>							
Hours of Operations	<i>24 hour care.</i>							
	Days	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tues	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thur	<input checked="" type="checkbox"/> Fri	<input checked="" type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
General Start Time		<i>8 AM</i> AM	AM	AM	AM	AM	AM	AM
General End Time		<i>8 PM</i> PM	PM	PM	PM	PM	PM	PM
How to access rides?	<input type="checkbox"/> Fixed Route <input type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below) <i>at this time provided by/for my residents only.</i>							
Eligibility Restrictions								
Vehicle Type - Bus	Total Number of Vehicles <input checked="" type="checkbox"/> <i>1 vehicle</i> Own <input type="checkbox"/> Lease Number of Vehicles with Lifts <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease <i>N/A</i>							

		Number of Vehicles with Ramps <u> X </u> Own <u> </u> Lease
Vehicle Type - Van		Total Number of Vehicles <u> / </u> Own <u> </u> Lease
		Number of Vehicles with Lifts <u> Z </u> Own <u> </u> Lease
		Number of Vehicles with Ramps <u> / </u> Own <u> </u> Lease
Volunteers		Number of Volunteer Drivers <u> None </u>
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other: <u>private</u>

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.

Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	Tomah VA Medical Center							
Contact Information	Name: Terrence Dwyer Phone: 608-372-3771 ext 61556 Email: terrence.dwyer@va.gov							
Website Address								
System Type	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Demand Response <input type="checkbox"/> Other (explain below)							
Service Area (Municipality(s) or County or Counties)	See Attached list of counties served							
Hours of Operations								
Phonics 8-4:30pm	Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
General Start Time		___AM	___AM	___AM	___AM	___AM	___AM	___AM
General End Time		___PM	___PM	___PM	___PM	___PM	___PM	___PM
How to access rides?	<input type="checkbox"/> Fixed Route <input checked="" type="checkbox"/> Call for Each Ride <input type="checkbox"/> Subscription <input type="checkbox"/> Other (explain below)							
Eligibility Restrictions	Veterans Transportation							
Vehicle Type - Bus	Total Number of Vehicles							
	6 Own 3 Lease							
Vehicle Type - Bus	Number of Vehicles with Lifts							
	6 Own 3 Lease							

	4	Number of Vehicles with Ramps X Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles 4 Own 6 Lease
		Number of Vehicles with Lifts <u>2</u> Own <u>2</u> Lease
		Number of Vehicles with Ramps <u>2</u> Own 3 Lease
Volunteers	100	Number of Volunteer Drivers
Funding Sources	<input type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: VHA
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other:

Tomah VA Medical Center – Counties Served

Price

Taylor

Lincoln

Clark

Marathon

Portage

Wood

Waushara

Adams

Juneau

Monroe

Jackson

Vernon

La Crosse

Trempealeau

Buffalo

Winona – Minnesota

Houston - Minnesota

Transportation Services Inventory

2019 – 2023 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county.
Add additional pages as needed.

Program Name / Sponsoring Agency/ Transit System	New Freedom Transportation Program- Volunteer Driver, Voucher, and Regional Mobility Manager Programs, Center of Independent Living for Western Wisconsin, Inc.						
Contact Information	Name: Bobbi Hegna Phone: 800-228-3287 or 715-233-1070 Email: craigb@cilww.com						
Website Address	www.cilww.com						
System Type	<input type="checkbox"/>	Fixed Route					
	X	Demand Response					
	<input type="checkbox"/>	Other (explain below)					
Service Area	Counties of Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Florence, Iron, Lincoln, Langlade, Marathon, Oneida, Pepin, Pierce, Polk, Portage, Price, Rusk, Sawyer, St Croix, Taylor, Vilas, Washburn and Wood.						
Hours of Operations – Note days of operation and hours for each day individually using drop-down list							
Days	X Mon	X Tues	X Wed	X Thur	X Fri	X Sat	X Sun
Start Time	12am	12am	12am	12am	12am	12am	12am
End Time	11pm	11pm	11pm	11pm	11pm	11pm	11pm
How to access rides?	<input type="checkbox"/>	Fixed Route					
	X	Call for Each Ride					
	X	Subscription					
	<input type="checkbox"/>	Other (explain below)					
Eligibility Restrictions	Senior or disabled						

Vehicle Type - Bus		Total Number of Vehicles ____ Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps ____ Own ____ Lease
Vehicle Type - Van		Total Number of Vehicles ____ Own ____ Lease
		Number of Vehicles with Lifts ____ Own ____ Lease
		Number of Vehicles with Ramps __1__ Own ____ Lease
Vehicle Type - Automobile		Total Number of Vehicles ____ Own ____ Lease
Volunteers		Number of Volunteer Drivers __120__
Funding Sources	<input checked="" type="checkbox"/>	5310
	<input type="checkbox"/>	5311
	<input type="checkbox"/>	5307
	<input type="checkbox"/>	85.21
	<input type="checkbox"/>	85.20
	<input type="checkbox"/>	85.215
	<input checked="" type="checkbox"/>	Medical Assistance
	<input type="checkbox"/>	Veterans Assistance
	<input type="checkbox"/>	Older Americans Act
	<input checked="" type="checkbox"/>	Other: Family Care
	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Other: