



Minnesota Department of Transportation

Office of Freight and Commercial Vehicle Operations
Mail Stop 420
395 John Ireland Boulevard
St. Paul, Minnesota 55155-1899

Phone: 651/ 215-6330
Fax: 651/ 366-3718

SPECIAL TRANSPORTATION SERVICES QUESTIONNAIRE

Provider's Name: _____

Address: _____
(Street)

City: _____ State: _____ Zip Code: _____

Telephone Number: () - _____ Ext: _____

Person Completing Form: _____

E-Mail Address _____

1. Do you provide transportation that is designed exclusively or primarily for elderly, handicapped, or disabled persons?

Yes

No

2. Is the transportation provided on a regular basis (average 12 round trips/month in any calendar year in a single vehicle or more than 30 passengers/month, whichever is less)?

Yes

No

3. Do you receive, or intend to receive, state or federal grants, or state or federal financial capital or operating assistance, or both, to assist in providing the transportation? Indicate where the funding comes/will come from.

Yes

No

Funding Provided by: _____

4. Is the transportation service provided by any of the following methods:

- a) A volunteer driver using a private automobile
- b) A school bus (privately or publicly owned and operated for transportation of children or pupils to or from school or related activities)
- c) An emergency ambulance service regulated under Minnesota Statutes, Chapter 144
- d) Other. Explain: _____

5. Are you one of the following:

- a) A nursing home licensed by the Minnesota Department of Health
- b) A board & care facility licensed by the Minnesota Department of Health
- c) A day care facility licensed by the Department of Human Services
- d) A group home facility licensed by the Department of Human Services
- e) A day training and habilitation service licensed by the Department of Human Services

If you checked any block in Questions 5, complete Questions 6, 7 & 8.

6. Does your facility or program transport non-residents on a regular basis?

- Yes
- No

7. Does your facility receive reimbursement for that transportation under rules adopted by the Department of Human Services?

- Yes
- No

8. Is the reimbursement from the Department of Human Services received in the form of per diem payments?

- Yes
- No

Signature: _____ **Date:** _____