You were given this survey because you received some form of transportation assistance through *Recovery and Job Access Rides*, a program that helps people get to recovery-related appointments and job training/interviews. Please answer the following questions and return the form to the person who gave it to you or online at <https://tinyurl.com/RJAVT>.

1. Why did you need to use *Recovery & Job Access Rides*? (Please check all that apply.)

r I don’t have a car

r I don’t have a drivers license

r I cannot afford to use my car (gas, registration, insurance)

r I cannot drive for another reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

r Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How did the COVID-19 pandemic affect you? (Please check all that apply.)

r Reduced my need to travel

r Caused me to lose my job

r Interrupted my drug treatment/recovery

r I was sick with COVID-19

r Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is your employment status?

r Currently unemployed

r In a job training program

r Currently employed full time

r Currently employed part time

r Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did the *Recovery & Job Access Rides* program help you get your current job?

r Yes r No r I’m unemployed

5. How long have you had your current job?

r \_\_\_\_\_\_\_\_\_ months r I’m unemployed

6. If *Recovery & Job Access Rides* were not available, what would you have done?

r Skipped my appointment/treatment r Walked

r Missed work/lost my job r Found a ride elsewhere

r Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. How many missed appointments or missed work days did the program help you avoid? \_\_\_\_\_\_\_\_\_ missed appointments/work days avoided

8. How satisfied are you with the *Recovery & Job Access Rides* program?

r Very satisfied r Somewhat satisfied r Not satisfied

We may want to follow up with you in a few months to see how you are doing. Please share your name and phone number or email address so we can contact you. This information will not be shared with any other organization.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the back side of this form to give us any comments or suggestions on how *Recovery & Job Access Rides* could be improved. Thank you!