



Contra Costa Countywide Guaranteed Ride Home Program

EVALUATION QUESTIONNAIRE

<http://www.511contracosta.org/guaranteed-ride-home/>

When the completed form is received at the GRH office a new voucher will be issued

Please print

Your Name	Employer Name
Home City:	Employer Address
Miles one way to work:	(Your Mail Stop/Cubicle #)
Work Phone:	Employer City/ Zip Code
Work Fax:	Work Email:

1. Date voucher used: _____ 2. Voucher # used _____ 3. Next voucher, check one _____ Taxi or _____ Rental Car

4. Please check which "commute alternative" you used to get to work on the day you used the Guaranteed Ride Home voucher:
 Vanpool Carpool Bus BART Bicycle/Walk Ace Train Capitol Corridor Other _____

5. How did you reach the starting point for the "commute alternative" noted in Question 4? Drove alone to the pickup location Walked to the pickup location Dropped off by someone Other _____

6. Please indicate how many days per week you use the following methods to get from home to work **NOW**:
 ___ Vanpool ___ Carpool ___ Bus ___ BART ___ Bicycle/Walk ___ Ace Train ___ Capitol Corridor ___ Drive Alone

7. Please check the reason for using the Guaranteed Ride Home service today: Personal illness/injury Family illness/injury
 Un-scheduled under/overtime Commute vehicle issue Other: _____

8. How long was it from your first contact with the taxi/rental car company and the arrival of the vehicle? _____ (minutes)

9. Did you make any stops on the way to your final GRH destination? No Yes, we stopped for _____

10. Please list other GRH participants who shared the ride with you: _____

11. Was the taxi/rental car clean and safe? Yes No _____

12. Please rate the quality of service you received from the rental car or taxi company representative:
 Poor Fair Good Excellent Outstanding (comment) _____

13. Does the availability of the Guaranteed Ride Home Program influence you to use a "commute alternative" over driving alone?
 Would not use a commute alternative with out GRH Would use commute alternative even if GRH was not available.

14. Additional comments/ suggestions for improvement: _____

Funding for the Guaranteed Ride Home Program is limited; please use the service only when absolutely necessary. Please note that the program use allowance of twice in a month or a maximum of six times in a calendar year may be subject to change due to funding constraints.

**To receive your next voucher, please fax completed questionnaire (and your copy of used voucher) to 510.235.7059
Or email to valeriej@sanpabloca.gov**

13831 San Pablo Avenue, San Pablo, CA 94806 ~ Phone 510.215.3217 ~ Fax 510.235.7059