



September 26, 2012

We are writing to introduce ourselves. We are a group called Concerned Citizens for Accessibility and Mobility (CCAM). CCAM is an advocacy group that has formed to facilitate accessibility for those persons with disabilities who use the paratransit system in York Region – Mobility Plus. Our group seeks to gather concerns from stakeholders to consolidate, advise, and present to Mobility Plus to ensure that the transit needs of persons with disabilities are being met. Our mission statement is "Mobility for All. Equality for All."

The Ontario government mandates a statutory department in every Municipality under the Accessibility for Ontarians with Disabilities Act (2005), also known as the AODA. Along with this is the Ontario Human Rights Code which speaks, among other issues, to the dignity and inclusiveness for all Ontarians. Our group initially came together because of users of Mobility Plus identifying concerns with this system. For these reasons, and because of our belief in accessibility and equality for all, we have come together to advocate for change.

We have recently had two meetings with Mr. Rick Leary, the Manager of York Region Transit, to discuss the appeals process for Mobility Plus. York Region has hired a consultant to review the current appeal system, and is considering our recommendations for the development of a new and more equitable appeals process. Mr. Leary has asked CCAM to provide a "Top Ten" list of concerns/issues regarding Mobility Plus. We feel that we can attain the best results in facilitating change if we have as much information as possible about the experiences of those who use, and those who work with the Mobility Plus system. We need to network with as many stakeholders as possible. This is why we are reaching out to your agency and your clients.

In order to gather information, we have developed a survey to be completed by users of Mobility Plus. From the survey we are hoping to gather a consensus

as to what the important issues should be addressed. A paper copy of the survey is enclosed, and it can also be accessed at <http://www.surveymonkey.com/s/R7MWKHV>. The survey can be completed anonymously, but there is an option for people to identify themselves. If you could distribute this survey to any users you know of Mobility Plus, it would be greatly appreciated. We request that the surveys be completed by **October 19th 2012**. If anyone from your organization is interested in joining our committee, or you know of any users of Mobility Plus who might be interested, we are always accepting new recruits!

Thank you for taking the time to review this letter. If you would like more information about this committee, please contact John Abel, Councilor – Deputy Mayor, Town of Aurora by phone at (905) 727-3123 ext. 4267 or by e-mail at jabel@aurora.ca. Completed surveys can be mailed to Sheri Upper c/o Canadian Paraplegic Association Ontario, 520 Sutherland Drive, Toronto ON, M4G 3V9, or faxed to (705) 725-1359.

CCAM – Everyone gets around!

Sincerely,

Kim McKinnon, Community Legal Clinic of York Region
on behalf of the following CCAM Members:

Mr. John Abel, Councilor, Town of Aurora,
Tyler Barker, Resident, Town of Aurora
Dorian Baxter, Archbishop, Christ the King Graceland Church Independent Anglican Church, and
Resident, Town of Newmarket
Ben and Tina Elbers, Residents, Town of Newmarket
Tara Gersonde, Resident, City of Vaughan
Andre and Ana Khorramshahi, Residents, Town of Markham
Pat McIntosh, Resident, Town of Newmarket
Andrew Morrison, Resident, Town of Richmond Hill
Carolyn Puersten, Rector's Warden, Christ the King Graceland Church Independent Anglican
Church and Resident, Town of Aurora
Dharsa Sathiananthyan, Lawyer, Community Legal Clinic of York Region
Jane Twinney, Ward 3 Councillor, Town of Newmarket
Sheri Upper, Regional Services Coordinator, York Region, Canadian Paraplegic Association
Ontario



CCAM SURVEY

We are a group called Concerned Citizens for Accessibility and Mobility (CCAM). CCAM is an advocacy group that has formed to facilitate accessibility for those persons with disabilities who use the paratransit system in York Region – Mobility Plus. Our group seeks to gather concerns from stakeholders to consolidate, advise, and present to Mobility Plus to ensure that the transit needs of persons with disabilities are being met. Our mission statement is "Mobility for All. Equality for All." Information gathered from this survey will be used to develop a presentation to be made to Mobility Plus, York Region Transit, and the Region of York. **All information will be kept confidential.** Your assistance is greatly appreciated. **Completed surveys can be mailed to Sheri Upper c/o Canadian Paraplegic Association Ontario, 520 Sutherland Drive, Toronto ON, M4G 3V9, or faxed to (705) 725-1359.**

User Information (Please Check All That Apply):

I currently use:

- ☐ Regular YRT Ride ☐ Mobility Plus ☐ Scrip Rides ☐ Subscription

I do not use:

- ☐ Regular YRT Ride ☐ Mobility Plus ☐ Scrip Rides ☐ Subscription

Reason(s) I do not use:

- ☐ Not Eligible ☐ Past Experience ☐ Weather ☐ Temporary Permit
☐ Scheduling ☐ Cost ☐ Inconvenient
☐ Other _____

I support a current user as a:

- ☐ Family Member ☐ Friend ☐ Support Worker ☐ Agency ☐ Not Applicable

Age Range:

- ☐ 17 or younger ☐ 18-20 ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 or older



Travel Information:

Travel Usage:	Daily	2-3x/wk	3-5x/ wk	1-2x month	2-3x/yr.	Never
YRT Regular Transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility Plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scrip Ride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subscription Ride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Purpose of Travel (please check all that apply):

☐ School ☐ Work ☐ Appointments ☐ Day Program ☐ Shopping ☐ Recreation

Areas of Travel (please check all that apply):

☐ Aurora ☐ East Gwillimbury ☐ Georgina ☐ King ☐ Newmarket
☐ Markham ☐ Richmond Hill ☐ Stouffville ☐ Toronto ☐ Vaughan



Service Satisfaction:

If you have used/currently use **Mobility Plus**, how satisfied are you overall with this service?

Very Unsatisfied 1 2 3 4 5 n/a Very Satisfied

If you have used/currently use the **Regular YRT**, how satisfied are you overall with this service?

Very Unsatisfied 1 2 3 4 5 n/a Very Satisfied

If you have used/currently use **Scrip Rides**, how satisfied are you overall with this service?

Very Unsatisfied 1 2 3 4 5 n/a Very Satisfied

If you have used/currently use **Subscription Rides**, how satisfied are you overall with this service?

Very Unsatisfied 1 2 3 4 5 n/a Very Satisfied

If you have used/currently use **Community Buses**, how satisfied are you overall with this service?

Very Unsatisfied 1 2 3 4 5 n/a Very Satisfied



If you have used/currently use **Mobility Plus' Family of Services**, how satisfied are you overall with this service?

Very Unsatisfied 1 2 3 4 5 n/a Very Satisfied

Additional Feedback:

Please list the 3 things that you think are working well with York Region Transit (YRT) and it's services (including Mobility Plus, Family of Services, etc.).

1)

2)

3)

Please list the 3 things that you think could be improved with York Region Transit (YRT) and it's services (including Mobility Plus, Family of Services, etc.).

1)

2)

3)

Thank you very much for taking the time to complete this survey! If you are interested in being contacted to discuss your experiences further, please provide your contact details below. Under no circumstances will your personal information be made available to any other agency, agent, or other persons.

Name: _____

Email: _____

Phone: _____

Mailing Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Regular Mail