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## Transportation: A Need for the West County's Elderly in St. Louis

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**TRANSPORTATION:  
A NEED FOR THE WEST COUNTY'S ELDERLY  
IN ST. LOUIS**

CARLOS ARTURO VANEGAS



Culminating Project Presented to the Faculty of the  
Graduate School of Lindenwood College in Partial  
Fulfillment of the Requirements for the  
Degree of Master of Art

1992

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DEDICATION

To Sandra, my lovely and supportive wife.

## ACKNOWLEDGEMENTS

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## INTRODUCTION

Transportation is a vital lifeline for older Americans and a critical factor in their ability to maintain their independence. Lack of transportation services undermine the effectiveness of the programs that serve the elderly. In their need for transportation, the elderly are the same as every human being. They, too, must function within a society that demands that they go endlessly from one place to another to satisfy even basic needs. The way they meet the demand for mobility often determines the scope of their well-being, physically and psychologically.

The transportation or mobility problems confronting the elderly must be considered from two perspectives: Those factors that limit the capacity of the elderly to avail themselves of the existing transportation network, and the limitations of the transportation network itself which must be surmounted if the elderly are to be adequately served.

The purpose of this Culminating Project is to analyze the actual situation of the transportation

services that are provided to the elderly in the West County Area of St. Louis. The major concern of this project is to determine the current transportation needs of the elderly, and the way it affects their lifestyle.

For the purpose of this project, an elderly person will be defined as any individual who is 65 years old and up; and the West County Area of St. Louis will be defined as the area West of Highway 270 between Highway 70 and Highway 44. This area includes the following postal zip codes: 63005, 63006, 63011, 63017, 63021, 63022, 63025, 63038, 63040, 63043, 63069, 63088, 63131, 63141 and 63146, which belong to the cities of Ballwin, Chesterfield, Clarkson Valley, Creve Coeur, Des Peres, Ellisville, Eureka, Glencoe, Grover, Manchester, Maryland Heights, Pacific, Pond, Town and Country, Twin Oaks, Valley Park, and Winchester.

This Culminating Project will analyze the following: the information gathered through bibliographical research; the demographic information on distribution of the elderly in the different cities of the West County area according to the Statistics of the 1990 Census; the description of the current transportation resources available for the area; the information gathered through an exploratory survey with a random sample of 100 seniors living in the area; and the description and analysis of three specific cases of elderly people with

transportation problems.

This project will present some recommendations and possible alternatives for the improvement of the transportation services for the elderly in the West County area in St. Louis.

1. OVERVIEW OF THE PROBLEMS OF THE AGED  
THE ELDERLY IN THE NINETIES

Life expectancy at birth in the United States has increased steadily throughout this century. According to the US Department of Labor (1982), people born in 1900 expected to live for forty seven years; by 1978 life expectancy had risen to 73.3 years. A number of factors, including decreases in infant and youth mortality rates and declines in the number of deaths attributable to heart disease and stroke among older Americans, had contributed to the increasing numbers of older people in the general population.

O'Meara (1985) mentions, that in 1900 there were 3 million people age 65 and older in the United States; in 1980, there were 25 million. In 1982, approximately 11 percent of the population was 65 or older, and it is predicted that by the year 2050, 21.8 percent of the population will be in this age group.

Aging has been recognized as a social problem primarily because people are living longer now than they did in earlier time. The dramatic increase in life expectancy can be attributed, in large part, to advances in medical science, technology, education, sanitation, health care, and nutrition, among other causes.

Every day there is progress controlling and in many cases eliminating diseases that affect younger populations. With the continued advances of medicine and the decrease in birth and death rates, the trend toward an increase in the number of older people is expected to continue.

Every human being shares the common experience of growing older. Some face the reality of growing old by denial and some by resisting change and holding on to those characteristics and behaviors that are considered youthful; yet others accept the process as something inevitable.

Although individuals may deny their own aging, it is a reality that with time the body deteriorates; all senses are affected as the body grows old. According to Morgan (1979), impaired vision is one indication of aging. Eyesight is usually the first sense to be impaired, beginning in the middle forties. Hearing is also affected with aging. Loss of auditory ability can hasten feelings of isolation among older persons.

Some older adults resent the deterioration of their bodies and may express this resentment verbally or nonverbally. As the body grows old and dependence upon others increases, persons may experience guilt if the situation adversely affects others. If the guilt remains

unresolved, persons can retreat into quiet acceptance or outward displays of hostility.

Aging often brings a change in life events. If the individual does not have the resources to cope with the consequent stress, the aging process may take place at a faster pace. Depending on the number of severely stressful situations that the individual experiences and the ability to cope with them, the speed of the aging process could be determined. According to Barrow (1986) throughout life, adjustment requires the ability to adapt to change. Some people are flexible and adapt easily to change; others resist change.

People see the process of aging in terms of the sudden or gradual loss of status in society and of self-esteem in personal relationships. This fear of aging is related to the apprehension of these losses. Loss is one of the most important concepts to understand in the aging process. Losses in the later years are experienced in three major areas: Physical, sociological, and psychological.

There are basically two components to the physical losses of aging: normal aging losses and secondary aging. Normal aging losses include deterioration of the five senses, at different rates for each person. Also involved in normal aging, is the loss of muscle strength,

the wrinkling of the skin, and the graying of the hair. The second component of physical loss is called secondary aging, and these losses often have disabling effects. Secondary losses include glaucoma and cataracts, which cause vision impairment; high blood pressure; arterial sclerosis, which affects brain functioning; various types of malignancies; arthritis; bronchitis or emphysema; or kidney problems. It is important to understand, therefore, that the physical losses of aging have a direct relationship to emotional well-being. A person with cataracts, for example, finds life more limited because of difficulties encountered in reading, driving, walking, and performing routine tasks. No one needs to be driven into isolation and despair because of physical losses, but these losses do affect behavior in some ways.

These negative aspects of aging may become internalized by older persons, causing them to fall to the expectations of others. "The attitude of ageism can dehumanize individuals by allowing them to be judged solely on the basis of their age (Morgan, 1979)."

At one time, there was a general feeling of respect for older persons and they were seen as the ones providing knowledge, stability and leadership. Gradually, this feeling has changed, placing the older person in certain groupings or stereotypes. These

stereotypes-some negative and others positive-affect the way people deal with the elderly. Although, these negative stereotypes prevail in today's society, older people find ways to adapt and grow within the later years.

People often view aging as a social problem and there are two perspectives. First, aging is a direct problem to that segment of the population which is in the aged category. Of course, this aspect of the problem should be of concern to everyone, because every person who survives long enough will become a member of the aged segment of the population. Second, as mentioned earlier, aging is a social problem for society as a whole, because the presence of old people and their problems has a profound effect upon the structure and functioning of society.

Advancing age is accompanied by changing circumstances and their attendant problems. Profound changes take place in a person's interpersonal relations as he grows older. For many their relations with the members of their family change. They will face the loss of their parents. Their children reach adulthood and strike out on their own, and upon the birth of grandchildren, they assume the status of grandparents. At some point, the older person is faced with the loss of

the spouse. Friendships change as the years pass, and the contact is lost with some friends; others die. Retirement leads to the severance of ties with work associates, and their patterns of community participation change.

Although there are a number of elderly people who have good health, health problems become more frequent and acute with the passing years. The physical and mental processes deteriorate. Increases in expenditures for medical care and medicines become necessary at that time in life when income is likely to be most limited.

Living arrangements frequently change as one grows older. Some older persons who have their own homes are able to maintain them. Many, however, through choice or necessity, move in with relatives, to retirement communities, to apartments, to rooming houses, or to homes for the aged. Federal subsidies for housing for the elderly and improved incomes of older people have greatly increased the proportion of older people living in independent households since 1962. Rapidly rising housing costs and federal cutbacks in subsidized housing will probably somewhat erode this improvement (Loether, 1967).

Employment is a serious problem facing older people. Changing technology and labor-market demands may leave

the older worker in a state of vocational obsolescence. Automation is a case in point. Many older workers are being automated out of their jobs. The unemployed older worker is hard pressed to find another job. Today's expanding job opportunities are in specialties for which older persons are not trained and often the job opportunities are given to younger people. There is reluctance to retrain older workers for new jobs because of their limited work lives. With the way the economy is going, the job stability is a major concern to everyone in the work-force.

Retirement is also among the most important issues in the aging process. It plays a big part in the adult life course. When men reach adulthood, they are expected to get a job and to remain employed until they become eligible for retirement. Men are excused from this expectation only if they become disabled. (Atchley, 1988)

Retirement is significant as a symbol of the transition into old age. Today, retirement and aging are often viewed as synonymous, but this was not always the case and it is not likely to be the case in the future (Woodruff, 1975).

Many of today's retirees have been brought up to believe in the work ethic -that is, to believe that work is good, moral, and right - and to feel that the measure

of a man is in the work he does. For these men, retirement with its emphasis on leisure, would seem difficult to enjoy (Foner, 1981). If the retiree maintains a lifetime feeling of guilt about indulging in leisure, he or she will encounter problems. Most adults do not derive as much satisfaction from leisure activities as they do from work. Often work in itself had justified participation in leisure activities. In contrast, retirement requires that the individual dedicate him or herself to leisure and leave the basic work in the world to the younger adult. Nevertheless, some elderly adults truly enjoy their leisure activities particularly when these activities are related to life-long interests (Tamir, 1979).

## 2. TRANSPORTATION AND THE ELDERLY

### TOO OLD TO DRIVE

As Americans live longer, the increasing aging population has given rise to an increasing number of elderly motorists being killed or injured in traffic accidents. As a result, a growing number of states have begun to develop traffic safety programs and many transportation officials are considering setting restrictions on older driver's licenses.

The National Research Council is urging state governments to test older drivers. This Council also reports that automobile drivers over age 75 are twice as likely as middle age drivers to have accidents (New York Times, 1988).

In 1989, nearly 13 percent of all people licensed to drive were over 65. The projection is that, by 2020 up to one out of every five Americans will be 65 or older, and the vast majority will still have a valid driver's license (Walser, 1991).

Until recently, it was widely believed that older drivers were the safest because they are involved in the fewest accidents overall of any age group. But those statistics do not weigh the fact that senior citizens tend to drive fewer miles than their younger counterparts (Carney, 1989).

Although the majority of elderly people are considered competent behind the wheel, some are not. As a group, they do pose risks on the road. Although people over age 75 drive less, their accident rates equal or surpass those of teenagers, who are widely regarded as the most dangerous. At about age 85, drivers' crash rates begin to skyrocket. Elderly motorists commit minor moving violations, such as failing to obey traffic signs, more often than any other age group, and they are more

likely to die when they do have accidents (Walser, 1991)

While younger drivers often suffer most from poor judgement, the safety problems of elderly drivers are more likely to be rooted in the normal processes of aging: diminishing vision and hearing, slowing reflexes and decreasing attention spans. Experts are finding a link between these kinds of physical degeneration and the driving errors the elderly most often commit: failing to yield the right-of-way, making overly wide left turns, and crashing into other vehicles when backing up (Carney, 1989).

Recognizing that driving competence hinges greatly on the ability to see detail at a distance, most states test for visual acuity before renewing a driver's license, with six of them requiring more frequent examinations after a certain age. Cataracts, glaucoma, stroke, Parkinson's disease, arthritis, and diabetes can limit vision or restrict the head and neck movements essential to safe driving. Often an impaired person, sensing his or her limitations, compensates by not driving long distances, on highways, or during rush hours, night, or bad weather.

Anxious relatives and physicians have largely assumed the burden of convincing stubborn elderly (and

other medically impaired) drivers to stop. But since taking away the car keys is seen as a tremendous blow to individual autonomy and well-being, doctors have traditionally let their patients make the final decision. In the absence of adequate public transit to other means of transportation, a physician may be reluctant to advise against driving.

Actually, car makers also are beginning to place greater emphasis on senior citizen concerns. They are making modifications to cars to avoid having major problems. An example is having rear-view mirrors that adjust automatically to reduce glare from following cars or sensors that sound an alarm when the car comes close to an obstacle. This awareness will help the older drivers.

Legally, states have the final say over who can and cannot drive. Recognizing that more elderly people will be on the roads in coming years, legislatures are passing bills to help weed out dangerous drivers. But not everything goes right, people may be afraid to mention certain symptoms, or may shun medical care altogether, if they fear that acknowledging a specific ailment will jeopardize their right to drive (Walser, 1991).

## HOW CHANGES IN MOBILITY AFFECT THE ELDERLY

In 1971 at the White House Conference on Aging, the issue of transportation as a senior issue was introduced. The 1981 White House Conference identified transportation for the elderly as a priority issue. The issue of transportation for older Americans was addressed by the House Select Committee on Aging in 1986, when the subcommittee held a hearing entitled "Elderly Transportation: 1986 and Beyond", and in 1991, the House Select Committee on Aging held a hearing entitled "Transportation in the Nineties: Keeping America's Elderly Moving." (US Congress, 1991).

It cannot be emphasized enough the importance of transportation in providing access to all other social services for the elderly. As chairman Thomas J. Downey (1991) mentions, "Once you lose your ability to get from place to place, you lose your independence".

Transportation is a major concern for the aged because if they do not have transportation they become prisoners of their own homes. Without it, individuals can suffer a great loss of quality of life which can have substantial negative impact on their physical and mental well being.

According to Olympia Snowe (1991), "transportation

services are critical if elderly people are to remain in their homes and maintain their independence in the community. Older persons make up about 11 percent of the total population, yet are estimated to be almost 17 percent of the transit-dependent population".

As Lowy states, "Transportation is a mediator between the person and much of the environment. It determines whether the community is a useless shell or a dynamic social system. Housing, medical, financial, and recreational services for the older people are useful only to the extent that transportation is available and useable for the people who need and want the services."

Mobility is also extremely important in combating isolation and loneliness among the elderly and it is a vital aspect of independence, particularly in our sprawling cities. It is almost impossible to live an independent life in many cities without an automobile. Shopping facilities, service facilities such as barber shops, beauty shops, shoe repair shops, and even churches are often located far from cities's residential areas.

Old people tend to become less mobile, and the proximity of their housing to shopping centers, churches, medical services, recreational facilities, and other amenities, becomes important. If such facilities are not within easy walking distance, adequate low-cost public

transportation must be available. If they walk, weather can be a serious obstacle both if it's too cold or if it's too hot for the elderly (Loether, 1967).

The fact that less than half of the older population owns an automobile suggests how prevalent this kind of limitation on independence is. More research is greatly needed in this area. There are very few data on the extent to which independence in the later years is hampered by inadequacies in transportation (Atchley, 1983).

Even though most senior citizens are still able to get to the doctor, dentist, and grocery store, many do not get out to see their friends and relatives or go to church or find recreation. Although they manage to keep alive, they are unable to do the things that give meaning to life. And when they can get out, it must usually be at someone else's convenience. Older people's pride and dignity often prevent them from relying on friends and relatives for transportation.

This lack of transportation constricts the life-space of any person limiting their capacity for self-maintenance and restricting their activities and contacts with other people. In many cases, if the person does not own a car, they have to look for alternative ways of transportation such as public transportation, friends,

neighbors or taxicabs, creating an additional burden on the person. Frequently, this transportation must be especially suited to the needs of the older people, such as provision of door-to-door service or vehicles equipped with low stairs, lifts, and handrails. This directly affects their participation in the community services and events. (Morgan, 1979)

Cost is an important factor. In this country roughly 10 million older people are hampered by the cost of transportation, often because they cannot afford a car. Maintaining a car often costs at the minimum \$50 per month, which is prohibitive for those who live on low, fixed incomes, and bus fares could be beyond their means, while cabs are far too high. For these people, lack of adequate, inexpensive transportation is one of the most important limitations on independence and activity.

As mentioned before, an elderly person may not drive for many different reasons. While cost is the primary reason for not driving, another reason is a combination of impaired vision and slower reaction times. Insurance rates rise after one reaches age 65 to compensate for these decreases in physical capacity. Modern traffic congestion and traffic speeds scaring the physical resources of the aged and high insurance rates reflect

their reduced driving ability. State driver's license examinations become more and more difficult to pass as one gets older, and many of the elderly are women who grew up during a time when women did not drive. Many aged women rely totally on their husbands to drive the family car. Since women often outlive men, they are forced to start driving if they are alone, but even if they could afford to maintain a car, many could not qualify for a license.

#### DEALING WITH PUBLIC TRANSPORTATION

Many people take automobiles for granted. Many also assume that everyone has a car or can obtain the use of one easily. People do not realize that a significant proportion of our population - the aged - has no car available to them unless family or friends help (Atchley, 1983).

The alternative to owning a car is public transit, which does not always meet the needs of the aged. Public transit is usually available mainly in urban areas, yet thousands of the aged live in suburban and rural areas.

In many cities, public transportation create different problems for the elderly. Bus schedules are inconvenient and routes are not located close to where

they are going. Buses require a big step up just to get on board. Seats on public transit vehicles are designed for young backs, and the overhead straps are usually too high for the aged to reach. These features make public transit a poor alternative for the aged.

In the St. Louis urban area, public transit routes operate continually throughout the day and evening, thus reducing its frequency late at night. These routes tend to be designed to carry working people to and from industrial and business areas. This city does not have a subway system, but is in the process of constructing a Metro Link Transit System that will unite the East St. Louis with the International Lambert Airport in Bridgeton. In the future this system will be expanded to include other areas in the St. Louis County.

In the St. Louis Counties, public service is provided by the Bi-State Development Agency which has some bus express routes that operate in the early morning and in the afternoon to take people to and from downtown. The Agency has several routes that operate throughout the main roads of the County, but the service is limited to certain areas and depending on where the person lives, it does not operate in the evening nor on weekends.

For the aged, the transportation problem has a major impact in their lives due to the limitations that it imposes. Since public transit is timed for the peak

hours, when the working people are going to and from their jobs, many elderly individuals, to avoid crowds, often travel at off hours, when they must endure long waits at unsheltered stops. They are forced to change their schedules to adapt to these limited hours.

Anyone who has tried shopping by public transit knows something of what the aged must cope with. Obviously, the transportation problems of the aged are multifaceted (Atchley, 1983)

#### WHAT SERVICES ARE OFFERED TO THE ELDERLY

The Department of Health, Education, and Human Services and the Department of Transportation have several programs that offer some hope to the aged in meeting their transportation needs. One program pays volunteers to use their own private cars to transport aged persons. Unfortunately, the federal stipend is usually too low to encourage such volunteers efforts. If a realistic rate were paid, many more drivers might volunteer. This solution would be especially helpful in smaller rural communities.

The Urban Mass Transportation Act (UMTA) of 1964 is the principal source of Federal financial assistance for

public mass transportation. Since its beginning in the early 1960's UMTA has provided \$59.6 billion in funding to public transit systems and service providers throughout the Nation. Each year UMTA provides funds to about 450 urban mass transit systems using formula and discretionary grant programs. In addition, funding is provided to non-urbanized rural communities through UMTA programs which are administered by the States (Mross, 1991).

In UMTA, section 16 (b)(2) program provides capital assistance funds in both rural and urbanized areas to private nonprofit organizations to serve the transportation needs of elderly and disabled persons when planned mass transportation services are unavailable, insufficient, or inappropriate. Funds are allocated among the States by an administrative formula which is based on the populations of elderly and handicapped persons in each State according to the latest U.S. Census figures. Funding is on 80 percent Federal and 20 percent local matching basis. The program is administered at the State level, and it is at the State level that funding decisions are made (Mross, 1991).

The 16 (b)(2) program has enabled thousands of elderly and handicapped persons to achieve greater mobility and independence. During the period Fiscal Year 1975 through Fiscal Year 1990, State agencies have

obligated \$411 million under this program for the purchase of specialized vehicles and equipment.

Nationally, there are approximately 3,500 non-profit organizations providing service to the elderly and handicapped using approximately 11,000 section 16 (b) (2)-funded vehicles. These include church organizations, senior citizen centers, rehabilitation centers, American Red Cross facilities, nursing homes, community action centers, sheltered workshops, and coordinated human service transportation providers. Most of the agencies are either elderly service organizations or disability service organizations. The elderly service organizations are the most dependent on the 16 (b) (2) program, with about two-thirds depending on the program as the sole source of their vehicles.

UMTA gives grants of over \$20 million yearly to public transit corporations to redesign buses and trains to make them accessible to both the aged and the handicapped. In time, as these design changes are implemented, the urban aged should benefit. Fare reductions on public transit granted to the aged and to the handicapped would surely help those who live on reduced incomes.

Thanks to the federal assistance for rural areas, made available to a limited degree through Section 16 (b) (2) of the Urban Mass Transportation Act, in Missouri,

a non profit corporation, the Older Adults Transportation Service, Inc operated over 100 vans in 1989 of Missouri's 115 counties. One quarter of the vans are lift equipped. The service is demand-responsive. Membership in 1979, when there were thirty-two thousand enrolled, was limited to those over age fifty-five and to the handicapped. The fare varies among the counties, depending upon the amount of local support. These systems rely on federal subsidies for capital expenditures and operation expenses (Lowy, 1980).

The Federal Aid Highway Act of 1973 (as amended) provides for a public transportation demonstration program to use public transportation in rural areas. One criterion is that the transportation system be adaptable to the needs of both the elderly and handicapped.

Demonstration grants have also been awarded to transportation companies who use mini-buses to provide rides on call-and-demand basis. Various names, such as Dial-A-Ride, are used to describe such services. This method of bringing transportation to the door of the aged offers the greatest hope. Many communities have combined federal, state, and local monies to subsidize mini-buses that provide door-to-door services for a nominal fee. Some programs utilize volunteers as drivers to cut costs.

Some communities have vans with hydraulic lifts available on a call-and-demand basis to serve the needs of both the elderly and disabled. Most of these programs have not proven economically feasible on a community-wide basis without continued government subsidy.

Finally, the use of schoolbuses and surplus government vehicles on routes more accessible to the aged has been proposed. Both insurance coverage and design features limit these vehicles, making it highly unlikely that their use will be a solution.

There are areas that have pioneered in the development of special transportation systems for older persons. The approach most often developed has been called "dial a ride" or "community response transit" which is based on the special needs of older persons. Rather than being fixed route systems in which bus service is maintained over the same route on a daily basis, dial-a-ride transit often involves door to door service. Generally, an agency provides a central phone number within the community which can be called for service; in most cases, transportation can be provided within a short time on the same day, often through the use of vehicles that are especially equipped with handrails or low steps for easy access. The service is used for transportation to doctors or hospital clinics,

grocery stores, or other points within the community. The implementation of many of these systems has been remarkably innovative. Churches, for example, have joined together to purchase buses and may even provide volunteer drivers from their own congregations. Local governments often provide funds to purchase the vehicles required, with funds for the costs of drivers and fuel coming from Area Agencies on Aging.

In Wellington, Ohio, the senior citizens together with the village council purchased a special bus and then utilized their own police-dispatching service as the call-in point for rides. In other areas, with the passage of special state legislation, school buses have been used in off-hours for older adults, while other towns have found it possible to provide subsidies to local taxi companies to provide rides at a reduced rate for persons over the age of 60.

#### WHEN INDEPENDENCE IS LOST

Feelings of independence and personal effectiveness are two main supports for self-esteem at any age. Independence is the capacity to rely on oneself, and personal effectiveness is the capacity to influence the conditions of one's life. To understand how aging

affects people, we need to know how it influences independence and personal effectiveness.

Our concept of adult independence has four basic dimensions: economic, physical, mental, and social. Economic self-reliance means that the individual has the wherewithal to provide him or herself with food, clothing, and shelter. Physical self-reliance means having an alert mind that can exercise knowledge, experience, and skills to solve problems posed by the social and physical environment. Social independence means having the social power to demand various rights without having to rely entirely on the goodwill of others.

Self-sufficiency is a matter of degree, and for each stage in adult life and for each gender an individual must attain a socially defined threshold of self-sufficiency in order to be accepted as a full-fledged, independent adult. If self-sufficiency drops below the threshold, or never gets there to begin with, then the individual is assigned to the role of dependent adult.

The concept of adult independence does not imply isolation from other people. Independence simply frees adults to develop genuinely reciprocal relationships based on mutual respect, responsibility, and trust. Becoming a self-reliant adult is a prime goal for members

of American society, old and young alike. But as people grow older, they experience changes that influence their ability to continue to be self-reliant. To know how older people cope with such changes, people need to know how ideas about being self-reliant originated and developed, what changes with age occur in the meaning of self-reliance, how people react to losses of self-reliance that sometime come with old-age, and what possibilities exist for preserving self-reliance (Atchley, 1983).

Independence is important to older people, and they dread being burdens to others. Loss of independence is a strong element in the negative anticipations of giving up driving which are common among retired people. Accepting rides may be distasteful because it represents a loss of autonomy and self-sufficiency. Acceptance may involve indebtedness which becomes burdensome and demeaning when reciprocation is impossible (Carp, 1972).

#### THE ELDER PERSON VERSUS ISOLATION

Isolation of the aged is of general concern throughout the world. Social and psychological factors seem to contribute to some of the deterioration observed to accompany aging. Loneliness, desolation and isolation

characterize the social lives of some of the aged, particularly in many developed countries. Social isolation refers to the objective situation in which the aged find themselves as a result of mandatory retirement policies which cut them off from work, relationships, relatives and friends, and losses of organizational memberships.

There is a need to revive cultural norms where they previously existed, or to establish approaches that promote social interaction between older individuals and society. For those aged who are isolated there is a need for resocialization, which is particularly important to older persons at points of death and/or institutionalization (Bennett,1980).

The basic concern of social gerontology as it has emerged within the last two decades, is integration versus segregation. Sociologically, aging may be viewed as a process accompanied by social isolation, voluntary or involuntary. As a voluntary process, the individual disengages himself from society as his energy level diminishes. As an involuntary process, isolation results from the simultaneous occurrence of physical deterioration, death of peers, stigma, enforced retirement and the predominance of the mobile, nuclear family.

A number of sociologists were concerned with the

consequences of social isolation. Blau (1957), found that loss of contact among the aged negatively affects their self-image. Williams and Jaco (1958), found that reduced social interaction or social disarticulation was implicated as an etiological or contributing factor in mental illness in old age, and that significant improvement in overt behavior in so-called psychotics could be brought about by increased social activities in a mental hospital. Bellin and Hardt (1958), found that widowed aged, who were considered isolated only compared with those who were married, tend to have poorer health than their counterparts with living spouses.

A major objective of many newer programs has been to find ways to promote integration of older adults into the patterns of community life with which they are familiar rather than segregating persons because of age into "senior citizen" housing or centers. Communities often offer services and opportunities for these people, but they fail or are useless when the individual is not mobile or is unable to get transportation.

In the long run, government at all levels must strive to overcome the many kinds of transportation barriers that now impede a large percentage of the total population and are especially frustrating for large numbers of elderly and handicapped persons. For those in

urban and suburban areas, public transportation systems have been limited to a substantial segment of the population. Lamentably, a considerable proportion of those living in rural areas are without any means of transportation (Lowy, 1980).

In this country, people have been experiencing a long-term trend away from public transportation. Its use is declining in all but the largest cities. No longer a paying proposition, and usually requiring tax subsidy, public transportation is most used for travel to and from work. The needs of the elderly are not considered in most decisions about public transportation.

### 3. HYPOTHESIS

#### GENERAL:

Residents of the West County Area of St. Louis subjected to the use of public transportation will reflect a lower level of participation in community activities than as compared with the residents who are driving.

#### SPECIFIC:

1. Increasing the knowledge and awareness of the existing public and private transportation services

will increase the use of transportation services.

2. By providing night and weekend hours of public transportation service, the participation in recreational and social activities of the elderly residents in the West County Area of St. Louis will increase.
3. Once the elderly person stops driving then the level of isolation increases.

#### 4. THE WEST COUNTY AREA IN ST. LOUIS

##### ANALYSIS OF THE AREA

The West County area of St. Louis includes the cities of Ballwin, Chesterfield, Clarkson Valley, Creve Coeur, Des Peres, Ellisville, Eureka, Glencoe, Grover, Manchester, Maryland Heights, Pacific, Pond, Town and Country, Twin Oaks, Valley Park, and Winchester. These communities provide combination of suburban and rural living along with a commercial and residential atmosphere. Many of the cities had their beginnings in the 1800's and later on, they were incorporated as cities. This area is served by the Parkway and the Rockwood School Districts.

According to the statistics of the 1990 Census, the West County area of St. Louis has a total population of approximately 300,000 people, 25,500 of those being age 65 and up. The median age is 34.82 years, being lower in the cities of Eureka, Glencoe, Grover, Pacific and Maryland Heights, and higher in Chesterfield, Des Peres, Creve Coeur and Ballwin. The median family income is \$53, 893, being higher in Chesterfield, Creve Coeur, Des Peres and Ballwin, and lower in Eureka, Glencoe, and Grover.

The distribution of the people age 65 and up in relation to the population of each city is: Chesterfield 11 percent; Ballwin 9 percent; Eureka 8 percent; Glencoe 7 percent; Grover 6 percent; Maryland Heights 7 percent; Pacific 9 percent; Des Peres 14 percent; and Creve Coeur 14 percent.

#### TRANSPORTATION RESOURCES

One of the main concerns that the elderly people have to face once they have stopped driving is how are they going to get around and continue doing what are they did when they used to drive? Although there are a number of seniors who are still driving, many have limited the hours in which they drive to daytime hours between

morning and afternoon rush hours. For the elderly who do not drive, public transit is an alternative.

In the West County Area of St. Louis, the Bi-State Development Agency divides the West County area in two; the North West, which is the area located north of Highway 40, and the South West, which is the area located South of Highway 40. The routes that operate only serves a reduced area of the County (See appendix 1 and 2), and if a person lives further West from the last bus stop, there is no transportation service available.

The Bi-State Development Agency has an early morning express bus mainly designed to carry business people to the downtown area and an afternoon express bus to bring them back. For the people using this system, if they do not live close to the public transit stops, they may have long walks or if they live too far from a route people will not be able to use the system. This problem increases during cold, hot or bad weather.

One problem that affects the current service is that buses only operate during the day on weekdays, and if the person lives in the South West service area, there is no bus transportation available in the evenings and on weekends. This lack of transportation forces a person that wants to attend a community activity at night to change plans.

In addition to the service provided by the city, there are several not-for-profit organizations that provide transportation for the elderly. According to the St. Louis County Transportation Resources that the County Older Resident Programs (C.O.R.P.) prepared, these services are:

OATS -

Provides free transportation with 48 hours notice required. They accept donations.

COUNTY OLDER RESIDENT PROGRAMS -

Provides volunteer drivers for free personalized escort service. They cannot accommodate wheelchair clients and their services are arranged by neighborhood. Their service is basically provided for doctor's appointments and grocery shopping.

BI-STATE "CALL-A-RIDE" -

They provide curb to curb van transportation available in portions of North, West and South Counties. The fare is \$1.00 one way. Reduced ID cards are available if the person is 65 years of age or have disabilities. Transportation is provided Monday through Friday from 6 a.m. to 10 p.m., Saturday from 8 a.m. to 5 p.m. and Sunday from 7 a.m. to 4 p.m.

They require 24 hour advance reservations that have to be made calling between 8 a.m. and 4 p.m. to the appropriate office. Since the reservations phones will not be answered on weekends, the person must call Friday to reserve trips for Saturday, Sunday, and Monday (see appendix 3 for the areas served).

"CALL-A-RIDE PLUS" -

Provides transportation in portions of St. Louis County for persons of any age with certified severe disabilities. A special Call-A-Ride card is necessary and it costs \$1.00.

NADAH BUS -

Provided for grocery shopping, medical, and hospitals. On Mondays the bus goes to Barnes, Jewish Hospitals; Tuesdays and Fridays West County Hospitals. They charge \$2.00 one way for medical, \$1.50 for grocery shopping.

CANCER SOCIETY -

They operate "Road to Recovery" Program by volunteers. There is a free limited service for ambulatory Chemotherapy or Radiation treatment only. They accept donations.

ST. LOUIS PEREGRINE SOCIETY -

They will pay for Yellow Cab up to \$200.00 per patient and will pay up to \$2.00 to a patient's volunteer driver. This service is provided for ambulatory cancer therapy patients only. They have a limited budget per patient and they help arrange other resources.

JEWISH SPECIAL NEEDS LIGHTS -

They provide cab money in emergency cases on a one-time basis.

DEDICATED PERSONAL SERVICE -

The charge \$7.00 for the first 8 miles, then 80 cents per mile and they require 24 hours notice.

The following companies serve the handicapped and disabled populations:

CARECAB -

They provide the service currently only through Mental Health, they are planning to expand to others.

LACLEDE CAB -

Regular cab fare plus \$10, and require 24 hour advance notice.

RICHARDSON TRANSPORTATION -

They charge \$1.25 per mile, with \$17.50 minimum and

24 hour advance notice.

ST. LOUIS SOCIETY FOR BLIND -

Volunteers provide free transportation for the blind to doctors, medical, etc.

According to the information given by C.O.R.P., there are several apartments and retirement centers that provide transportation only for their own resident population:

CHESTERFIELD VILLAS -

Provides own mini-bus every day to doctors, shopping, and entertainment at no charge.

FRIENDSHIP VILLAGE WEST -

Provides own bus transportation seven days a week and sometimes in the evening for special events at no charge.

GAMBRILL GARDENS -

They provide Monday and Thursday transportation to area grocery and shopping malls. They use Call-A-Ride for doctor transportation and they charge an activity fee.

GARDEN VILLAS -

They go East of Lindbergh at no charge, and transportation is provided everyday to doctors, shopping, and entertainment. On Tuesdays they go grocery shopping, Wednesday to the bank and Thursday to doctors. (C.O.R.P., 1991)

## 5. RESEARCH SAMPLE

To determine the transportation problems and needs of the West County Area, a sample of 100 seniors was taken to be representative of the population of the area. This sample was considered to be representative of the problems that the total population faces and it may or may not actually be representative.

The Culminating Project used a Purposive Sample, which is arbitrarily selecting a sample because there is evidence that it is representative of the total population. An exploratory survey (see appendix 4) was applied to each person in the sample, using the following methods: Telephones calls, direct mail, and personal interviews.

Some of the problems that were encountered during the application of the survey were: from the telephone calls, 50 calls were made and only 22 people accepted to

participate; from the direct mail, 200 letters were sent out with a self-addressed envelope and only 28 letters were returned; and from the personal interviews, 50 surveys were completed. These surveys were applied at various locations such as Chesterfield Mall, Ballwin Plaza, West County YMCA, Holy Infant Church, Old Country Buffet Restaurant, and Bonhomme Presbyterian Church among others.

#### RESULTS OF THE SURVEY

The following are the results of the survey:

- |                  |                       |               |
|------------------|-----------------------|---------------|
| 1. Sex           | Female: 71            | Male: 29      |
| 2. Age           | 50-55: 0              | 66-70: 32     |
|                  | 56-60: 0              | 71-75: 45     |
|                  | 61-65: 8              | 76 or more 15 |
| 3. Status        | Married: 34           | Divorced: 3   |
|                  | Widow(er): 61         | Single: 2     |
| 4. Actual Status | Working full-time: 2  |               |
|                  | Working part-time: 22 |               |
|                  | Not working: 76       |               |

5. How long have you lived in the area?

0 - 5 years: 18      6 - 10 years: 25

11 - 15 years: 12      16 or more: 45

6. Where do you live? Own home: 67      Rented home: 8

Retirement center: 3      Nursing home: 4

Other: 12

7. What type of transportation do you use?

Own car: 75      Bus: 4

Cab/taxi: 11      Shuttle 3

Friends: 14      Other: 19

8. Do you drive?      Yes: 71      No: 29

(If you answered NO go to question 14)

9. How many miles do you drive per week?

0 - 25: 6

26 - 50: 47

51 or more: 12

Don't know: 6

10. When do you drive?

Only during the day: 42

Day and night: 29

11. Do you have any restrictions for driving

Yes: 53      No: 18

12. Do you use any kind of public transportation

Yes: 12                      No: 59

13. How many trips per week do you make?

0 - 5:      15

6 - 10:     34

11 - 15:    16

16 or more: 6

14. Have you used for transportation any of the following

(Please check all the ones that apply)

Bi-State Bus: 15

Call-A-Ride: 25

OATS: 0

CORP: 4

Nadah Bus: 0

Cancer Society: 0

Jewish Special Needs Light: 0

15. Do you go out mainly for (Check all the ones that apply)

Church: 76

Grocery shopping: 64  
General shopping: 66  
Doctor appointments: 84  
Recreational activities: 43  
Visit Friends: 32  
Others: 18

16. Does the current transportation service satisfy your needs?

Yes: 35      No: 65

17. If you answer NO which of the following, do you consider the reason (s):

- Insufficient transportation: 37
- Lack of knowledge about existing services: 42
- Transportation operates at inconvenient hours: 33
- Too expensive: 6
- Transportation has inadequate handicapped equipment: 12
- Bus stops not within walking distance: 26
- Transportation not reliable and inconsistent: 15

After the theoretical analysis of the information, it is surprising to see the reality that the elderly population of the West County Area has to face. Every senior that was interviewed was very honest and open to

describe the situation in which they live.

As the seniors provided more information to the survey, there were more comments on the way they were feeling, and their fears and frustrations toward aging. The elderly people are realistic about their current situation and the different limitations that they have to deal with.

For the people who are driving, it is hard to imagine not having their own cars and having to depend on others for transportation. They do not see themselves relying on other people to take them everywhere.

Some seniors mentioned, that when they retired and their children left their homes, the only thing they had left was to learn how to use their time in activities that were meaningful for them, and having their own way of transportation was a major part of satisfying their needs.

For those people who do not drive or who are unable to drive, their lifestyle had changed dramatically. Many of the women that were interviewed are widows, and many of them always depended on their husbands to go from one place to another. Now, it is difficult for them to go out on their own and do all the things that they used to do. Without their own cars, they feel they are like prisoners of their own homes. This situation has caused problems because they cannot participate actively with

many of the community activities. This feeling of isolation, increased their feelings of depression and dependence.

On the other hand, those seniors who were forced to stop driving, had a harder time adapting to the new situation. They still do not want to accept that they will not be able to drive anymore, and this has created their resentment toward the people who made this decision, which in many cases was their family.

The survey determined that the residents of this area considered the current public transportation services as not meeting their needs, due to insufficient transportation, inadequate hours of service, and lack of information of what is available in their community. They feel that they should have more transportation available, but they realize that they would not be using the system very much. They felt that it would be expensive to enhance the current services and it would not be worth the high investment for a minimal use of the service.

For the people who are currently using the public transportation system, they feel that even though the Call-A-Ride service is good, there are areas that could be improved.

## 6. CASE ANALYSIS

## CASE 1

Jeanne Redel is a 69 year old woman who is married and has five children, two boys and three girls. Her children live in the St. Louis area with the exception of one of her daughters who lives in Kansas City.

Since April of 1991, Jeanne has been living at the Chesterfield Manor Nursing Home, after she suffered a severe case of depression, which cause her hospitalization in a mental health hospital. By recommendations of her family and the doctor, she was placed in this nursing home.

Jeanne's lifestyle could be considered active. She always took care of all the house work, everyday at 6 a.m. she used to swim at the Emerson Family YMCA, and all her life she worked as a quilter. Because she had always been a quilter, she did not have many friends and she spent most of her time at home.

Jeanne is not happy being in the nursing home and she would like to go back to her home, but her family wants her to stay in the nursing home. She does not want to be around the residents of the nursing home because the majority of them are sick and frail.

She is trying to maintain an active lifestyle by trying to go everyday to the West County YMCA, but she is

facing several obstacles that limit her participation in outside activities. Some of these obstacles are: first, the nursing home does not allow the residents to have their own private cars because they cannot control the people, and this has been a frustration for Jeanne because she used to drive and now she has to depend on public transportation and friends to be able to go to different places; second, she has to make her own transportation arrangements with Call-A-Ride, her friends, and her family because the nursing home does not make them for her; third, she has to use a friend's telephone because she does not have one and the nursing home does not let her use their telephone; and fourth, due to the medication she is taking, Jeanne is only able to go out in the late morning and afternoon hours.

Since her main source of transportation is Call-A-Ride, there are several inconveniences she has to face. For example: she has to call many times to get through because their phone is busy most of the time; since she needs to make arrangements in advance, several times she has had to change her plans because they have been completely booked in a specific date refusing to take her; she has to call on Wednesdays to reserve transportation for Fridays, Saturdays and Sundays, even though they require 24 hours advance reservations; she has to be ready at least 15 minutes before the time they

said they are going to pick her up and she can expect to wait up to 30 minutes after the scheduled time; and if she wants to go to the North County, she has to make two calls, one the West County phone and the other to the North County phone to coordinate with each one the times and transfer points.

Jeanne says that for the most part Call-A-Ride is a good door-to-door service, and does not think that the cost is expensive. She would like to be able to participate in more community activities on weekends but transportation many times forces her to stay in her room.

#### CASE 2

Lil Parmenter is a 73 year old woman, who grew up in the Italian area of St. Louis. After she got married, she moved with her husband to Washington, Missouri. Six years ago, Lil and her husband decided to move to the West County area. Some of the reasons for them to relocate in this area, were their concern about their four children driving everyday to school and to work. Besides this, Lil's husband started developing lung cancer which required more and continuous medical attention.

Lil, discussed with her husband the need to look for

a home that would be closer to the city. Her concern and fear was to continue living in their big home, in the top of the hill, if he was not going to be with her for a long time. She was also worried about the driving that she would have to start doing, and she did not feel comfortable because of her age and the distance from the city.

Soon after they moved to Ballwin, her husband passed away. Lil, has been trying to participate in different community activities, but it has been hard for her to get used to the idea of being alone and not having that protective shoulder to rely on, specially when she leaves her home. She does not like to drive outside her immediate area and she tries to avoid driving during rush hours, through the main streets and highways, and during the night. She has some driving restrictions which are using glasses and not driving at night due to her night blindness.

She currently participates in several social senior clubs where they provide transportation for the different outings. She would like to be able to participate in more activities and events, but she realizes that she is getting older and will not be able to continue being as mobil as she is now. She does not know what she would do if she did not have a car. She is afraid of using a Cab or a bus, and especially she does not want to be a burden

on her family or friends.

### CASE 3

Dorothy Green is a 76 year old widow who has been living on her own for the last 15 years. She lives in a farm located in a rural area between Grover and Glencoe. Her three girls are all married and live with their families in different parts of the United States. She does not get to see them often.

Dorothy used to be very active with her church and she always volunteered to help in all the events that were organized, no matter the type of project, she was always ready to give her best for the others.

Many times, due to car problems, it was impossible for her to attend her meetings and the main reason was the lack of other alternatives for transportation. Due to the location of her home, she was used to drive many miles to go shopping, to church, and to her doctor's appointments. The only way to get from one place to another, was using her own car.

One of her comments was, that she has not seen any type of public transportation in that area, making it difficult for the people who do not drive, to get around. She is pleased to see how effective and quickly the

police, the firemen, and the ambulance respond to emergencies.

Last Fall, Dorothy suffered a heart attack which forced her to change her lifestyle. After several months of recovery and understanding, it is a little easier for her to talk about her problems. First of all, she was forced to give up driving due to her delicate condition, causing her to be homebound. In addition to that, she has had to rely on her friends and on her church members to obtain her food and to get to her medical appointments. This situations has created a feeling of depression and loneliness. She wants to continue living on her own, but she against living her home to move to a nursing home or retirement center. She hates to be dependent and even though she does not mind being old, she wishes she could drive again.

The three cases that were presented contributed to determine the problems that the people in the West County Area in St. Louis have. These cases were chosen to represent the different levels of transportation needs and problems.

## 7. SUMMARY AND RECOMMENDATIONS

After analyzing the transportation services of the West County Area in St. Louis, it is possible to say that transportation is a vital lifeline not only for older Americans, but for the younger population as well. If the person loses their mobility, they are losing their independence.

The general hypothesis of this Culminating Project was proven to be true. The survey found that the majority of the people do not use public transportation, and the few people who use the service, did not participate actively in community programs. The elderly used the service mainly to go to their medical and dentist appointments.

In relation to the specific hypothesis, the survey found that increasing the knowledge and awareness of the existing public and private transportation services not necessarily increases the use of the services. People are hesitant to try it. Some of the reasons that were mentioned are: age, inconvenience of schedules, personal safety, fear of being lost, and fear that the bus would not come back to pick them up again, leaving them stranded.

By providing night and weekend hours of public

transportation service, the participation in recreational and social activities of the elderly residents in the West County Area would not increase. The survey found that 61 percent of the people who responded, were widows and widowers, and they did not feel comfortable going out alone at night. On weekends they would rather stay at home spending time with their children and grandchildren.

Once the elderly person stops driving, the level of isolation increased. The survey found that rather than going out and obtaining alternative ways of mobilization, many of the seniors decided to stay at home. When a person does not socialize and interact with other people, the person starts developing feelings of depression, loneliness and frustration.

Mobility is extremely important in combating isolation and loneliness among the elderly, and without transportation, individuals suffer a great loss of equality of life which can have a substantial negative impact on their physical and mental well being

#### RECOMMENDATIONS:

The issue of mobility and specialized transportation as a way to access much needed resources are important for many older Americans to remain living independently

within their community.

1. Before making any changes in the transportation system, it is important to have an accurate needs assessment research to establish how many people would actually use the system. This would allow the different private and public organizations, that provide this service, to develop new services that will meet the current needs.

2. Special considerations should be given to projects that serve the suburban and rural elderly, including alternative health care delivery systems, advocacy and outreach programs, and transportation services.

3. The need for the coordination of existing programs; the targeting of beneficiaries; changes in funding patterns; the very real differences that exist in rural and urban transportation needs; the absence of reported data, as well as the safety of older drivers are issues to be considered.

4. One of the possible alternatives would be to apply for the Capital Assistance Program for the Elderly and Handicapped Transportation, Section 16(b)(2) of the Urban Mass Transportation Administration (appendix 5), which

provides assistance in meeting the transportation needs of the elderly and/or persons with disabilities where public transportation services are unavailable, insufficient, or inappropriate. Although grant recipients are private non-profit organizations, which usually have specific clientele, the transportation services funded under this program are included in a coordinated system that is open to all elderly and/or persons with disabilities and others members of the general public, on a space available basis. The federal share of eligible project cost is 80 percent, and the minimum local share is 20 percent, but the grant does not cover operating expenses. Unfortunately the criteria for selection for agencies proposing more than 20 percent vehicle use in recreation trips, does not give a high rating.

5. Everyone including, government, private businesses, not-for-profit organizations, churches, families, and individuals, must exercise their responsibility to create public awareness of all the resources that are available in their communities. Together they should discover and implement social innovations as vehicles for older persons, to continue in, return to, or assume roles of their choice in their community. These innovations should provide meaningful participation in cultural

activities, labor, education, religious organizations, recreation, and all aspects of volunteer services.

6. Program efforts to meet the needs and to create new alternatives should be designed to serve all segments of the older population. Priorities should be determined according to local and individual needs; special effort must be made to include persons who might otherwise be excluded- the impoverished, the socially isolated, the senior citizen, and the disabled.

7. Local communities should adopt a policy of preparation for retirement, leisure, and education for life off the job. The private and public sectors should adopt and expand programs to prepare persons to understand and benefit from the changes produced by retirement and the problems that they will be facing. Programs should be developed at all levels, to continue helping the seniors to be dynamic, and a healthy force in the society. Senior should be given the opportunity to acquire the necessary attitudes, skills, and knowledge to assure successful living.

8. The local government in cooperation with other community systems should provide funds for the establishment, construction, and operation of community-

oriented, multi-service centers designed for older citizens, and the necessary transportation that will allow them to participate.

## REFERENCES CITED

- Atchley, Robert C. Aging: Continuity and Change: Belmont: Wadsworth Publishing Company, 1983.
- Atchley, Robert C. Social Forces and Aging: Belmont: Wadsworth Publishing Company, 1988.
- Barrow, Georgia M. Aging, the Individual, and Society: Third Ed, St. Paul: West Publishing Company, 1986 pg 437-439
- Bellin, S., and R.H. Hardt. "Marital Status and Mental Disorders Among the Aged." American Sociology Review, 1958.
- Bennett, Ruth Ph.D. Ed. Aging, Isolation and Resocialization: New York: Van Nostrand Reinhold Company, 1980.
- Blau, Z.S. Old Age: A Study of Change in Status. Unpublished Ph.D dissertation, Columbia University, 1957.
- Carney, James. "Can a Driver Be Too Old?." Time Jan. 1989: 28.
- Carp, Frances M. Ph.D. "Retired People as Automobile Passengers." The Gerontologist Spring 1972: 66-69.
- County Older Residents Programs. "St. Louis County Transportation Resources." pamphlet, July 1991.
- Downey, Thomas. Hearing Before the Subcommittee on Human Services Select Committee on Aging "Transportation in the 90's: Keeping America's Elderly Moving." Washington: U.S. G.P.O. 1991.
- "Federal Report Outlines Risks of Older Drivers." New York Times 12 Oct. 1988, sec A 1:1
- Foner, Anne, and Karen Schwab. Aging and Retirement: Monterey: Brooks/Cole Publishing Company, 1981.
- Green, Dorothy. Personal Interview. 22 Mar. 1992.
- Loether, Herman J. Problems of Aging Sociological and Social Psychological Perspectives: Belmont: Dickenson Publishing Company, Inc, 1967. pg 35.
- Lowy, Louis. Social Policies and Programs in Aging: Lexington: Lexington Books, 1980.

- Morgan, John C. Becoming Old: An Introduction to Social Gerontology: Volume Three in the Springer Series on Adulthood and Aging: New York, Springer Publishing Company, 1979. Pg 61.
- Mross, Roland J. Hearing Before the Subcommittee on Human Services Select Committee on Aging "Transportation in the 90's: Keeping America's Elderly Moving." Washington: U.S. G.P.O. 1991.
- O'Meara, Daniel P. Protecting the Growing Number of Older Workers: The Age Discrimination in Employment Act: Philadelphia: Industrial Research Unit, 1989.
- Parmenter, Lil. Personal Interview. 28 Mar. 1992.
- Redel, Jeanne. Personal Interview. 24 Mar. 1992.
- Snowe, Olympia J. Hearing Before the Subcommittee on Human Services Select Committee on Aging "Transportation in the 90's: Keeping America's Elderly Moving." Washington: U.S. G.P.O. 1991.
- U.S. Department of Labor, Final report to Congress on Aging Discrimination in Employment Act Studies: Washington: US G.P.O., 1982, 13.
- United States, Congress, House, Select Committee on Aging, Subcommittee on Human Services. Transportation in the Nineties: Keeping America's Elderly moving: Hearing before the subcommittee on Human Services of the Select Committee on Aging, first session, January 29, 1991.: Washington: US G.P.O. 1991.
- Walser, Nancy. "When to Hang up the Keys." Harvard Health Letter Nov. 1991: 30-31.
- Williams, Warren S, and E Gartly Jaco. "An Evaluation of Functional Psychoses in Old Age." American Journal of Psychiatry 1958
- Woodruff, Diana S., and James E. Birren, eds. Aging, Scientific Perspectives and Social Issues: Monterey: Brooks/Cole Publishing Company, 1975.
- YMCA letter. "Zip Code Demographic for YMCA", 1990 Census.

## BIBLIOGRAPHY

- Armstrong, Jane. Personal Interview. 25 Mar. 1992.
- Arnott, Ann. "Help Your Parents To Safe Driving." New Choice Jul/Aug. 1991: 110-111.
- Atchley, Robert C. The Social Forces in Later Life: Belmont: Wadsworth Publishing Company, 1972.
- Atchley, Robert C. Aging: Continuity and Change: Belmont: Wadsworth Publishing Company, 1983.
- Atchley, Robert C. Social Forces and Aging: Belmont: Wadsworth Publishing Company, 1988.
- Barrow, Georgia M. Aging, the Individual, and Society: Third Ed, St. Paul: West Publishing Company, 1986  
pg 437-439
- Bellin, S., and R.H. Hardt. "Marital Status and Mental Disorders Among the Aged." American Sociology Review, 1958.
- Bennett, Ruth Ph.D. Ed. Aging, Isolation and Resocialization: New York: Van Nostrand Reinhold Company, 1980.
- Binstock, Robert H., and Ethel Shanas, eds. Handbook of Aging and the Social Sciences: New York: Van Nostrand Reinhold Company, 1985.
- Birren, James E./ et. al., eds. Age, Health, and Employment: New Jersey: Prentice-Hall, Inc, 1986.
- Blau, Z.S. Old Age: A Study of Change in Status. Unpublished Ph.D dissertation, Columbia University, 1957.
- Carney, James. "Can a Driver Be Too Old?." Time Jan. 1989: 28.
- Carp, Frances M. Ph.D. "Retired People as Automobile Passengers." The Gerontologist Spring 1972: 66-69.
- County Older Residents Programs. "St. Louis County Transportation Resources." pamphlet, July 1991.
- Downey, Thomas. Hearing Before the Subcommittee on Human Services Select Committee on Aging "Transportation in the 90's: Keeping America's Elderly Moving." Washington: U.S. G.P.O. 1991.

- "Federal Report Outlines Risks of Older Drivers." New York Times 12 Oct. 1988, sec A 1:1
- Foner, Anne, and Karen Schwab. Aging and Retirement:  
Monterey: Brooks/Cole Publishing Company, 1981.
- Green, Dorothy. Personal Interview. 22 Mar. 1992.
- Kaplan, Max PHD. Leisure: Lifestyles and Lifespan:  
Philadelphia: W.B.Saunders Co, 1979 pg 52.
- Loether, Herman J. Problems of Aging Sociological and  
Social Psychological Perspectives: Belmont:  
Dickenson Publishing Company, Inc, 1967. pg 35.
- Lowy, Louis. Social Policies and Programs in Aging:  
Lexington: Lexington Books, 1980.
- Morgan, John C. Becoming Old: An Introduction to Social  
Gerontology: Volume Three in the Springer Series on  
Adulthood and Aging: New York, Springer Publishing  
Company, 1979. Pg 61.
- Mross, Roland J. Hearing Before the Subcommittee on Human  
Services Select Committee on Aging "Transportation  
in the 90's: Keeping America's Elderly Moving."  
Washington: U.S. G.P.O. 1991.
- Neuhaus, Robert and Ruby Neuhaus. Successful Aging: New  
York: John Wiley & Sons, 1982.
- O'Meara, Daniel P. Protecting the Growing Number of Older  
Workers: The Age Discrimination in Employment Act:  
Philadelphia: Industrial Research Unit, 1989.
- Opsata, Margaret. "Safe Driving Stories." 50 Plus Feb.  
1988: 33-36.
- Parmenter, Lil. Personal Interview. 28 Mar. 1992.
- Redel, Jeanne. Personal Interview. 24 Mar. 1992.
- Schmeer, Paul. Personal Interview. 20 Mar. 1992.
- Shaheen, Jacqueline. "Driving Programs Focusing on  
Elderly." New York Times 28 July 1991, Sec NJ 1:1
- Shiels, Liz. Personal Interview. 25 Mar. 1992.
- Snowe, Olympia J. Hearing Before the Subcommittee on  
Human Services Select Committee on Aging  
"Transportation in the 90's: Keeping America's

- Elderly Moving." Washington: U.S. G.P.O. 1991.
- Tamir, Lois M. Communication and the Aging Process: New York: Pergamon Press, 1979.
- U.S. Department of Labor, Final report to Congress on Aging Discrimination in Employment Act Studies: Washington: US G.P.O., 1982, 13.
- United States, Congress, House, Select Committee on Aging, Subcommittee on Human Services. Transportation in the Nineties: Keeping America's Elderly moving: Hearing before the subcommittee on Human Services of the Select Committee on Aging, first session, January 29, 1991.: Washington: US G.P.O. 1991.
- Urban Mass Transportation Administration: Section 16 (b) (2) Capital Assistance Program for Elderly and Handicapped Transportation: Missouri Highway and Transportation Department, Division of Transportation, Transit Section: March 1991.
- Wachs, Martin. Transportation for the Elderly: Berkely: University of California Press, 1979.
- Walser, Nancy. "When to Hang up the Keys." Harvard Health Letter Nov. 1991: 30-31.
- Williams, Warren S, and E Gartly Jaco. "An Evaluation of Functional Psychoses in Old Age." American Journal of Psychiatry 1958
- Woodruff, Diana S., and James E. Birren, eds. Aging, Scientific Perspectives and Social Issues: Monterey: Brooks/Cole Publishing Company, 1975.
- YMCA letter. "Zip Code Demographic for YMCA", 1990 Census.

# APPENDICES

# APPENDIX 3

## Delmar-Olive

## APPENDIX 1

Monday thru Friday

### Eastbound

### Westbound

10	9	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	9	10	11
Four Seasons Shopping Center	Missouri Baptist Hospital	Warson & Olive	Delmar & W. Canterbury	Brennwood Garage	Central & Forsyth	Kingsland	Kingshighway & Delmar	Grand & Washington	7th & Market		7th & Market	Grand & Washington	Kingshighway & Delmar	Kingsland	Central & Forsyth	Brennwood Garage	Delmar & W. Canterbury	Warson & Olive	Missouri Baptist Hospital	Four Seasons Shopping Center	Dowdlatre Hwy
										AM Service											
										D5:12											
										5:18 5:33 5:46											
										4:56 5:10 5:18 5:29 5:33 6:00 6:16											
										D5:38											
										5:15 5:29 5:37 5:48 6:03 6:16 6:26											
5:16										5:25 5:39 5:47 5:58 6:13 6:29											
										D6:00											
										5:40 5:54 6:02 6:13 6:31 6:46 6:56											
										D6:30											
5:18 5:30 5:39 5:50 5:59 6:15										5:50 6:04 6:12 6:25 6:37											
										D6:45											
5:44										6:00 6:14 6:23 6:36 6:44 6:57											
										D7:00											
										6:04 6:18 6:27 6:40 7:01 7:17 7:28											
6:05										6:08 6:22 6:31 6:44 6:58 7:07 7:21 7:28											
										D7:05											
										6:15 6:30 6:39 6:52 7:01 7:14 7:31 7:42											
										D7:23											
										6:25 6:40 6:50 7:04 7:23 7:47 7:58											
6:08 6:21 6:30 6:43 6:52 7:10										6:30 6:45 6:55 7:09 7:18 7:33 7:36 8:01											
										D7:33											
6:34										6:35 6:51 7:01 7:16 7:42 8:06 8:18											
										D7:36											
6:48										6:40 6:56 7:06 7:21 7:36 7:42 8:06 8:18											
6:56										6:44 7:00 7:10 7:25 7:34 7:49 7:36											
7:06										6:47 7:03 7:13 7:28 7:34 7:49 7:50 8:13 8:25											
										D7:50											
										6:55 7:11 7:21 7:37 7:47 8:06 8:04 8:28											
7:25										7:00 7:16 7:26 7:42 7:47 8:02 8:02 8:19 8:43 8:55											
										D8:02											
7:46										7:05 7:21 7:31 7:47 7:52 8:02 8:18 8:19 8:43 8:55											
8:17										7:10 7:26 7:36 7:52 8:02 8:18 8:29 8:13 8:29 8:53 9:04											
C7:58 8:20										7:15 7:31 7:41 7:57 8:02 8:18 8:34 8:50 8:32 8:34 8:58 9:09											
										D8:36											
8:46										7:35 7:51 8:01 8:17 8:23 8:34 8:50 8:55 9:19 9:35 9:46											
C8:39 9:01										7:40 7:56 8:07 8:23 8:34 8:50 8:00 8:16 8:27 8:43 8:54 9:09											
										D8:54											
9:17										7:50 8:06 8:17 8:33 8:38 8:54 9:09 8:11 8:27 8:38 8:54 9:09											
C9:04 9:28										8:00 8:16 8:27 8:43 8:54 9:09 8:20 8:36 8:47 9:03 9:09 9:22 9:43 9:54											
										D9:03											
9:46										8:30 8:46 8:57 9:13 9:23 9:38 8:40 8:58 9:09 9:24 9:39 9:39 9:46 10:12											
C9:37 10:01										8:40 8:58 9:09 9:24 9:27 9:39 9:46 10:12 8:55 9:11 9:22 9:37 9:47 10:02											
										D9:33											
10:16										9:10 9:28 9:39 9:54 10:09 9:54 10:13 10:34 10:45											
C10:02 10:29										9:10 9:28 9:39 9:54 10:09 9:25 9:42 9:53 10:08 10:18 10:33											
										D9:54											
10:45										9:40 9:58 10:09 10:24 10:39 10:46 11:12											
H10:31 10:59										10:27 10:48 11:03 10:55 10:12 10:23 10:38 10:48 11:03											
										D10:09											
11:16										10:10 10:28 10:39 10:54 11:09 10:25 10:42 10:53 11:08 11:18 11:33											
C11:00 11:27										10:40 10:58 11:09 11:24 11:39 11:45 12:11											
										D11:14											
11:46										10:55 11:12 11:23 11:38 11:47 12:00 11:14 11:35 11:46											
H11:27 11:57										11:05 11:21 11:31 11:46 11:55 12:10 12:25 12:40 12:50 1:10											
										D11:55											
12:15										11:10 11:28 11:39 11:54 12:09 12:17 12:33 12:42 12:57 1:07 1:25											

	2:05	2:17	2:28	2:38	2:48	3:00
2:34			2:44	2:56	3:06	3:20
	2:46	2:58	3:08	3:20	3:30	3:46
3:12			3:22	3:34	3:44	4:00
	3:26	3:38	3:48	4:00	4:10	4:26
3:54			4:02	4:14	4:24	4:40
	4:04	4:16	4:26	4:38	4:48	5:04
4:36			4:44	4:54	5:04	5:20
	4:51	5:03	5:12	5:22	5:32	5:46
5:18			5:26	5:36	5:46	6:00
	5:32	5:44	5:53	6:03	6:13	6:27
5:58			6:06	6:16	6:26	6:40
	6:15	6:27	6:36	6:46	6:56	7:10
6:58			7:06	7:16	7:26	7:40
		7:17	7:26	7:36	7:46	8:00
7:48			7:56	8:06	8:16	8:30
		8:17	8:26	8:36	8:46	9:00
8:53			9:01	9:11	9:21	9:35
		9:20	9:29	9:39	9:48	10:00
9:51			9:59	10:09	10:18	10:30
		10:21	10:29	10:39	10:48	11:00

- A Wheelchair Lift-Equipped Route

	2:40	2:56	3:06	3:17		3:28
3:00		3:16	3:25	3:36	3:45	3:58
	3:20	3:36	3:45	3:57		4:06
3:46		4:01	4:10	4:22	4:31	4:44
	4:00	4:15	4:24	4:36		4:46
4:26		4:41	4:50	5:02	5:11	5:24
	4:40	4:56	5:05	5:17		5:29
5:04		5:19	5:28	5:40	5:49	6:02
	5:20	5:35	5:44	5:56		6:06
5:46		6:01	6:10	6:22	6:31	6:43
	6:00	6:15	6:24	6:36		6:46
6:27		6:41	6:50	7:02	7:10	
	6:40	6:53	7:02	7:14		7:26
7:10		7:23	7:32	7:44	7:52	
	7:40	7:53	8:02	8:14	8:22	
8:00		8:13	8:22	8:34		8:46
	8:30	8:43	8:52	9:04	9:12	
9:00		9:13	9:22	9:34		9:45
	9:35	9:47	9:56	10:06	10:14	
10:00		10:12	10:21	10:31		10:42
	10:30	10:42	10:51	11:01	11:09	
11:00		11:12	11:21	11:31		11:42

- A Wheelchair Lift-Equipped Route

D - Trip starts at McKnight and Delmar, via McKnight, Old Bonhomme, LePere, W.Canterbury and Delmar.

NOTE: Sunday schedules operate on New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas unless otherwise announced

# 91X Olive-Creve Coeur Express

Monday thru Friday

## To Downtown

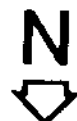
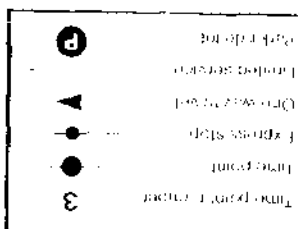
	Doublakes Hotel	Four Seasons Shopping Center	Watson & Olive	Kingsland	7th & Market
	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>1</b>
AM Service		5:58	6:10	6:25	6:58
		6:12	6:26	6:42	7:15
		6:24	6:38	6:56	7:30
	6:21	6:35	6:49	7:07	7:42
	6:38	6:52	7:06	7:24	8:00
	7:01	7:15	7:32	7:51	8:27
	7:34	7:48	8:05	8:24	8:58

- A Wheelchair Lift-Equipped Route

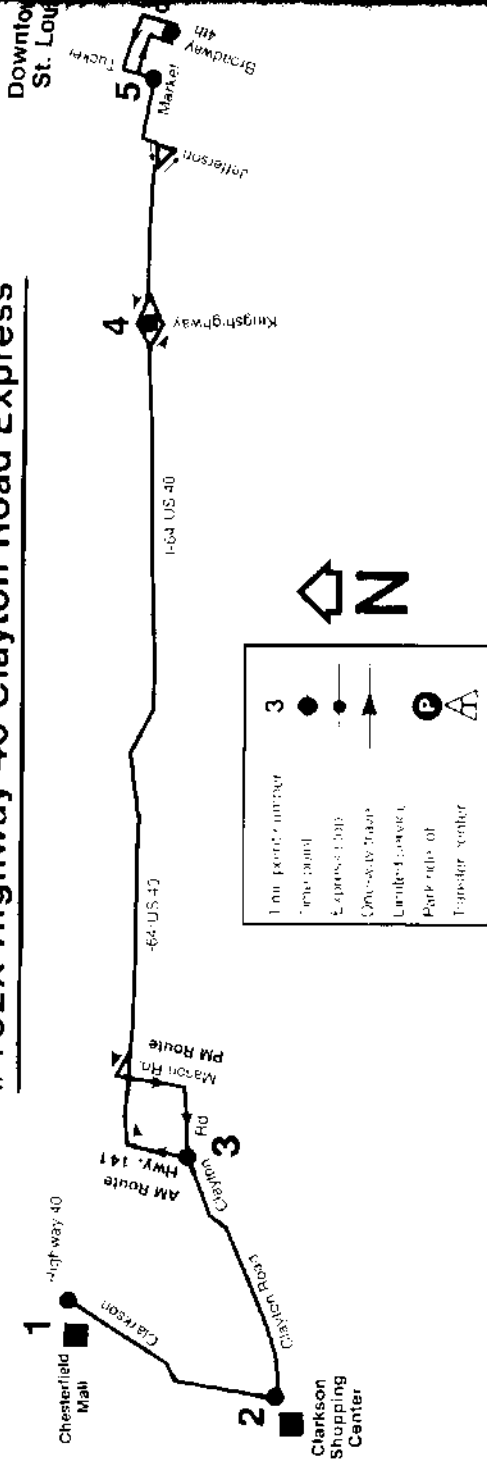
## From Downtown

	Tucker & Washington	7th & Market	Grand & Washington	Kingsland	Watson & Olive	Four Seasons Shopping Center	Doublakes Hotel
	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
PM Service	4:15	4:26	4:43	5:05	5:27	5:50	6:02
	4:35	4:46	5:03	5:24	5:44	6:02	6:16
	4:55	5:06	5:23	5:44	6:03	6:21	6:38
	5:10	5:21	5:39	5:59	6:18	6:32	6:49
	5:25	5:36	5:54	6:13	6:30	6:44	7:01
	5:40	5:50	6:07	6:26	6:43	6:57	7:14

- A Wheelchair Lift-Equipped Route



# #152X Highway 40-Clayton Road Express



## Information How to use this schedule

To plan your trip, first look at the map(s) in the timetable to determine which bus route serves your needs.

To determine what time to board the bus, locate a **time point** on the map closest to the point where you wish to board. **Time points** are identified by numbers and cross streets. To determine what time the bus will arrive, find a **time point** nearest your destination. Find the corresponding time point on the **arrival and departure** schedule for the bus route you wish to take. (Please note there are different schedules for Monday-through-Friday, Saturday and Sunday service.)

All bus stops are not shown. If you board a bus at a stop between **time points**, you should expect the bus to arrive/depart a few minutes between the times listed on the timetable.

By reading the times between your **departure and destination points** from left to right, you can determine how long your trip will take.

### FARES AND TRANSFERS

Local	Adult	Child 5 thru 12	E & D with Proper I.D.
Missouri Routes	\$1.00	50¢	50¢
Madison Co. Ill. Rtes.	\$.85	40¢	40¢
St. Clair Co. Ill. Rtes.	\$.85	40¢	40¢
<b>Express</b>			
Missouri Routes	\$1.30	65¢	65¢
Madison Co. Ill. Rtes.	\$1.30	65¢	65¢
St. Clair Co. Ill. Rtes.	\$1.25	60¢	45¢
<b>Metroliner (MO only)</b>	\$1.40	70¢	70¢
<b>Transfers Issued:</b> (good for one boarding only)	20¢	10¢	10¢
<b>Transfers Accepted</b>			
Local to Local	No Charge	No Charge	No Charge
Missouri Express	+30¢	+15¢	+15¢
Madison Co. Ill. Exp.	+45¢	+25¢	+25¢
St. Clair Co. Ill. Exp.	+40¢	+20¢	No Charge
Metroliner	+40¢	+20¢	+20¢
Express to Local	No Charge	No Charge	No Charge
Express	No Charge	No Charge	No Charge
Metroliner	+10¢	-5¢	-5¢

### FOR FASTER BOARDING . . .

Use Monthly, Weekly, Commuter or Student passes or coins, instead of dollar bills.

### THE COVER

The cover of this timetable provides information that is helpful in **identifying the area** in which you will be traveling.

In the upper left-hand corner is a **map** of the Bi-State Transit region. The highlighted area designates where the listed bus routes travel.

To the right of this map are the **numbers** of the bus lines and **schedules** in this timetable.

The cover also lists the **communities** served by the bus lines. Transit Information numbers for more assistance also are listed.



# 152X

# Manchester

Effective December 2, 1991  
(Subject to Emergency Change)

## 57X Ellisville Express

**Serving:** Manchester, Des Peres, Kirkwood, Frontenac Plaza, West County Mall

## 152X Highway 40 - Clayton Road Express

**A Metroliner route.**

**Serving:** Chesterfield, Clarkson Valley, Ellisville, Ballwin

# APPENDIX 2

**For transit information call:**

St. Louis — 231-2345

Illinois - 271-2345

TTY service for the hearing impaired — 982-1555

Catch a ride with a friend.



12C291

Monday thru Friday

APPENDIX 2



# 57 Manchester

Monday thru Friday

## To Downtown

1	2	3	4	5A	5	6	7	8	9
Bussman	West County Shopping Center	Lindbergh & Manchester	Brentwood & Manchester	Sutton Loop	Sutton & Manchester	Hampton & Manchester	Kingshighway & Manchester	Grand & Chouteau	4th & Market
4:55	5:01	5:11			5:17	5:24	5:29	5:35	5:48
	5:17	5:24	5:34		5:40	5:47	5:52	5:58	6:11
	5:39	5:46	5:56		6:02	6:09	6:14	6:20	6:33
	5:55	6:02	6:12		6:18	6:25	6:30	6:36	6:50
	6:27	6:34	6:44		6:50	6:57	7:02	7:11	7:25
	6:46	6:55	7:05		7:13	7:20	7:25	7:34	7:48
	7:06	7:15	7:25		7:33	7:40	7:45	7:54	8:08
6:58	7:26	7:35	7:45		7:53	8:00	8:07	8:15	8:28
	7:58	8:07	8:19		8:25	8:32	8:38	8:45	8:58
8:09	8:32	8:40	8:51		8:57	9:04	9:09	9:16	9:28
	9:03	9:11	9:21		9:27	9:34	9:39	9:46	9:58
	9:33	9:41	9:51		9:57	10:04	10:09	10:16	10:28
	10:01	10:09	10:19		10:25	10:32	10:37	10:45	10:58
	10:34	10:42	10:53		10:59	11:06	11:11	11:19	11:32
	11:00	11:08	11:19		11:25	11:32	11:37	11:45	11:58
	11:31	11:39	11:50		11:56	12:03	12:08	12:16	12:28
	11:55	12:03	12:18		12:24	12:32	12:37	12:45	12:58

1	2	3	4	5A	5	6	7	8	9
12:28	12:36	12:47			12:55	1:02	1:07	1:15	1:28
12:58	1:06	1:17			1:25	1:32	1:37	1:45	1:58
1:27	1:35	1:46			1:54	2:01	2:06	2:15	2:28
1:54	2:02	2:14			2:21	2:31	2:36	2:45	2:58
2:13	2:22	2:34			2:41	2:51	2:56	3:05	3:18
2:32	2:41	2:53			3:00	3:10	3:15	3:24	3:38
2:51	3:00	3:12			3:19	3:29	3:34	3:43	3:58
3:10	3:19	3:31			3:38	3:47	3:53	4:02	4:18
3:30	3:39	3:50			3:58	4:07	4:13	4:22	4:38
3:48	3:58	4:10			4:18	4:27	4:33	4:42	4:58
3:44	4:10	4:20	4:32		4:40	4:49	4:54	5:03	5:18
4:33	4:43	4:55			5:03	5:11	5:16	5:24	5:38
4:28	4:53	5:03	5:15		5:23	5:31	5:36	5:44	5:58
	5:27	5:37	5:48		5:56	6:04	6:09	6:18	6:28
	5:45	5:55	6:06						
	5:59	6:09	6:18						
5:37	6:03	6:12	6:21		6:27	6:34	6:39	6:46	6:58
	6:12	6:21	6:30						
	6:37	6:46	6:55		7:01	7:06	7:11	7:17	7:28
	6:48	6:57	7:06						
				7:30	7:31	7:36	7:41	7:47	7:58
	7:39	7:47	7:56		8:01	8:06	8:11	8:17	8:28
				8:30	8:31	8:36	8:41	8:47	8:58
	8:39	8:47	8:56		9:01	9:06	9:11	9:17	9:28
				9:30	9:31	9:36	9:41	9:47	9:58
	9:39	9:47	9:56		10:01	10:06	10:11	10:17	10:28
				10:30	10:31	10:36	10:41	10:47	10:58
	10:39	10:47	10:56		11:01	11:06	11:11	11:17	11:28
	11:09	11:17	11:26		11:31	11:36	11:41	11:47	11:58

1	2	3
12:03	12:11	12:20

Wheelchair Lift-Equipped Route

## From Downtown

9	8	7	6	5	5A	4	3	2	1
4th & Market	Grand & Chouteau	Kingshighway & Manchester	Hampton & Manchester	Sutton & Manchester	Sutton Loop	Brentwood & Manchester	Lindbergh & Manchester	West County Shopping Center	Bussman
						4:34	4:46	4:54	
						4:56	5:08	5:16	
						5:18	5:30	5:38	
						5:34	5:46	5:54	
						6:06	6:16	6:26	
5:23	5:43	5:51	5:56	6:03		6:10	6:22	6:30	6:53
						6:25	6:37	6:45	
5:48	6:08	6:16	6:21	6:28		6:35	6:47	6:55	
*6:05	*6:25	*6:32	*6:37	*6:44		*6:51	*7:03	*7:12	
6:11	6:32	6:39	6:44	6:51		6:58	7:10	7:19	7:48
6:33	6:54	7:01	7:07	7:15		7:22	7:34	7:45	
6:50	7:14	7:23	7:29	7:37		7:46	7:58	8:09	8:38
7:08	7:32	7:41	7:47	7:55		8:04	8:16	8:25	
7:28	7:52	8:01	8:07	8:15		8:22	8:34	8:43	
7:48	8:12	8:21	8:27	8:35		8:42	8:54	9:02	9:28
8:08	8:31	8:40	8:46	8:54		9:02	9:13	9:21	
8:28	8:51	8:59	9:05	9:13		9:21	9:32	9:40	
8:58	9:20	9:28	9:34	9:42		9:50	10:01	10:09	
9:28	9:50	9:58	10:04	10:12		10:20	10:31	10:39	
9:58	10:20	10:28	10:34	10:41		10:49	10:59	11:07	
10:28	10:52	11:00	11:06	11:13		11:21	11:31	11:39	
10:58	11:22	11:30	11:36	11:43		11:51	12:01	12:09	
11:32	11:56	12:04	12:10	12:17		12:25	12:35	12:44	
11:58	12:22	12:30	12:36	12:45		12:53	1:04	1:13	

1	2	3	4	5A	5	6	7	8	9
12:28	12:52	1:00	1:06	1:15		1:23	1:34	1:43	
						1:52	2:03	2:12	
12:58	1:22	1:30	1:36	1:45		1:53	2:04	2:13	
1:28	1:52	2:00	2:06	2:15		2:23	2:34	2:44	3:11
						2:29	2:40	2:50	
						2:47	2:59	3:09	
1:58	2:22	2:30	2:36	2:46		2:54	3:06	3:16	
2:28	2:53	3:01	3:07	3:17		3:25	3:37	3:46	4:17
2:58	3:23	3:31	3:37	3:47		3:56	4:08	4:17	
3:18	3:43	3:52	3:58	4:08		4:17	4:27	4:36	
3:38	4:02	4:11	4:17	4:26		4:34	4:44	4:53	5:24
3:58	4:22	4:30	4:36	4:45		4:53	5:03	5:12	
4:18	4:45	4:53	5:00	5:09		5:17	5:28	5:44	
4:38	5:06	5:14	5:21	5:30		5:38	5:49	5:58	
4:58	5:22	5:30	5:36	5:45		5:52	6:02	6:11	
5:18	5:41	5:49	5:55	6:02		6:09	6:19	6:28	
5:38	6:02	6:09	6:15	6:22		6:29	6:39	6:47	
5:58	6:22	6:29	6:35	6:41		6:48	6:57	7:05	
6:28	6:50	6:56	7:02	7:08	7:09				
6:58	7:20	7:26	7:32	7:38		7:45	7:54	8:02	
7:28	7:50	7:56	8:02	8:08	8:09				
7:58	8:20	8:26	8:32	8:38		8:45	8:54	9:02	
8:28	8:50	8:56	9:02	9:08	9:09				
8:58	9:20	9:26	9:32	9:38		9:45	9:54	10:02	
9:28	9:50	9:56	10:02	10:08	10:09				
9:58	10:20	10:26	10:32	10:38		10:45	10:54	11:02	
10:28	10:50	10:56	11:02	11:08	11:09				
10:58	11:20	11:26	11:32	11:38		11:45	11:54	12:02	
11:28	11:50	11:56	12:02	12:08	12:09				
11:58	12:20	12:26	12:32	12:38	12:39				

\* - Not Wheelchair Lift-Equipped

# 57 Manchester

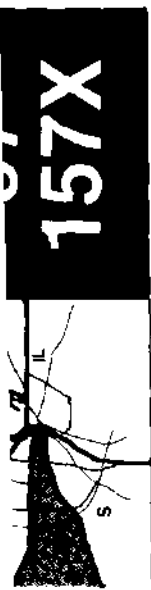
Saturday

## To Downtown

	West County Shopping Center	Lindbergh & Manchester	Brentwood & Manchester	Sutton Loop	Sutton & Manchester	Hampton & Manchester	Kingshighway & Manchester	Grand & Chouteau	4th & Market
	2	3	4	5A	5	6	7	8	9
<b>AM Service</b>				5:26	5:27	5:33	5:38	5:44	5:55
				5:56	5:57	6:03	6:08	6:14	6:25
				6:26	6:27	6:33	6:38	6:44	6:55
				6:56	6:57	7:03	7:08	7:14	7:25
7:04	7:12	7:20		7:27	7:33	7:38	7:44	7:55	
				7:56	8:03	8:08	8:14	8:25	
8:03	8:11	8:19		8:26	8:33	8:38	8:44	8:55	
				8:56	9:03	9:08	9:14	9:25	
9:00	9:08	9:16		9:23	9:30	9:35	9:42	9:55	
				9:52	9:53	10:00	10:05	10:12	10:25
9:58	10:07	10:16		10:23	10:30	10:35	10:42	10:55	
				10:52	10:53	11:00	11:12	11:25	
10:58	11:07	11:16		11:23	11:30	11:35	11:42	11:55	
				11:51	11:52	11:59	12:05	12:12	12:25
11:56	12:05	12:14		12:22	12:29	12:35	12:42	12:55	
<b>PM Service</b>				12:51	12:52	12:59	1:05	1:12	1:25
				1:22	1:29	1:35	1:42	1:55	
12:56	1:05	1:14		1:51	1:52	1:59	2:05	2:12	2:25
				2:22	2:29	2:35	2:42	2:55	
1:56	2:05	2:14		2:51	2:52	2:59	3:05	3:12	3:25
				3:22	3:29	3:35	3:42	3:55	
2:56	3:05	3:14		3:51	3:52	3:59	4:05	4:12	4:25

## From Downtown

	4th & Market	Grand & Chouteau	Kingshighway & Manchester	Hampton & Manchester	Sutton & Manchester	Sutton Loop	Brentwood & Manchester	Lindbergh & Manchester	West County Shopping Center
	9	8	7	6	5	5A	4	3	2
<b>AM Service</b>	5:55	6:13	6:19	6:23	6:29	6:30			
							6:46	6:55	7:03
	6:25	6:43	6:49	6:53	6:59		7:04	7:13	7:21
	6:55	7:14	7:20	7:25	7:31	7:32			
	7:25	7:44	7:50	7:55	8:01		8:07	8:16	8:24
	7:55	8:14	8:20	8:25	8:31	8:32			
	8:25	8:45	8:51	8:56	9:04		9:11	9:21	9:31
	8:55	9:15	9:21	9:26	9:34	9:35			
	9:25	9:45	9:51	9:56	10:04		10:11	10:21	10:31
	9:55	10:15	10:21	10:26	10:34	10:35			
	10:25	10:45	10:51	10:56	11:04		11:11	11:21	11:31
	10:55	11:15	11:22	11:27	11:35	11:36			
	11:25	11:46	11:53	11:58	12:06		12:14	12:24	12:34
	11:55	12:16	12:23	12:28	12:36	12:37			
<b>PM Service</b>	12:25	12:46	12:53	12:58	1:06		1:14	1:24	1:34
	12:55	1:16	1:23	1:28	1:36	1:37			
	1:25	1:46	1:53	1:58	2:07		2:15	2:25	2:35
	1:55	2:16	2:23	2:28	2:37	2:38			
	2:25	2:46	2:53	2:58	3:07		3:15	3:25	3:35
	2:55	3:16	3:23	3:28	3:37	3:38			
	3:25	3:46	3:53	3:58	4:06		4:14	4:24	4:34
	3:55	4:16	4:23	4:28	4:36	4:37			



Effective March 2, 1992  
(Subject to Emergency Changes)

**57 Manchester**  
Via Chouteau Ave.  
Serving: Maplewood, Brentwood, Rock Hill, Warson Woods, Kirkwood, West County Shopping Center, Manchester, Ballwin, Ellisville

**157X Manchester Road Express**  
Serving: Kirkwood, Warson Woods, Rock Hill, Brentwood, Maplewood.

Most buses on this route are  
**Wheelchair lift-equipped**

For transit information call:  
St. Louis — 231-2345  
Illinois — 271-2345  
TTY service for the hearing impaired — 982-1555

Catch a ride with a friend.



030292

Sunday and Holiday

# 57 Manchester

# APPENDIX 4

## TRANSPORTATION SURVEY

The following survey has been sent out to a group of Senior Citizens residents of the West County area in St. Louis. The purpose of this survey is to determine the actual conditions of transportation in this area. The information that is obtained, will contribute to complement the analysis and study of the influence that transportation has in the lifestyle of the Senior Citizens.

Please complete the survey as soon as you can and return it in the enclosed envelop. This survey does not require your name. Thank you for you valuable time and for your information.

CARLOS VANEGAS  
P.O.BOX 4038  
CHESTERFIELD MO 63006

Please mark with an "X" your answers.

1. Sex                      Female \_\_\_\_\_                      Male \_\_\_\_\_
  
2. Age                      50-55 \_\_\_\_\_                      66-70 \_\_\_\_\_  
                                 56-60 \_\_\_\_\_                      71-75 \_\_\_\_\_  
                                 61-65 \_\_\_\_\_                      76 or more \_\_\_\_\_
  
3. Status                      Married \_\_\_\_\_                      Divorced \_\_\_\_\_  
                                 Widow(er) \_\_\_\_\_                      Single \_\_\_\_\_
  
4. Actual Status              Working full-time \_\_\_\_\_  
                                 Working part-time \_\_\_\_\_  
                                 Not working \_\_\_\_\_
  
5. How long have you lived in the area?  
                                 0 - 5 years \_\_\_\_\_                      6 - 10 years \_\_\_\_\_  
                                 11 - 15 years \_\_\_\_\_                      16 or more \_\_\_\_\_
  
6. Where do you live?      Own home \_\_\_\_\_                      Rented home \_\_\_\_\_  
                                 Retirement center \_\_\_\_\_                      Nursing home \_\_\_\_\_  
                                 Other \_\_\_\_\_
  
7. What type of transportation do you use?  
                                 Own car \_\_\_\_\_                      Bus \_\_\_\_\_  
                                 Cab/taxi \_\_\_\_\_                      Shuttle \_\_\_\_\_  
                                 Friends \_\_\_\_\_                      Other \_\_\_\_\_
  
8. Do you drive?              Yes \_\_\_\_\_                      No \_\_\_\_\_  
(If you answered NO go to question 14)
  
9. How many miles do you drive per week?  
                                 0 - 25 \_\_\_\_\_  
                                 26 - 50 \_\_\_\_\_  
                                 51 or more \_\_\_\_\_  
                                 Don't know \_\_\_\_\_

10. When do you drive?

Only during the day \_\_\_\_\_  
Day and night \_\_\_\_\_

11. Do you have any restrictions for driving

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you use any kind of public transportation

Yes \_\_\_\_\_ No \_\_\_\_\_

13. How many trips per week do you make?

0 - 5 \_\_\_\_\_  
6 - 10 \_\_\_\_\_  
11 - 15 \_\_\_\_\_  
16 - 20 \_\_\_\_\_  
21 or more \_\_\_\_\_

14. Have you used for transportation any of the following  
(Please check all the ones that apply)

Bi-State Bus \_\_\_\_\_  
Call-A-Ride \_\_\_\_\_  
OATS \_\_\_\_\_  
CORP \_\_\_\_\_  
Nadah Bus \_\_\_\_\_  
Cancer Society \_\_\_\_\_  
Jewish Special Needs Light \_\_\_\_\_

15. Do you go out mainly for (Check all the ones that apply)

Church \_\_\_\_\_  
Grocery shopping \_\_\_\_\_  
General shopping \_\_\_\_\_  
Doctor appointments \_\_\_\_\_  
Recreational activities \_\_\_\_\_  
Visit Friends \_\_\_\_\_  
Others \_\_\_\_\_

16. Does the current transportation service satisfy your needs?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. If you answer NO which of the following, do you consider the  
reason (s):

- Insufficient transportation \_\_\_\_\_
- Lack of knowledge about existing services \_\_\_\_\_
- Transportation operates at inconvenient hours \_\_\_\_\_
- Too expensive \_\_\_\_\_
- Transportation has inadequate handicapped equipment \_\_\_\_\_
- Bus stops not within walking distance \_\_\_\_\_
- Transportation not reliable and inconsistent \_\_\_\_\_

1992  
MISSOURI HIGHWAY AND TRANSPORTATION DEPARTMENT

**APPLICATION**

Federal Transit Administration  
**SECTION 16 Capital Assistance Program**  
**Elderly and Persons with Disabilities Transportation**

**APPENDIX 5**

=====  
Legal Name of  
Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_  
=====

Date received by MHTD \_\_\_\_\_

## APPLICATION CHECK LIST

### THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION AND LABELED IN THIS ORDER:

- \_\_\_\_\_ Attachment A: Vehicle Request Form.(One for each vehicle requested).  
This form may be duplicated if necessary.
- \_\_\_\_\_ Attachment B: Description of service area, including city and county.
- \_\_\_\_\_ Attachment C: List and description (including handicapped equipment)  
of all vehicles operated by your agency.
- \_\_\_\_\_ Attachment D: Letters to Private For-Profit Providers.  
(replies must be included)
- \_\_\_\_\_ Attachment E: Letters to other providers in service area.
- \_\_\_\_\_ Attachment F: Letters of approval from the following: (if necessary)  
Area Agency on Aging  
Regional Council on Developmental Disabilities  
Metropolitan Planning Organization
- \_\_\_\_\_ Attachment G: Publishers Affidavit for Public Notice.
- \_\_\_\_\_ Attachment H: Letter of confirmation for local match.
- \_\_\_\_\_ Attachment I: Letter of confirmation for operating expenses.
- \_\_\_\_\_ Attachment J: Copy of your Articles of Incorporation.
- \_\_\_\_\_ Attachment K: Copy of Federal or State tax exempt letter.
- \_\_\_\_\_ Attachment L: Insurance carrier, amounts of coverage and premium rate.
- \_\_\_\_\_ Attachment M: Audit reports for your three most recent fiscal years.  
(This requirement may be exempted by MHTD staff)
- \_\_\_\_\_ Attachment N: AUTHORIZING RESOLUTION and STANDARD ASSURANCES.  
signed by the Chairperson or President of the Board  
of Directors.
- \_\_\_\_\_ Attachment O: Administrative and Operating expense forms.

SECTION 16  
1992 VEHICLE REQUEST FORM

A SEPERATE FORM MUST BE COMPLETED FOR EACH VEHICLE REQUESTED  
(This page may be duplicated.)

Organization: \_\_\_\_\_

Description of service area, including city and/or county for this vehicle: \_\_\_\_\_

Vehicle intended to: Replace existing vehicle \_\_\_ Expand existing service \_\_\_ New service \_\_\_\_\_

**INFORMATION FOR VEHICLE TO BE REPLACED:**

Type of vehicle (straight van, modified van, mini-bus, etc) \_\_\_\_\_

Manufacturer \_\_\_\_\_ Year \_\_\_\_\_ Special equipment \_\_\_\_\_

VIN # \_\_\_\_\_ Current odometer reading \_\_\_\_\_

Briefly describe vehicle condition \_\_\_\_\_

**INFORMATION FOR REQUESTED VEHICLE:**

Type of vehicle requested: \_\_\_\_\_

Maximum number of ambulatory passengers to be served on each vehicle trip. \_\_\_\_\_

Number of wheelchair positions (if necessary) \_\_\_\_\_

Daily hours actual transportation services are performed with this vehicle. (If you transport passengers from 7-9 a.m. and then again from 3-5 p.m., but your organization is in operation from 7 a.m. to 5 p.m. your transportation hours are 4 daily.) \_\_\_\_\_

Estimate the number of one-way passenger trips to be provided and the unduplicated persons to be served. (If a person is taken to a nutrition site, later to a grocery store, and later home, 3 one-way trips have been provided, but only one unduplicated person.)

**TRIPS PER MONTH**

Elderly \_\_\_\_\_  
Persons wib disabilities \_\_\_\_\_  
Other \_\_\_\_\_

**UNDULICATED PERSONS PER MONTH**

Elderly \_\_\_\_\_  
Persons with disabilities \_\_\_\_\_  
Other \_\_\_\_\_

**TYPE OF TRIPS TO BE PROVIDED (% OF USE)**

Medical \_\_\_\_\_ %    Nutrition \_\_\_\_\_ %    Shopping \_\_\_\_\_ %    Employment \_\_\_\_\_ %  
Education \_\_\_\_\_ %    Recreational \_\_\_\_\_ %    Other \_\_\_\_\_ (describe \_\_\_\_\_)

**SECTION 16  
AUTHORIZING RESOLUTION FOR NON-PROFIT CORPORATIONS**

WHEREAS, the Missouri Highway and Transportation Department is authorized to make grants for elderly and/or Persons with Disabilities transportation projects; and,

WHEREAS, the contract for capital financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of project costs; and,

WHEREAS, it is the goal of the applicant to provide the best transit project that can be provided with the funds available.

NOW THEREFORE, be it resolved by

---

( Legal Name of Organization )

as follows:

That the **President or Chairperson** is authorized to execute grant contract agreements with the Missouri Highway and Transportation Department for aid in the financing of a Section 16 assistance project.

Adopted this \_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Signature \_\_\_\_\_

(President or Chairperson)

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Attest \_\_\_\_\_

(Secretary to Board)

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

**MISSOURI HIGHWAY AND TRANSPORTATION DEPARTMENT  
FTA SECTION 16 CAPITAL ASSISTANCE PROGRAM  
STANDARD ASSURANCES**

Legal Name of  
Organization: \_\_\_\_\_  
=====

The applicant organization hereby agrees to the following Standard Assurances pursuant to the Section 16 Program:

1. It has legal authority to apply and receive a capital assistance grant.
2. It will comply with all applicable requirements of FTA Circular 1155.1 Equal Employment Opportunity Policy and Requirements for grant recipients.
3. It will comply with all requirements of Title VI, Civil Rights Act of 1964, with UMTA circular 1160.1, Interim Guidelines for Title VI - Information Specific to UMTA Programs, and with 49 CFR Part 21, Nondiscrimination in Federally Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act of 1964.
4. Its programs will be conducted or its facilities operated in compliance with all requirements imposed by or pursuant to 49 CFR Parts 27, 37 and 38, Transportation for individuals with disabilities: Final Rule.
5. It will comply with all requirements of Section 19, Nondiscrimination, of the Act.
6. It will comply with all applicable provisions with the Missouri Property Management Standards for Section 16.
7. It will give UMTA and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
8. It will operate and maintain any facility or equipment constructed or purchased as part of a Federal grant in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State and Local agencies for the maintenance and operation of such facilities.
9. It recognizes UMTA's and MHTD's authority to conduct audits for the purpose of verifying compliance with the requirements and stipulations stated above.
10. Based on information submitted in the applicant organization's application, the service provided or offered to be provided by existing public or private transit operators are unavailable, insufficient or inappropriate to meet the special needs of elderly or handicapped persons within the service area.

11. Private transit and paratransit operators have been offered a fair and timely opportunity to participate to the maximum extent feasible in the provisions of the proposed special transportation services for elderly and handicapped.

12. Projects in urbanized areas are included in the Annual Element of the local Transportation Improvement Program.

13. The applicant organization possesses the necessary fiscal and managerial capability to implement and manage its proposed project.

14. The applicant organization has or will have the required non-Federal cash match for the project; or such match will be provided in whole or in part from other State; local or private sources.

15. The applicant organization is considered under State Law as a private non-profit organization and has the legal capacity to contract with the State to carry out the proposed project.

16. The applicant organization has or will have by the time of delivery sufficient funds to operate the vehicles and equipment to be purchased under this project.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of President or Chairperson of Board

\_\_\_\_\_  
Title of Authorized Official

Attest: \_\_\_\_\_  
Secretary to Board

**ADMINISTRATIVE EXPENSES****DESCRIPTION**

501.00 A Salaries

501.01 A Administrative Salaries

501.01.0 A Home Office \$ \_\_\_\_\_

501.01.2 A Regional Office \$ \_\_\_\_\_

502.00 A Fringe Benefits - FICA

502.01.1 A Home Office \$ \_\_\_\_\_

502.01.2 A Regional Office \$ \_\_\_\_\_

504.00 A Materials and Supplies

504.01 A Office Supplies

504.01.1 A Home Office \$ \_\_\_\_\_

504.01.2 A Regional Office \$ \_\_\_\_\_

505.00 A Utilities

505.01.1 A Home Office \$ \_\_\_\_\_

505.01.2 A Regional Office \$ \_\_\_\_\_

506.00 A Insurance

506.01 A General Liability

506.01.1 A Home Office \$ \_\_\_\_\_

506.01.2 A Regional Office \$ \_\_\_\_\_

506.02 A Physical Damage

506.02.1 A Home Office \$ \_\_\_\_\_

506.02.2 A Regional Office \$ \_\_\_\_\_

506.03 A Bonding

506.03.1 A Home Office \$ \_\_\_\_\_

506.03.2 A Regional Office \$ \_\_\_\_\_

506.XX A Other Insurance

506.XX A Home Office \$ \_\_\_\_\_

506.XX A Regional Office \$ \_\_\_\_\_

509.00 A Miscellaneous Expenses \$ \_\_\_\_\_

**OPERATING EXPENSES****DESCRIPTION**

501.00 0 Salaries

501.01 0 Drivers Salaries \$ \_\_\_\_\_

501.01 0 Dispatcher Salaries \$ \_\_\_\_\_

501.03 0 Mechanics Salaries \$ \_\_\_\_\_

501.04 0 Other Salaries \$ \_\_\_\_\_

502.00 0 Fringe Benefits

502.01 0 FICA \$ \_\_\_\_\_

502.02 0 All others \$ \_\_\_\_\_

503.00 0 Services

503.01 0 Contracted Maintenance Service

\$ \_\_\_\_\_

504.01 0 Materials and Supplies

504.01 0 Fuel \$ \_\_\_\_\_

504.02 0 Lubricants \$ \_\_\_\_\_

504.03 0 Tires and Tubes \$ \_\_\_\_\_

504.04 0 Inventory Purchases \_\_\_\_\_

504.XX 0 Misc. Materials & Supplies \$ \_\_\_\_\_

506.00 0 Insurance

506.01 0 Liability \$ \_\_\_\_\_

506.02 0 Collision/Comprehensive \$ \_\_\_\_\_

506.03 0 Bonding \$ \_\_\_\_\_

506.04 0 Other Insurance \$ \_\_\_\_\_

506.04.1 0 Home Office \$ \_\_\_\_\_

506.04.2 0 Regional Office \$ \_\_\_\_\_

507.00 0 Taxes

507.01 0 Vehicle Licensing \$ \_\_\_\_\_

507.02 0 Fuel and Lubricants \$ \_\_\_\_\_

507.XX 0 Other Taxes \$ \_\_\_\_\_

508.01 0 Purchase of Service \$ \_\_\_\_\_

512.00 0 Leases and Rentals \$ \_\_\_\_\_

512.01 0 Vehicles \$ \_\_\_\_\_

512.02 0 Misc. Equipment \$ \_\_\_\_\_

520.00 0 Contributed Services

520.01 0 Donated Space, Vehicles, Etc.

\$ \_\_\_\_\_

520.02 0 Volunteer Time \$ \_\_\_\_\_