

COMMUNITY DEVELOPMENT: Journal of the Community Development Society, Vol. 37, No. 3, Autumn 2006

## Accessible Rural Transportation: An Evaluation of the Traveler's Cheque Voucher Program

Linda Gonzales, Dennis Stombaugh, Tom Seekins, and Devva Kasnitz

---

*The lack of transportation is one of the most significant and frequently reported problems affecting people with disabilities who live in rural communities and those who serve them. Historically, federal transit resources have been inequitably allocated between urban and rural areas, with only 6% of resources going to support public transit for the 25% of the population living in rural communities. Some studies estimate that the population living in 40% of the rural counties has no access to any public transportation whatsoever. This study examined the effectiveness of a voucher model of rural transportation for people with disabilities. Ten community programs in ten states operated the voucher program to provide transportation to 588 adults with disabilities. Participants took a total of 92,587 rides covering a total of 1,018,391 miles at an average cost of 39 cents per mile. The rides were used primarily for employment and employment preparation, with 171 individuals securing either part-time or full-time employment through the program.*

---

**Keywords:** *transportation, public transit, rural transportation, voucher program, disability service*

There are approximately 12.5 million people with disabilities living in rural areas of the United States, six million of who have a severe disability (Seekins, 1995). People with disabilities and disability service providers in rural areas cite the lack of transportation as one of their most significant and persistent problems (Arcury, Priesser, Gesler, & Powers, 2005; Arnold, Seekins, & Nelson, 1997; Bernier & Seekins, 1999; Gonzales, Kasnitz, & Seekins, 2000; Jackson, Seekins, & Offner, 1992; National Council on Disability, 2005).

In general, the lack of rural transportation has been a defining problem for both rural communities and people with disabilities (e.g., Burkhardt, Nelson, Murray & Koffman, 2004; Gillis, 1989; Rucker, 1994). Federal public transportation funds have historically

---

This project was supported, in part, by a grant from the U.S. Department of Education (H1235M010122) to the Association of Programs for Rural Independent Living, a national, not-for-profit, membership association of rural Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), other related organizations and individuals interested in the issues and barriers facing people with disabilities who live in rural America. APRIL represents over 200 agencies and programs that serve thousands of rural individuals with disabilities. Additional support from the National Institute on Disability and Rehabilitation Research (H133B030501) contributed to this line of research and development. Linda Gonzales and Dennis Stombaugh are at the Association of Programs for Rural Independent Living. Tom Seekins is at the RTC:Rural, at the University of Montana. Devva Kasnitz is at New Horizons Partnerships, Inc.

© 2006, The Community Development Society

been inequitably allocated between urban and rural areas—an inequity with a particularly significant, deleterious impact on people with disabilities and disability service providers in rural areas (Bernier & Seekins, 1999). This discrepancy translates directly into the experience of individuals. For example, the Rural Transit Assistance Program (1995) reported that urban public transportation provided an average of 955 trips annually—nearly 20 rides each workweek—for urban households without a car. In contrast, people living in rural areas who don't own a vehicle average only about 38 publicly-subsidized rides per year, less than one ride per workweek. Obviously, this discrepancy can limit participation in community life, and make living and working independently relatively more difficult in rural areas.

The 2005 re-authorization of the Transportation Equity Act (P.L. 109-59) increased the total funding for public transportation from \$3.8 billion to \$4.2 billion, increased the funding for rural transportation from \$241 million to \$448 million, and increased transportation funding for the elderly and individuals with disabilities from \$90 million to \$190 million. Still, the discrepancy between urban and rural transportation allocations remains significant. About 89% of transportation funds subsidizes transportation for the 75% of the population living in urban areas, while only about 11% goes to support transportation for the 25% of the nation's population living in rural areas. The magnitude of this discrepancy suggests why transportation has been a consistent problem in rural areas.

Section 5311 of the Transportation Act provides funding to operate rural transportation systems. To be eligible, a community must organize a transportation agency and develop means to match Federal operating funds by 50%. This is typically done through rider fees and local taxes. Presumably, as a public program covered both by the ADA and other national and state legislation, these services provide accessible transportation to people with disabilities. Still, Rucker (1994) reports that one out of thirteen rural households doesn't own a private vehicle and 41% of rural residents lives in the nation's 1,200 counties with no public transportation at all. He reports that 11.9 million people with disabilities living in rural areas are classified as transportation-dependent and one million of those are also classified as poor. Clearly, the need for innovative rural transportation options for people with disabilities is great.

Despite the significant lack of transportation options for people with disabilities living in rural areas, there are few reports of appropriate models for delivering such services. Kidder (1989) described a "brokered" or "cooperative" rural transportation model for people with disabilities that forged transportation cooperatives among agencies with federally-funded vehicles. For example, a senior citizen program, a mental health center, and a developmental disabilities service provider might form a community transportation cooperative by combining their vehicles and transportation budgets to serve all people with disabilities—not just each agency's clients. Kidder's research demonstrated that such a model was effective and financially feasible. Unfortunately, her approach has not been widely adopted, in part because it requires agreement and cooperation among multiple local agencies that may fear loss of control and income. Further, it requires a community large enough to have at least two cooperative agencies with accessible vans, an option often not available to small, more remote rural areas.

One alternative involves using a voucher model for transportation (e.g., Bernier & Seekins, 1999). In general, voucher models are relatively simple and straightforward. Eligible individuals take responsibility for finding and securing defined goods and services, which they pay for with vouchers. The Food Stamp program and the various school voucher projects are widely-known examples. In the voucher model for rural transportation, a community transportation coordinator facilitates transportation by negotiating with any public and private providers to accept vouchers; identifies potential volunteers who may accept vouchers in partial payment for transportation; reimburses transportation providers

who submit vouchers for payment; and recruits eligible participants, provides them with vouchers to pay for rides, and trains them to use vouchers creatively and effectively. An eligible participant can use vouchers in a variety of ways, including defraying the costs of a ride provided by a friend, neighbor, or volunteer; or paying for a ride provided by a private or public provider. Although a coordinator may cultivate some transportation resources, each participant is responsible for organizing and securing the rides he or she needs. Participants may even share strategies and resources with each other individually or through support groups.

A review of the use of transportation voucher models indicates that this option is rarely used to create transportation options for our target population of people with severe disabilities living in rural areas (Bernier & Seekins, 1999). Without a clear model, operating procedures, and evidence for its utility, communities may be unaware of this option or may lack the capacity to pursue it. This paper reports on an evaluation of a national demonstration of a voucher model for rural transportation, the Traveler's Cheque (TC) program. The demonstration was designed to explore this strategy for transportation provision to people with disabilities living in rural areas. The demonstration focused on how small towns and rural communities could successfully organize and operate a flexible supported transportation program for people with disabilities. This model was also designed to expand available community problem-solving strategies that were consistent with the disability rights movement's philosophy of consumer control (e.g., National Council on Disability, 1997).

## **METHODS**

We chose to work with CILs<sup>1</sup> and Section 121 American Indian Vocational Rehabilitation programs across the United States. These programs have similar missions of creating community options for people with disabilities and their structure, goals, and knowledge base are similar. They also rely on a similar definition of disability derived from the Americans with Disabilities Act: an individual with a physical or mental impairment that substantially limits one or more major life activities, or an individual who is perceived to have such impairment. Annually, the 336 CILs and their 253 satellite offices serve 1,896 counties (1,224 of which are rural) and approximately 212,000 people (Innes, Enders, Seekins, Merritt, Kirshenbaum, & Arnold, 2000). In addition, fifty Section 121 programs operate in 18 states (AIRRTC, 1999).

Four community-based programs, three CILs and a Section 121 project, collaborated in the development of the grant proposal and were pre-selected to participate in the project. We used a "mini-grants" program to recruit the additional six demonstration sites (Paine-Andrews, Francisco, & Fawcett, 1994; Ravesloot, 1999). Recruiting involved issuing an announcement and invitation to apply to participate in this demonstration to all CILs, SILCs, and American Indian Section 121 Vocational Rehabilitation programs. To apply, an organization had to complete a simple application form describing the need for transportation in their area and their ability to manage the program and develop and engage other community players in the program. This announcement specified that each selected site would receive a contract for a total of \$60,000 over five years to support the project, as well as staff training and ongoing technical assistance.

A total of 50 programs submitted applications to the competition. The researchers and members of the Steering Committee of APRIL's Transportation Task Force reviewed and ranked the applications. We selected a total of ten programs in ten states (Massachusetts, Utah, Wyoming, New Mexico, Alaska, Montana, Pennsylvania, Illinois, Georgia, and Minnesota) to participate in the project. The final ten sites represented ten very diverse communities so that the results and replication materials developed could be widely applied.

Diversity in location, population density, geography, minority populations, disability groups served, and transportation availability and transportation experience were emphasized. All participating programs served small towns or large rural areas. The average population density of service areas was 18 people per square mile and ranged from 5 to 100 people per square mile.

## **PROCEDURES**

Each selected site received a standard contract listing the responsibilities of the site. Each participating program designated a local staff member as a Community Transportation Coordinator (CTC). All CTCs attended a two-day training in implementing the program. The CTCs each received a Supported Voluntary Rural Transportation program operations manual.<sup>2</sup> This brief manual described: (1) the context and history of rural transportation for people with disabilities; (2) overview of TC Program operation and management (background/guidelines for starting a local program, descriptions of existing voucher programs, examples of our Traveler's Cheques and other forms created for the demonstration); (3) the program's financial and organizational aspects (such as calculating reimbursement rates); (4) developing local transportation resources; (5) identifying and inviting local consumer participants; (6) helping consumers and drivers effectively use the voucher system; (7) using the Traveler's Cheques to monitor the project's financial health and evaluate its impact; (8) negotiating with local and state agencies for additional funding and resources; and (9) planning and scheduling local implementation.

### **Local implementation**

The trained Community Transportation Coordinators (CTC) initiated the local programs. First, the CTCs identified and negotiated with any local public and private transportation providers to accept the vouchers at a negotiated rate. Next, they recruited participants. Individual participants completed a three day trip diary in which they recorded all trips they desired to take and all trips actually taken. They also completed an extensive enrollment application and a form that measured their overall satisfaction with their pre-program transportation options. These three centrally designed forms assisted the individual participants to articulate their needs. The trip diary and enrollment form were used by the participants and the CTC to develop an Individual Transportation Plan (ITP) to use the vouchers effectively for purchasing rides from volunteer drivers, public, private, or other available providers in the community.

As part of the ITP, participants calculated their needs in terms of number of rides and number of miles per ride. The CTC then issued the participant a Traveler's Cheque checkbook and provided an initial allocation in miles. The CTC also provided training on how to use the Traveler's Cheques.

The vouchers, or Travelers Cheques, were a two-part carbon-copy form that mimicked standard bank checks and provided a means for tracking each ride for each participant. Each Cheque had areas where the user recorded the date of the trip, its purpose, the provider, and a mileage estimate. The purposes listed included trips for employment, education, medical, shopping, and social or religious purposes. For each ride, a participant identified a transportation provider and arranged a ride. At the end of the ride, he or she filled out the Cheque and gave the driver the original, kept the carbon copy, and recorded the transaction in a Cheque Register. The driver submitted the original to the sponsoring agency for reimbursement. As more Cheques or a greater number of miles were needed, the consumer participants exchange their used Cheque Books and Registers for new ones. Mileage allocations were reviewed and updated by the CTCs at least quarterly.

## **Ongoing technical assistance and support**

Ongoing support and technical assistance for community service agencies are important components of a successful program demonstration (Balcazar, Seekins, Fawcett, & Hopkins, 1988). This project included regular follow-along teleconference calls between the research team and demonstration site staff. In addition, a list-serve and Web site provided updates and an alternative means for communicating among sites between annual meetings held at the APRIL conference. At first, monthly teleconference calls were scheduled. Then, once sites were well established and operating smoothly, the calls were reduced to one or two quarterly. Teleconference calls had many benefits: they supported each site in implementing portions of the project. They reinforced progress and encouraged local problem-solving. In these group calls, each site learned from the others' collective experience and the research team could document each site's local issues, problems, and solutions. The research team could identify and quickly assist sites needing individual attention or technical assistance. Finally, teleconference calls represented a management tool for reviewing each site's schedule and progress toward local implementation.

## **Project evaluation**

We designed three primary methods for evaluating the project's impact. First, we designed the Three-day Trip Diary, Satisfaction Form, and parts of the Enrollment Form and a planned periodic Enrollment Form update to collect pre and post test data. In particular, we collected data on employment outcomes, including pre and post employment assistance important to our funder. We also included data on participants' households and their avoidance of institutionalization, important to the sites themselves. These forms proved too ambitious and difficult to collect in sufficient numbers for a rigorous quantitative analysis although they hold useful data we are still analyzing qualitatively.

As sites received the vouchers, the designated "bookkeeper" entered the data it provided into an Excel Workbook (check number, date of trip, ride provider, mileage, and the trip purpose). The workbook had an instruction sheet, a summary sheet, and individual sheets for each consumer and provided an efficient method to manage all the paperwork for the program. The spreadsheet automatically calculated current balances and totals for each consumer and automatically posted them onto the summary sheet for the site. The site then issued a check to the transportation provider on a set schedule (normally once each week or on a biweekly or monthly basis). Each site regularly provided our staff with copies of these spreadsheets, which provided rich and comprehensive quantitative data. The time required to manage and operate the program averaged approximately four or five hours per week at each site once the program transitioned from the initial start up phase.

Thirdly, regular conference calls, annual discussions among CTCs at a central face-to-face training update and two to three day site visits by two or three research staff members provided extensive data for qualitative measures. In this series of visits to each demonstration site, we collected richer, more refined information from direct interviews with participants, directors, staff of other agencies, and public officials. These detailed data provided multiple perspectives on the TC program's implementation and its impact on individuals and the community.

## **RESULTS**

A total of 588 adults with varied kinds of disabling impairments participated in the TC program over four years. In order, 18% of participants reported having a mental or emotional impairment, 13% reported having mobility impairment, 9% reported a visual

impairment, 7% reported a cognitive impairment, 1% reported a hearing impairment, and 52% reported multiple or other impairments. Fifty-one percent of riders was male. The average age at enrollment was 41 years. Sixty-four percent of riders was Caucasian, 23% American Indian, Alaskan Native, or Native Hawaiian, and 10% was African American. Thirty-eight percent lived in a single person household. Sixty-nine percent of participants reported an annual household income below \$10,000 and another 24% between \$10,000 and \$20,000. Forty-nine percent of the households did not own a vehicle.

During the first year, each site was only in operation for two to four months. During the second, third, and fourth years, each site was in operation for a full twelve months. Table 1 presents the total miles of transportation provided, the number of trips received, the average miles per trip and the average cost per trip over the first four years of the project. Table 2 presents the total number of riders, the total number of rides provided, the total number of miles of transportation, the average cost per trip, and the average cost per mile across the ten sites. Wide variations were seen among communities in terms of cost per trip (\$1.15 to \$16.80), cost per mile (\$0.29 to \$1.18), and number of consumers served (26 to 104). Most of the variation is due to geography (longer trips required at some sites) and the use of higher cost taxi providers primarily at two sites (Pennsylvania and Massachusetts). The number of consumers served was related to the priorities established by the sites. Some sites elected to provide a large number of consumers with partial support of their transportation needs, while other sites provided full support to a smaller number of consumers.

**Table 1. Productivity of Program Over Four Years**

	Year 1	Year 2	Year 3	Year 4	Total
Total consumers	173	378	482	588	588
Miles provided	53,520	304,467	346,832	313,572	1,018,391
Trips provided	4,100	29,553	32,524	26,410	92,587
Payments to providers	\$19,710	\$127,233	\$131,215	\$123,478	\$401,636
Average cost per trip	\$4.81	\$4.31	\$4.03	\$4.68	\$4.34
Average cost per mile	\$0.37	\$0.42	\$0.38	\$0.39	\$0.39

**Table 2. Riders, Trips, Miles, and Cost across the Ten Sites Over Four Years**

Site	Riders	Trips	Miles	Cost Per Trip, \$	Cost Per Mile, \$
Alaska	40	7,141	97,355	4.70	0.345
Georgia	56	10,572	91,099	3.65	0.424
Illinois	36	5,014	95,942	6.44	0.336
Kansas	104	30,946	94,919	1.15	0.376
Massachusetts	44	2,655	37,805	16.80	1.180
Minnesota	89	11,775	160,085	3.97	0.292
Montana	60	4,652	106,631	7.82	0.341
New Mexico	93	10,287	123,196	4.13	0.345
Pennsylvania	40	5,305	69,335	9.33	0.714
Utah	26	4,240	142,024	9.86	0.294
Total	588	92,587	1,018,391	4.34	0.394

The number of rides and the number of miles of transportation by provider type varied significantly by site. Taxi providers were used at four sites (Georgia, Illinois, Massachusetts, and Pennsylvania) although both Georgia and Illinois limited their use. In five communities either rural transit (Kansas, Minnesota, and New Mexico) or very small programs with vehicles acquired with Section 5310 federal funds (Montana and Illinois) cooperated with the Traveler's Cheque Program. In two states (Alaska and Utah), only volunteer providers were used. Volunteer drivers were permitted and used at all the sites but were recruited and chosen by the participants. Volunteer drivers were reimbursed at the allowable federal rate.

Although volunteer drivers provided only 43% of the trips, they accounted for 71% of the total miles used by consumers. Transit systems provided 44% of the rides, but only accounted for 21% of the miles logged by consumers. Transit providers tended to provide many short rides in the larger "towns," for example Hays, Kansas, and Marshall, Minnesota. Taxi providers also tended to be used for shorter trips within town and accounted for 13% of the trips, but only 7% of the miles.

Consumers could choose to use any providers available to them. Their choices averaged over all ten sites were as follows: 42.2% of consumers used only volunteers, 31.5% used only available public transit services, 11.9% used only taxis, 9.5% used volunteers and public transit only, and 4.6% used volunteers and taxis.

Table 3 presents the distribution of rides by type across the ten sites. Most of the rides provided was for transportation to and from work (84%). The remaining 16% was provided for medical, shopping, social or religious, and school purposes, when such trips were documented as necessary to maintain, seek or prepare for employment. Trips for social and religious purposes were disallowed by the funding source during the second year of operation and were immediately discontinued. The trip purpose percentages varied significantly by site. For example, in Kansas, only trips to and from work were permitted and 100% of the trips was for work. In Utah, where a Center for Independent Living is partnering with the local Vocational Rehabilitation office only 35% of the trips was to and from work, while 44% of the trips was to and from school and 21% was for medical purposes.

The effect transportation availability had on employment outcomes was critical to our funder and employment data were collected and verified for all participants by their CTC. At the time of enrollment, 31% of participants was employed part-time and 14%

**Table 3. Number of Riders for each Trip Purpose across the Ten Sites Over Four Years**

Site	Work	Medical	Social	School	Shopping	Total
Alaska	3,861	787	223	870	1,395	7,141
Georgia	9,748	202	187	296	131	10,572
Illinois	2,639	404	300	1,395	339	5,014
Kansas	30,939	0	0	0	0	30,946
Massachusetts	1,714	133	240	435	127	2,655
Minnesota	9,580	394	445	1,040	318	11,775
Montana	3,222	319	121	904	282	4,652
New Mexico	9,443	81	30	204	0	10,287
Pennsylvania	4,739	274	130	97	74	5,305
Utah	1,492	874	0	1,864	10	4,240
Total	77,377	3,468	1,676	7,105	2,676	92,587

was employed full-time, while 13% was in a paid internship, in school, or in a training program. During the first four years of this project, 171 people obtained employment (93 full time and 78 part time jobs). The number of new jobs obtained during the third and fourth years was higher than during the first two years especially at sites where strong working relationships with a vocational rehabilitation agency had been developed. A similar number of participants who were employed when they enrolled in the program reported that the TC program had either helped them maintain their current job, improved their employment (found a better job, allowed them to increase the number of hours worked, or assisted them in finding a more rewarding job with their original employer).

## **DISCUSSION**

The Travelers Cheque (TC) program appears to be highly effective in helping people with disabilities in a wide variety of rural areas to develop and secure transportation. Simple, flexible, and easily implemented, it respected consumer skills and creativity, and the community's capacity to respond to need. This pilot study showed that, given the resources, people with disabilities living in small towns and rural communities could meet their own employment and IL goals effectively. Moreover, community members came through as volunteer drivers. The low cost of the program suggests that rural communities could implement and sustain it with resources available locally.

The TC voucher model is extremely flexible and adoptable by any local public or private agency, or a consortium of agencies as a stand-alone program or as a supplement to existing transportation systems. The TC model offers many advantages over traditional, agency-driven systems. Unlike scheduled services, rides need not be restricted to hours and days of operation: more hours of service can be available to riders. Second, service agencies (i.e., Area Agencies on Aging, CILs) may have lower direct overhead and administrative costs that can be shifted to fund actual trips. Third, vouchers can increase public/private cooperation and business for local bus services or taxis. Fourth, the TC voucher model can start with minimal investment or risk and grow incrementally as demand and resources permit. Finally, because the vouchers themselves document trips, their use can be monitored with a high degree of detail and accuracy.

Of course, there may be disadvantages to voucher systems. Only a limited number of subsidized trips may be available to riders, and a community may have few lift-equipped vehicles. Without adequate monitoring, vouchers could potentially be misused. Careful planning and management may overcome these obstacles (Atwell, 2000), and offer many rural communities and their citizens with disabilities a promising alternative for increasing participation in work and community life.

The TC program is a viable new transportation strategy for supporting people with disabilities that builds on the independent living paradigm and philosophy of consumer control. In rural areas where there is little or no public transportation, this innovative strategy is a method for directly increasing opportunities for people with disabilities to participate in community life. Where some public transportation is available, it offers a supplementary strategy that can make transportation affordable or provide transportation during times when public transit is not available.

The demographics of participants point to the association between poverty and disability. Ninety-three percent of the TC participants reported annual household incomes of less than \$20,000. The voucher model put resources into the hands of people with disabilities who convincingly demonstrated their capacity to use the resources wisely. Based on focus group interviews, participants reported an improved quality of life and



greater community participation because they were able to combine and use these and other resources creatively. Participants described their sense of relief and security, knowing that they could get a ride, if they needed it. They consistently reported a sense of increased dignity and willingness to request rides because they were now able to pay for rides provided by neighbors and friends. For some participants, using the cheque book and learning to manage their mileage allocations provided valuable training in independent living skills.

Liability is a perennial issue in community transportation services. In general, a TC voucher sponsoring agency has limited liability because it is responsible simply for disbursing funds used by participants. Agency liability is limited when there is little or no involvement in providing transportation or selecting the transportation provider (Rott, 1994). The TC program does require securing local transportation providers' agreements to accept the vouchers in lieu of payment, and the agency is obligated to verify that providers are indeed able to provide transportation. However, the transportation provider is responsible for meeting state requirements and securing liability coverage. Consumer participants are obligated to ensure that any volunteers from whom they receive rides are properly covered. Agencies may also negotiate with their insurance carriers to extend the agency's existing insurance coverage to volunteers using their own vehicles.

We have identified two general strategies for community-based rural agencies to secure stable financing for a voucher system. The first seeks funding from the government of the county in which the program operates and the second develops financial support from those state agencies administering Section 5310 and 5311 federal transportation funds. A county commission provided the initial funding for one early voucher program's operation—a commitment that has continued for eight years. One CIL organized participants into local transportation consumer advocacy groups that have advocated for support from their county commissions, town councils, and state agencies. The Section 5311 Non-urbanized Area Formula Grants Program of the Urban Mass Transportation Act (FTA Circular 9070.1C, 1992) permits vouchers or user-side subsidy systems. As such, a mechanism to fund the adoption of voucher models is in place, but it requires a community effort to take advantage of it.

Disability and rural advocates share goals of building community infrastructure and capacity. They also share values of diversity, integration, citizen participation and control, individual dignity, and equity. These shared goals and values provide a strong foundation for partnerships in many rural areas. Such partnerships can lead to improved quality of community life for all citizens.

## NOTES

1 CIL (Center for Independent Living): a consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agency that is designed and operated within a local community by individuals with disabilities. CILs work to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in their communities. There are about 336 CILs in the 50 States and District of Columbia, with offices in about 700 communities.

2 Both the original and revised versions of the operations manual, *A Toolkit for Operating a Rural Transportation Voucher Program*, are available from the Association of Programs for Rural Independent Living at [www.april-rural.org](http://www.april-rural.org).

## REFERENCES

- AIRRTC (1999). *Directory of Vocational Rehabilitation Service Projects for American Indians*. Flagstaff, AZ: American Indian Rehabilitation Research and Training Center, Northern Arizona University.
- Arcury, T. A., Preisser, J. S., Gesler, W. M., & Powers, J. M. (2005). Access to transportation and health care utilization in a rural region. *The Journal of Rural Health*, 21 (1), 31-38.
- Arnold, N., Seekins, T. & Nelson, R. (1997). A comparison of vocational rehabilitation counselors: urban and rural differences. *Rehabilitation Counseling Bulletin*, 41(1), 2-14.

- Atwell, B. (2000). Going our way? This Kansas transportation program brings agencies, resources, and people together! *RTC: Rural Common Threads*, Winter, 2-6.
- Balcazar, F., Seekins, T., Fawcett, S. B., & Hopkins, B. L. (1990). Effects of training on advocacy behaviors and generalization to community engagements and outcomes. *American Journal of Community Psychology*, 18 (2), 281-296.
- Bernier, B., & Seekins, T. (1999). Rural transportation voucher program for people with disabilities: three case studies. *Journal of Transportation and Statistics*, 2 (1), 61-70.
- Burkhardt, J. E., Nelson, C. A., Murray, G., & Koffman, D. (2004). Toolkit for rural community coordinated transportation. Washington, D.C.: Transportation Research Board (TCRP No. 101).
- FTA Fiscal Year Appropriations and Allocations (1996). *Federal Register*, 61 (195), p. 52499-52538.
- FTA Circular 9070.1E. 2000. U.S. Department of Transportation, Federal Transit Administration. Retrieved August 18, 2006, from <http://www.fta.dot.gov>
- Gillis, W. R. (1989). Introduction: The relevance of rural transportation. In W. R. Gillis, (Ed.), *Profitability and mobility in rural America*. (p. 131-146). University Park, PA: Pennsylvania State University Press.
- Gonzales, L., Kasnitz, D., & Seekins, T. (2000). Rural Transportation Policy. In D. Kasnitz (Ed.) *Position Papers in Independent Living and Disability Policy*, 1(6). World Institute on Disability, Oakland.
- Gonzales, L., Stombaugh, D., Seekins, T. & Kasnitz, D. (2006). Kent, OH: Toolkit for Operating a Rural Transportation Voucher Program. Association of Programs for Rural Independent Living.
- Innes, W. A., Enders, Seekins, T., Merrit, D., Kirshenbaum, A., & Arnold, N. (2000). Assessing the geographic distribution of centers for independent living: Toward a policy of universal access. *Journal of Disability Policy Studies*, 10(2), 207-224.
- Jackson, K., Seekins, T., & Offner, R. (1992). Involving consumers and service providers in shaping rural rehabilitation agenda. *American Rehabilitation*, 18(1), 23-29, 48.
- Kidder, A. (1989). Passenger transportation problems in rural areas. In W. R. Gillis (Ed.), *Profitability and mobility in rural America* (p. 3-4). University Park, PA: Pennsylvania State University Press.
- National Council on Disability (2005). *The Current State of Transportation for People with Disabilities in the United States*. Washington, D.C.: National Council on Disability.
- Paine-Andrews, A., Francisco, V. L., & Fawcett, S. B. (1994). Assessing community health concerns and implementing a micro-grant program for self-help initiatives. *American Journal of Public Health*, 84 (2), 316-318.
- Rott, D. (1994). *Memorandum: Liability issues of the Supported Volunteer Rural Transportation System Voucher Model*. Missoula, MT: Montana University Affiliated Rural Institute on Disabilities.
- RTC:Rural (1999). *Rural Facts: Inequities in rural transportation*. Missoula, MT: Research and Training Center on Rural Rehabilitation, University of Montana.
- Rucker, G. (1994). *Status report on public transportation in rural America*. Washington, D.C.: Community Transportation Association of America.
- Rural Technical Assistance Program (1994). Washington, D.C.: Federal Transit Administration.
- Seekins, T. (1995). Rural rehabilitation. In A. E. Dell Orto & R. P. Marinelli (Eds.), *Encyclopedia of Disability and Rehabilitation* (p. 643-651). New York: Simon and Schuster Macmillan Library Reference USA.
- Studebaker (1990). *Using Volunteers in Transportation*. Community Transportation Association of America.