

JUVENILE JUSTICE COMMISSION

2019 REENTRY TRANSPORTATION SUPPORT QUESTIONNAIRE

Service Provider/Business Name: _____

Service Provider/Business Address: _____

Provider/Business Federal ID Number: _____ NJ START Number: _____

Contact Person: _____ Contact Phone #: _____

Contact Email: _____

Description of Provider/Business: _____

Business Entity (Please check one): Partnership LLC Corporation Non-profit

Select the county/counties in which you will provide transportation services (select all that apply):

- | | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Cape May | <input type="checkbox"/> Hudson | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Salem | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Morris | <input type="checkbox"/> Somerset | |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Essex | <input type="checkbox"/> Mercer | <input type="checkbox"/> Ocean | <input type="checkbox"/> Sussex | |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Passaic | <input type="checkbox"/> Union | |

Service Provider Questionnaire:

- Please describe the type of transportation services you provide: _____

- Do you currently have Liability Insurance? Yes No
- Please provide the number of years you have been providing transportation services: _____

- Date available to start providing services: _____

- List the days and hours of operation: _____

- List the methods by which you accept referrals (i.e., by text, telephone, fax, email, etc.) and provide the relevant contact information:

- Describe how the cost of a trip is determined: _____

- Are there any limitations to location, distance, or number of individuals you can transport? Yes No

If yes, provide limitations: _____

- Do you or any of your staff have an established relationship with the JJC or any of its staff? Yes No

If yes, please describe: _____

FOR JJC USE ONLY

Date Questionnaire received: _____ Questionnaire approved: Yes No

If not approved, provide reason: _____

Approved/Denied By: _____ Title: _____

Signature: _____ Date: _____

Date Service Provider/Business notified: _____