

## APPLICATION FOR ADA PARATRANSIT SERVICES

The primary public transit service provider in the City of Fort Collins is Transfort, the fixed route bus system. Persons who are able to use Transfort fixed-route service are encouraged to do so. The ADA requires that transit agencies that have fixed-route bus service provide complementary paratransit service to those persons with disabilities whose disability prevents them from being able to use a fixed-route bus.

Persons who wish to qualify for the City of Fort Collins paratransit program must complete in full and return the application form to Transfort / Dial-A-Ride. This includes completing and signing the attached "Authorization to Release Medical Information" form, and return it with your application. When your application is received, we will send a Health Care Provider (HCP) Verification form to the HCP that you identified on your application to verify your disability or illness. It is important that you list the HCP who will be most familiar with your disability or illness.

Once the HCP form has been received by Dial-A-Ride, eligibility staff will begin to process your completed application. Applications are not complete until the HCP form has been completed and received by Dial-A-Ride. Incomplete applications may cause an interruption in the eligibility process. Dial-A-Ride will process your completed application within 21 calendar days of receipt of the completed HCP form. If a decision is not made within this time, presumptive eligibility will be granted until a decision can be made.

Eligibility for services is determined by information you provide and information we obtain from your health care provider. Please contact Dial-A-Ride at (970) 224-6002 if you need this application in an alternative format or if you have any other questions regarding the eligibility process, including eligibility information or renewals, application status, or visitor status requests. Mail or fax completed applications to the address listed below:

Transfort / Dial-A-Ride	Phone: (970) 224-6002
6570 Portner Road	Fax: (970) 207-7969
Fort Collins, Colorado 80525	Monday - Friday 8 a.m. to 5 p.m.

There are no fees associated with the application process. Fees incurred such as transportation and mailing may be reimbursed by sending a written request with a receipt or invoice to the address below. Fees will be verified and reimbursed within 14 days of receipt of the request.

Contract Administrator, Transfort / Dial-A-Ride  
250 N. Mason Street  
Fort Collins, Colorado 80524

### **Who is Eligible for Paratransit Service?**

The Americans with Disabilities Act of 1990 (ADA) regulations provide that a person may be eligible for paratransit services under one of the following three categories:

Category 1 | The first category of eligibility includes those persons who are unable to use fully accessible fixed route bus services. Included in this category is "any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to, and useable by, individuals with disabilities" [Section 37.123(e) (1) of the ADA regulations].

Category 2 | This category applies to an individual who would be able to use the fixed route bus system if it were accessible (for example, if a low-floor or lift-equipped bus is not available, or if the bus stop or station is not accessible).

Category 3 | "Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from disembarking location on such system." [Section 37.123(e) (3) of the ADA regulations]. Two important qualifiers to this category are included in the regulations. First, environmental conditions and architectural barriers not under the control of the public entity do not, when considered alone, confer eligibility. Second, inconvenience in using the fixed route bus system is not a basis for eligibility.

### Types of Eligibility Status

Based on individual needs, applicants may qualify for any of the following types of eligibility:

1 | Unconditional - Full service for up to three (3) years.

2 | Conditional - Any conditions applied to service is done so on an individual basis depending on the needs of the passenger. Because conditions vary from one individual to another, they will be clearly explained on the eligibility letter. Your eligibility specialist will be able to answer any questions you may have regarding your conditions.

3 | Temporary - Temporary eligibility is provided to passengers who have a temporary disability/illness that prevents them from using the Transfort bus system. Eligibility may be provided for the expected duration of the disability. Temporary eligibility may be conditional or unconditional depending on the individual's needs. Any conditions, if applicable, will be clearly explained on the eligibility letter.

4 | Visitor Status - Visitors who have current ADA paratransit eligibility certification in any other jurisdiction in the United States may use Dial-A-Ride for up to 21 calendar days a year by providing their ADA identification card or certification letter. Visitors who do not have this certification but have a disability that prevents the access of fixed route service may still be eligible as a visitor. An eligibility specialist will be able to assist you in qualifying as a visitor.

Please note that residency is not required in order to apply for service.

### Recertification of Eligibility

Each Dial-A-Ride passenger must be recertified upon reaching their eligibility expiration date. Typically, eligibility extends for three (3) years from certification. A passenger's ADA certification letter will indicate their paratransit eligibility expiration date.

### Recertification of Service

In the event that you are recertifying for service, a completed application is required in order to continue receiving service. To avoid an interruption or discontinuation of paratransit service, please complete and return the following application no later than \_\_\_\_\_.

SECTION 1: BASIC INFORMATION

Is this a new application or recertification?  New  Recertification

1. Applicant Information

Last Name	First Name	M.I.
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Date of Birth (mm/dd/yyyy)	Gender	Email Address:
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Home Phone (xxx)xxx-xxxx	Work Phone (xxx)xxx-xxxx	Cell Phone (xxx)xxx-xxxx
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Address	Apt/Unit No.
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City	State	Zip Code
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Mailing Address (if different from above)	Apt/Unit No.
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City	State	Zip Code
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2. Emergency Contact Information

Last Name	First Name	M.I.
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Relationship to Applicant

Home Phone (xxx)xxx-xxxx	Work Phone (xxx)xxx-xxxx	Cell Phone (xxx)xxx-xxxx
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Address	Apt/Unit No.
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City	State	Zip Code
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3. Have you applied for Dial-A-Ride previously?  YES  NO

4. Do you currently have, or have you had in the past, paratransit eligibility in any jurisdictions?  YES  NO

5. Who can act on your behalf with Dial-A-Ride (for example, schedule or cancel trips)?

6. Are you currently a Colorado State University student, faculty, or staff?  YES  NO

SECTION 2: GENERAL QUESTIONS

1. Do you have a health condition or disability that prevents you from independently using fixed-route bus service? If so, please briefly explain.

2. When does your health condition/disability require you to use paratransit service? (check all that apply):

- Permanently   
  Intermittently   
  Depending on the weather   
  Temporarily   
  N/A

If you answered Temporarily, what is the expected date of recovery?	Recovery Date (mm/dd/yyyy)
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3. Do you use a mobility and/or communication aid?  YES     NO

If you answered YES, please indicate which mobility and/or communication aid(s) you use (mark all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cane              | <input type="checkbox"/> White Cane              | <input type="checkbox"/> Portable Oxygen    |
| <input type="checkbox"/> Crutches          | <input type="checkbox"/> Walker                  | <input type="checkbox"/> Prosthesis         |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair        | <input type="checkbox"/> Power Scooter/Cart |
| <input type="checkbox"/> Boarding Chair    | <input type="checkbox"/> Transfer Board          | <input type="checkbox"/> Service Animal     |
| <input type="checkbox"/> Communication Aid | <input type="checkbox"/> Other (please explain): |   |

4. Please indicate the furthest distance you are reasonably able to travel without the assistance of another person. Please answer assuming you will be using your primary mobility device. Also, please assume you will be traveling on level ground where there are no barriers or weather conditions affecting your mobility.

- Less than 200 feet   
  1/4 Mile (3 Blocks)   
  1/2 Mile (5 Blocks)
- 3/4 Mile (8 Blocks)   
  More than 3/4 Mile

Please estimate how many minutes this would take: \_\_\_\_\_

5. A Personal Care Attendant (PCA) is a person traveling as an aide who is designated or employed by a person with disabilities to help that person meet his or her personal needs and/or facilitate travel. When using paratransit service, would your health condition/disability require you to travel with a PCA?  YES     NO

6. Please explain any environmental (i.e. weather, temperature, physical barriers etc.) conditions or other circumstances that prevent you from accessing and using a fixed-route bus:

SECTION 3: FIXED ROUTE BUS

Please complete this section even if you are unable to use regular fixed-route bus service. This information will assist us in determining how your disability/health condition affects your ability to use regular fixed-route bus service.

1. Do you currently use fixed-route bus service?  YES  NO

If YES, please indicate which routes you use (mark all that apply):

- |                              |                               |                               |                             |                             |                             |
|------------------------------|-------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> MAX | <input type="checkbox"/> FLEX | <input type="checkbox"/> HORN | <input type="checkbox"/> 2  | <input type="checkbox"/> 3  | <input type="checkbox"/> 5  |
| <input type="checkbox"/> 6   | <input type="checkbox"/> 7    | <input type="checkbox"/> 8    | <input type="checkbox"/> 9  | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 14   | <input type="checkbox"/> 16   | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 31 |
| <input type="checkbox"/> 32  | <input type="checkbox"/> 33   | <input type="checkbox"/> 81   | <input type="checkbox"/> 92 |                             |                             |

How often do you use fixed-route service? \_\_\_\_\_

2. Have you ever had training to use the fixed-route buses?  YES  NO

If yes, did you feel it was successful?  YES  NO

Who was the travel training performed by? \_\_\_\_\_

3. Please check "YES" or "NO" to the following questions:

Are you able to use a bus route schedule to determine the correct bus and locate bus stops?  YES  NO

Are you able to identify the correct bus to take when there are multiple buses servicing a stop or transit center?  YES  NO

Are you able to independently board/de-board a bus that is wheelchair accessible?  YES  NO

Would you be able to figure out what to do if you miss your bus?  YES  NO

Are you able to wait at an ADA-accessible bus stop WITHOUT seating?  YES  NO

Are you able to wait at an ADA-accessible bus stop WITH seating?  YES  NO

Are you able to wait at a **non** ADA-accessible bus stop WITHOUT seating?  YES  NO

Are you able to wait at a **non** ADA accessible bus stop WITH seating?  YES  NO

4. If you currently use the fixed-route bus do you:

Travel only to places that you are familiar with or have been trained to go?

Use the City bus to travel independently throughout the City?

**SECTION 4: COGNITIVE IMPAIRMENTS**

The following questions are about cognitive impairments, please check "YES" or "NO" to the following questions. If this section is not applicable, please skip to Section 5.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you able to cross streets independently?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you able to communicate needs?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you able to recognize printed information?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you able to process spoken words and auditory information?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you able to recognize destinations, bus stops, and/or landmarks?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you able to deal with unexpected situations or changes in routine (for example, bus detours)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you able to recognize changes in your mental/emotional state?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION 5: VISUAL IMPAIRMENTS

The following questions are about visual impairments. If this section is not applicable, please skip to Section 6.

1. Please describe your visual impairment:

2. Are you legally blind?

YES

NO

3. Is your visual impairment:

Degenerative

Stable

Otherwise Changing

If you answered "Otherwise Changing," please describe:

4. Are you able to travel outdoors by yourself?

YES

NO

If yes:

Only on your own property?

Only to places nearby? (for example, on your own block)

Or to places further away? (go to next question)

**If you answered "To places further away", please provide more detailed information. For example, are you limited to travel on quiet streets, or are you able to safely navigate busy intersections and/or traffic lights?**

5. If you are partially sighted, is your vision affected by any of the following? If yes, please explain.

Bright Sunlight \_\_\_\_\_

Dimly lit or shaded places \_\_\_\_\_

Darkness \_\_\_\_\_

SECTION 6: ADDITIONAL INFORMATION

The following are general questions to help Dial-A-Ride better serve its customers. Please answer all applicable questions to the best of your ability.

1. Are you able to travel in a sedan-style vehicle, or do you require a lift-equipped vehicle? Please note, this is only for scheduling purposes as Dial-A-Ride utilizes different types of vehicles.

Sedan, please explain: \_\_\_\_\_

Lift Equipped, please explain: \_\_\_\_\_

2. If you use a wheelchair or scooter please answer the following:

Is it more than 30 inches wide?  YES  NO

Is it more than 48 inches wide?  YES  NO

Is the combined weight of the device and occupant more than 600 pounds?  YES  NO

NOTE: Certification of the combined weight may be required and is the responsibility of the applicant.

Transfort offers Travel Training to learn how to use the fixed route bus system. Training includes learning how to read the maps and schedules, how to pay a fare, and how to make a transfer, among other things. Training can be one-on-one or in a small group setting, onboard the bus or in a classroom.

3. Would you like to find out more about our Travel Training program?  YES  NO

If there is an additional party you would like your Eligibility Determination letter sent to, please fill out the following information:

Last Name		First Name	
Relationship to Applicant			
Address			Apt/Unit No.
City	State	Zip Code	



SECTION 7: CERTIFICATION & SIGNATURE

The information provided on this form is private data and is used to determine ADA paratransit eligibility. The ability to determine your eligibility is based on receiving all of the information requested on this form. All medical or location information pertaining to application for, or users of, ADA paratransit service is private, except the name of the applicant or user. Any other information cannot be released to anyone else, unless the applicant or user authorizes the release in writing.

I certify that all the information on this application form is accurate. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my ADA eligibility. I also understand that a professional who understands my health condition or disability may be contacted to clarify or obtain additional information required to determine my eligibility or service needs. Information will be requested from a professional only when the information provided on the application form does not clearly determine ADA paratransit eligibility.

Applicant's Signature	Date (mm/dd/yyyy)
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If someone other than the applicant is preparing this form, please provide the following information about the preparer:

Last Name	First Name
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Relationship to Applicant	Day Phone (xxx)xxx-xxxx
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Preparer's Signature	Date (mm/dd/yyyy)
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**SECTION 8: AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

In order to allow Transfort/Dial-A-Ride to evaluate your request for transportation under the Americans with Disabilities Act of 1990, it is necessary to contact a health care provider that is familiar with your disability.

Please note that in some cases, your primary care physician may not be the optimal source for verification of your disability or health condition. If there is a specialist or other physician who is more familiar with your particular disability or health condition (for example, Psychiatrist, Orientation and Mobility Specialist, Neurologist, Cardiologist, etc.) and has your recent medical history, please provide that health care provider's contact information instead of your primary care physician.

Please provide the name, address and telephone number of your health care provider. If there is more than one health care provider that you would like for us to contact, please list all applicable names/addresses below:

Physician 1:

Doctor's Name	Practice/Group Name (if applicable)
Phone (xxx)xxx-xxxx	Fax (xxx)xxx-xxxx
Street Address / City / State / Zip	

Physician 2 (if applicable):

Doctor's Name	Practice/Group Name (if applicable)
Phone (xxx)xxx-xxxx	Fax (xxx)xxx-xxxx
Street Address / City / State / Zip	

I authorize the above-named health care provider(s) to release information to the City of Fort Collins Dial-A-Ride program. I understand that this information will be used exclusively to determine my eligibility for ADA paratransit services.

Applicant's Name (First and Last)		Date of Birth (mm/dd/yyyy)
Address		Apt/Unit No.
City	State	Zip Code
Applicant's Signature		Date (mm/dd/yyyy)