

Grand Valley Transit - GVT
ADA Paratransit Eligibility Application – 2017

In accordance with the Americans with Disabilities Act of 1990 (ADA), Grand Valley Transit provides paratransit or “curb to curb” service to anyone with a functional limitation which prevents them from using public transportation and who is traveling within the area served by **GVT** buses. Paratransit service is intended only for those trips that the person cannot make on **GVT** fixed route buses. This application form is intended to determine when and under what circumstances the applicant can use Grand Valley Transit fixed route buses and when paratransit service is required.

Grand Valley Transit will only use the information obtained in this application for the provision of curb-to-curb transportation services. Information may be shared with other transit providers to facilitate travel in other service areas at the applicant’s request. The information will not be provided to any other person or agency.

Instructions for completing this form

Before completing this application please read the enclosed Eligibility Criteria Brochure to learn more about paratransit services.

The applicant (or someone assisting the applicant) must complete sections A through E. A licensed professional from the list provided must complete and sign the Professional Verification.

All applicants, whether new or applying for recertification, must complete a new application.

All questions must be answered. Incomplete forms will be returned.

If you have any questions or need assistance completing this form, please contact us at 970-256-7433. Mail completed forms to:

Grand Valley Transit
525 S. 6th Street, First Floor
Grand Junction, CO 81501

GENERAL INFORMATION

Last Name: _____

First Name: _____ MI: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ TTY: Yes No

Evening Phone: (____) _____ TTY: Yes No

Birth Date: ____/____/____ Gender: M F

Do you need future written information provided to you in an accessible format?
____Yes ____No

Emergency Contact Person:

Name: _____ Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type or types of disabilities prevent you from using Grand Valley Transit? Please check all that apply.

Physical disability Visual impairment/Blindness

Developmental disability Brain injury

Mental illness Other _____

2. Please describe your disability (or disabilities) in more detail, including the diagnosis (or diagnoses).

3. Please indicate all of the mobility aids or equipment you use when traveling outside your home.

Communications Device

Long white Cane

Cane

Manual Wheelchair

Powered Wheelchair

Scooter

Crutches

Walker

Leg braces

Prosthesis

Service Animal

None

Other: _____

4. If you use a wheelchair or scooter, is it:

Less Than 30 Inches Wide?

Yes

No

Less Than 48 Inches Long?

Yes

No

Less Than 600 Pounds when Occupied? Yes No

B. INFORMATION ABOUT YOUR VISION

1. Cause of vision loss/ Diagnosis:

2. Are you totally blind? ____Yes ____No If yes, skip to question #7.

3. My vision is worst during these conditions. Check all that apply:

Bright sunlight

Dimly lit or shaded places

Nighttime

I see the same in different lighting conditions

4. My eye condition is considered to be:

Stable

Degenerative

Other (please explain)

5. I am able to use my vision to consistently identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:

The color of traffic lights

Pedestrian Walk/ Don't Walk signals

Crosswalk markings

Curbs or curb ramps

- Level changes along the walking path
- Bus/transit stop signs that indicate the location of the stop

6. Anything else you wish to tell us about your vision in regards to mobility within the community?

7. Most often, I use the following mobility aids when I walk outside:
Please check all that apply:

- Sighted (person) guide
- Guide dog
- White cane
- Optical devices (telescope, light, special glasses, etc.)
- None of the above
- Other, please list: _____

8. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

___ Yes ___ No ___ Sometimes

9. My hearing is normal: ___ Yes ___ No

If No, please describe your functional hearing problems.

C. INFORMATION ABOUT YOUR CURRENT USE OF FIXED ROUTE SERVICES OR PARATRANSIT SERVICES

1. Do you currently use Grand Valley Transit by yourself?

_____ Yes _____ No

If YES continue, if NO, go to question #5.

2. If yes, how often? (Circle the choice that best applies to you)

Daily Several times per week At least once per month Rarely

3. When was the last time you independently used Grand Valley Transit?

4. If you need the assistance of another person to travel while using the bus or train, what assistance does this person provide?

5. You indicated that you do not use Grand Valley Transit. Why not?

Please check all that apply:

The closest stop is too far from my house

I do not know how to ride Grand Valley Transit

I cannot travel by myself between the bus stop and my destination

I'm afraid to use Grand Valley Transit

I do not want to use Grand Valley Transit

Other (explain)

6. Please list destinations for which you use or need Paratransit services and the reasons why you are unable to use fixed route services for those trips.

a. Destination and address:

7. Reasons why fixed route service cannot be used:

b. Destination and address:

8. Reasons why fixed route service cannot be used:

c. Destination and address:

9. Reasons why fixed route service cannot be used:

10. Please read the following statements and check all those that best describe what you believe about your ability to use Grand Valley Transit by yourself.

- I use Grand Valley Transit for some trips, but sometimes there are barriers that prevent me from using these services
- I use Grand Valley Transit frequently on routes to familiar destinations
- I use Grand Valley Transit to go to new places
- I believe I could use Grand Valley Transit if someone taught me
- I am not able to use Grand Valley Transit by myself
- The severity of my disability changes from day to day, I ride Grand Valley Transit when I am feeling well
- Some weather conditions prevent me from getting to and from the bus stop
- I can get to and from the bus stop if the distance is not too great
- The bus does not always go where I want to go

D. YOUR FUNCTIONAL ABILITY

Your answers to questions in this section will help us better understand your functional ability in specific areas. **For each question, please circle only one answer.** Your answers should be based on your physical and cognitive ability to perform the tasks independently using the mobility equipment that you typically use when traveling outside your home.

Without the help of someone else, can you:

1. Walk up and down the steps if there are handrails on both sides?

Always

Sometimes

Never

Not Sure

2. Use the telephone to get information?

Always

Sometimes

Never

Not Sure

3. Travel one level block on the sidewalk in good weather?

Always Sometimes Never Not Sure

4. If you are able to do this, how long does it take you?

Less than 5 minutes Five to ten minutes Not Sure

5. Cross the street, if there are curb cuts?

Always Sometimes Never Not Sure

6. Ride up and down a wheelchair lift with handrails on both sides?

Always Sometimes Never Not Sure

7. Cross the street, if there are traffic controls?

Always Sometimes Never Not Sure

8. Travel three blocks on the sidewalk in good weather?

Always Sometimes Never Not Sure

9. If you are able to do this, how long does it take you?

Less than ten minutes Ten to Fifteen minutes Not Sure

10. Step on and off a curb from a sidewalk?

Always Sometimes Never Not Sure

11. Wait ten minutes outside in good weather if there is no seat?

Always Sometimes Never Not Sure

12. Find your own way to or from transit stop after being shown?

Always Sometimes Never Not Sure

13. Currently travel by yourself using any mode of transportation?

Always Sometimes Never Not Sure

14. If always or sometimes, which modes of transportation allow you to travel independently?

Paratransit Grand Valley Transit Car

15. Have you ever gotten lost when traveling alone?

Yes No, I never travel outside alone No, I've never gotten lost

16. If yes, were you able to find your way back?

Yes Yes, with help No

17. If the weather is good and there are no environmental barriers, how far can you travel outdoors using your mobility device, if applicable.

- I cannot travel outdoors alone at all
- Less than: 1 block Curb in front of my house
- 3 blocks 6 blocks
- 9 blocks More than 9 blocks
- Not sure Other: _____

E. WEATHER AND ENVIRONMENT

Does the weather affect your ability to use Grand Valley Transit?

Yes Sometimes No

If yes or sometimes, please explain how:

Are you able to get to and from Grand Valley Transit stops on your own?

Yes No Sometimes

If No or Sometimes, please check all that apply:

I cannot get places if there are no curb-cuts

- I cannot if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I cannot travel outside when it is too hot or too cold due to my disability
- I cannot find my way at night because of a vision disability
- I get confused and cannot find my way
- I probably could with travel training
- I feel unsafe when traveling alone on Grand Valley Transit
- Other: _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Grand Valley Transit.

Certifications

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant Signature _____ Date _____

Person completing form if other than applicant (please check one):

- ___ I certify that the information provided in this application is true and correct, based upon information given me by the applicant.
- ___ I certify that the information provided in this application is true and correct, based upon my own knowledge of the applicant's health condition or disability.

Print Name _____
 Signature _____ Daytime Phone _____
 Relationship to Applicant _____ Date _____
 Address _____

PROFESSIONAL AUTHORIZATION

THIS PAGE MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Vocational rehabilitation counselor | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Special education teacher | <input type="checkbox"/> Physician's assistant |
| <input type="checkbox"/> Speech pathologist | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Physical therapist |
| <input type="checkbox"/> Respiratory therapist | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Registered nurse | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Mental health counselor |
| <input type="checkbox"/> Recreation therapist employed by a medical facility | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Orientation & Mobility instructor of the blind | <input type="checkbox"/> Travel trainer |

Please describe all conditions (physical, cognitive, emotional, other), which functionally prevent the applicant from using the GVT fixed routes?

How does this condition PREVENT the applicant from using the GVT fixed route bus service? _____

Is this condition temporary? Yes, for _____ months. No

Exceptions or additions: _____

I certify that the information contained in parts I – V of this application is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Clinic/Agency _____

Telephone _____

Address _____

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that bans discrimination against people with disabilities. To meet their needs, public transportation companies must provide a variety of services. The applicant may be found eligible for paratransit services for all trips he or she requests, or eligible (based on functional ability) for some trip requests but not for others, or ineligible because he or she is capable of using fixed route transit. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

FOR OFFICE USE ONLY

Application Received

____ Initial ____ Date

APPROVAL

Dispatch Approval-letter

____ Initial ____ Date

Review Board

____ Initial ____ Date

Review Board

____ Initial ____ Date

Review Board

____ Initial ____ Date

Decline Letter Sent

____ Initial ____ Date

Application Up-date

____ Initial ____ Date

PROGRAM

Unconditional _____

Temp ____ Expire ____

Conditional _____

Conditions _____
