



GVT PARATRANSIT ELIGIBILITY INSTRUCTIONS

(Also refer to the GVRTC Policies and Procedures Manual Policy 3 found on Grand Valley Transit's website under the ADA quick link on the right hand side of the home page)

Who may be eligible for GVT Paratransit Service?

The Grand Valley Transit Paratransit service provides origin to destination transportation to persons who are eligible under the standards of the Americans with Disabilities Act (ADA). The ADA is a federal law that requires the provision of paratransit transportation for persons when their disability in combination with their functional abilities prevents them from using regular fixed route public transportation. Paratransit service is provided for areas within $\frac{3}{4}$ mile of an existing fixed route.

Requirements for Paratransit Eligibility:

The ADA includes two requirements for Paratransit eligibility:

1. You **must** have a disability; and,
2. Your disability **must prevent** you from using the GVT fixed route bus service

Paratransit eligibility is **not** based on:

- Age
- An inability to drive
- Personal finances

The following types of eligibility may be granted:

- Unconditional (the person may use paratransit service for all trips)
- Conditional (the person may use paratransit service under some conditions for some trips)
- Temporary (the person may have conditional/unconditional eligibility for a defined period because limitations are expected to change)

HOW IS YOUR ELIGIBILITY DETERMINED?

The GVT Paratransit eligibility determination process includes:

Submission of a completed application and signed Medical Release Form,

1. Once this is received, GVT will send a verification form to the Qualified Professional stated on application. This form must be completely filled out by the Qualified Professional and returned to GVT; see page 2 for a list of approved Qualified Professionals
2. GVT staff will contact the applicant to set up a personal interview to review complete application.
3. Eligibility will be determined by a review committee and applicant will be notified.



HOW WILL I KNOW IF I AM ELIGIBLE?

Applicant will receive notice of eligibility determination by letter, mailed to the mailing address provided. If applicant is determined eligible, they will also receive a GVT Paratransit Users Guide with information about how to use the service. Eligibility will be reviewed for recertification after 3 years.

GVT will provide presumptive eligibility to all paratransit applicants if a decision is not reached within 21 calendar days of receiving a **complete application, as defined on page 1** (FTA C 4710.1 section 9.5.1). If, following the evaluation of a paratransit application, an applicant that has been granted presumptive eligibility is determined to not be eligible for paratransit service, the paratransit service will no longer be available to that person. Five calendar days following the postage date of the paratransit denial letter sent by GVT, paratransit service will no longer be available to an ineligible applicant.

Appeals Process

Applicants who are determined not eligible or who do not agree with the conditions established for their use of the GVT Paratransit service may request an appeal, which must be filed in writing within 60 days from the date of the initial eligibility determination letter. Information on how to request an appeal will be included with the eligibility determination letter.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

The application must be complete before it will be reviewed; a complete Paratransit Eligibility application is defined by:

- 1) all questions within the application are answered to the best of the applicant's ability,
- 2) the application is signed by the applicant or the individual completing the application,
- 3) medical professional verification form completed and signed by an approved professional and returned to GVT.

PLEASE NOTE: This is not a request for medical records but will contain information about your medical condition as it relates to your ability to use fixed route service.



List of Qualified Professionals:

Certified Orientation & Mobility Specialist
Psychiatrist
Psychologist
Occupational Therapist
Registered Nurse/Nurse Practitioner
Physician Assistant
Physician
Physical Therapist
Ophthalmologist
Licensed Independent Social Worker (LISW, LICSW)
Chiropractor

Submitting your Application

1. Return the completed application and Medical Release Form:

By Mail:

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

By Fax: 970-695-2046

By Email: paratransit@mesacounty.us

Applications are accepted at the GVT office, located at:

525 S. 6th Street
Grand Junction, CO 81501
First Floor – GVT bus pass window

Grand Valley Transit will determine eligibility for ADA paratransit services.

Questions? Please call the GVT office at (970) 256-7433, 7:00 a.m. – 6:00 p.m., Monday through Saturday. Materials are available in large print and other alternative formats. Assistance for non-English applicants is also available.



Application for (GVT) Paratransit Service

Revised September 1, 2019

General Information: *Please read carefully. All questions must be answered. Incomplete or unsigned applications will be returned.*

Is this a new application, or a recertification? New Recertification

Part A. Personal Information

First Name	Last Name	Middle Initial
Street Address		Apartment #
City	State	Zip Code
Is this an apartment complex, mobile home park or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of complex or facility	

Mailing address if different:

Street Address		Apartment #
City	State	Zip code
Primary Phone	Mobile Phone	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth ____/____/____	Email Address:	

Part B. Emergency Contact

Who is authorized to contact GVT and act on your behalf

Contact name	Contact name (Individual or Organization)
Phone	Phone
Work Phone	Contact name (Individual or Organization)
Relationship	Phone



Part C. Tell us about your disability or disabling health condition.

1.) What is the primary disability or health condition that you feel prevents you from being able to use GVT's Fixed Route Bus Service? Please be specific (Example: stroke, emphysema, schizophrenia, etc.).

Date of diagnosis or onset: _____

2.) Do you have other physical or mental health disabilities or conditions that may limit your ability to use GVT's Fixed Route Bus Service?
___Yes ___No

If yes, please explain: _____

3.) Do the effects of your disability or health condition vary from day to day?
___Yes ___No

If yes, please explain: _____

4.) Is your disability or health condition: ___ Permanent ___ Temporary

How long: _____ Month(s) _____ Year(s)

If you answered temporary, please explain: _____



Part D. Tell us about your use of GVT's Fixed Route Bus Service

1.) Have you used the GVT's Fixed Route Bus Service? Yes No

If yes, how often do you use fixed-route buses: _____

2) When was the last time you used GVT fixed route service? _____

3) Which GVT bus stop is closest to your home? _____

Are you able to get to this bus stop on your own? yes No Sometimes

If your answer is sometimes, Please explain: _____

4.) How would you describe the terrain where you live? (Ex: Very steep hill, flat, uneven sidewalk, no sidewalk Etc.) _____

5.) What best describes your ability to use the GVT Fixed Route Bus Service.

I can use the regular bus for most trips

I could use the regular bus but it would be difficult

I can use the bus but only for specific trips or destinations

I have never tried to use the regular bus

I cannot use the regular bus without a personal care attendant

I cannot use the regular bus at all because: _____

6.) Do weather conditions prevent you from using the bus? (Check all that apply)

Heat Cold Snow/Ice Rain

How does the weather affect you? _____



7.) How do you currently travel? (Check all that apply)
 Drive Myself Someone else drives Van/car service
 Taxi/Lyft/Uber Fixed Route Paratransit

8.) Have you ever received mobility training? No Yes

When _____ Where _____

9.) Which of the following mobility aids or equipment do you use? (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Walker	<input type="checkbox"/> White Cane	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Crutches
<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Power Scooter	<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Boarding Chair	<input type="checkbox"/> Cane
<input type="checkbox"/> Portable Oxygen	<input type="checkbox"/> Prosthetic Device	<input type="checkbox"/> Communication Aide	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Describe):				

10.) If you use a wheelchair or scooter, would you be able to transfer to a bus or vehicle seat? Yes No

11.) Please check the furthest distance you feel you are reasonably able to travel without the assistance of another person. Please assume you will be traveling on level ground where there are no barriers or weather conditions affecting your mobility. (If you use a mobility device, answer assuming you will be using your primary mobility device)

- 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 long this would take. _____ Minutes.



12.) WITHOUT the use of your primary mobility device, how far are you able to travel?

- Not at all
- 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 long this would take. _____ Minutes.

13.) Are you able to wait at a bus stop that does not have a bus shelter or bench?

Yes No

If yes, for how long?

- Less than 5 minutes
- Less than 10 minutes
- 10 minutes or more

14.) Are you able to identify the correct bus, when there are multiple buses servicing a stop or transit center?

Yes No

15.) When using paratransit service, would your health condition/disability require you to travel with a personal care attendant (PCA)?

Yes No Sometimes

* A PCA is a person traveling as an aide who is designated or employed by a person with disabilities to help that person meet his/her personal needs, facilitate travel, and/or provide assistance to the individual when they arrive at their destination.

16.) Some persons cannot be left alone at their residence or other destination; for example, persons with dementia or Alzheimer's disease. Does someone always need to meet you when you arrive at a destination?

Yes No



Part E: Navigation Skills

Are you:

Able to ask for, understand and follow directions? ___Yes ___No

Able to recognize, destinations, bus stops or landmarks? ___Yes ___No

Able to recognize printed information? ___Yes ___No

Able to process spoken words or auditory information? ___Yes ___No

Able to communicate needs? ___Yes ___No

Able to cope with unexpected problems or changes in routine? ___Yes ___No

Able to independently and safely travel through crowded and/or complex facilities?
___Yes ___No

Able to travel independently along sidewalks and other pedestrian ways? ___Yes ___No

Able to cross a busy street independently? ___Yes ___No

Able to use a telephone to make and receive calls? ___Yes ___No

Part F. Visual Impairment (The following are questions about visual impairments, if not applicable, please skip this section)

1.) Please describe your visual impairment. _____

How long have you had this visual impairment? _____

2.) Are you legally blind? ___Yes ___No

3.) Is the condition stable, degenerative or otherwise changing?



4.) Do you have any specialized mobility devices specific to your visual impairment?
(Ex: Sighted guide) ___ Yes ___ No

If Yes, please list: _____

5.) Are you able to travel outdoors by yourself? ___ Yes ___ No
If yes:

___ Only on your own property?

___ To places nearby. (on your block)

___ In poor weather(Snow/Rain) Please explain: _____

___ To places further away. Please explain: _____

6.) If you answered yes to question 19 and you checked "To places further away",
please check if you can cross:

___ Quiet Streets

___ Busy Intersections

___ At traffic lights

7.) If you are partially sighted, is your vision affected by
___ Bright Sunlight

___ Dimly Lit or Shaded Places

___ Night

8.) If you stopped using the fixed route bus system, please explain:



Part G: General Questions- The Following are general questions to help GVT better serve its customers. Please answer all applicable questions to the best of your ability.

1.) If you require a ramp or lift to be able to safely travel, does your residence or living arrangement have an ADA accessible entrance?

Yes No

2.) If you would like to designate a pick up location other than the front door or front entrance of your residence, please specify where you would like GVT to pick you up. (i.e. side entrance of building to the west)

3.) Please provide any other information that may assist GVT in providing you with the best experience.



Part H: Please Read the following and sign the application.

For the applicant: Applications must be signed. Unsigned applications will be returned.

I understand that the purpose of this application is to determine whether I am eligible to use GVT paratransit services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service. I understand that information I provide will be disclosed only as needed to evaluate eligibility for GVT paratransit service, and to provide paratransit services if I am determined to be eligible.

Applicant or legal representative Date

If this application was completed by someone other than the applicant: If someone other than the applicant assisted in completing this application, that person must complete and sign the following:

Relationship to applicant: _____

First Name: _____ Last Name: _____

Address: _____

Phone: _____ - _____ - _____ Other: _____ - _____ - _____

Organization or agency affiliation: _____

I have knowledge of the applicant's disability or health condition. ___Yes ___No

I am aware of how the applicant's disability or health condition limits or prevents use of the GVT Fixed Route Bus System. ___Yes ___No

Representative's Signature Date



Part I: Medical Release Form

Authorization to Release Medical Information

In order to allow GVT 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 in order for a Professional Verification Form to be filled out.

Please give the name, address and telephone number of a health care provider or other approved qualified professional that is most familiar with your specific health condition or disability (refer to page 3 for a list of approved medical professionals). GVT will send the verification form to this person who will then return it to GVT to complete your application.

1) Name of Professional: _____ Title _____

Address: _____

Phone: _____ Fax: _____

2.)(Optional)

Name of Professional: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

I authorize the above named health care provider to release information to Grand Valley Transit's (GVT) Paratransit Program. I understand that this information will be used exclusively to determine my eligibility for ADA paratransit services and will be seen by TransDev/GVT staff, Mesa County Health Department (as necessary), and may be reviewed by the Appeals Committee if an appeal is requested. Otherwise, application will be kept secure and confidential.

I understand that this information will be valid for 90 days. I understand that I may revoke this medical release in writing at any time to the GVT office.

Applicant Name (Please Print): _____

Signature of applicant or legal representative: _____

Today's Date: _____ **Applicant's Date of Birth:** _____



Part J: Instructions regarding signatures and submitting application to GVT

Before returning the application, please make sure that:

- 1.) You answer all questions applicable to your health condition or disability
- 2.) You sign Part H on page 12
- 3.) You complete and sign Part I: Medical Release Form in on page 13

Please return the application to the GVT office

By Mail:

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

By Fax: 970-695-2046

By Email: paratransit@mesacounty.us

If you have questions or need assistance completing the application, including an alternative format, please call the GVT office at (970) 256-7433.