

Regional Transportation District

Application for ADA Paratransit



I am a:

- New Applicant** Admin Only () **Returning Applicant (ID #**)

Applicant Information

Last Name **First Name** **Middle Initial**

Address **Apartment #**

Name of Apartment Complex or Facility

City **County** **State** **Zip**

Primary Phone Home Cell Work

Secondary Phone Home Cell Work

Birth Date (mm/dd/yyyy) **Gender** Female Male Prefer not to say

Email

Primary language **Will you need translation?** Yes No

If you need translation, how can we assist?

If you will need future written information in a different format, what is your preference?

If someone is assisting your completion of this form, what is their name and relation to you?

Mailing Address (if different than home address)

Address

Apartment #

City

County

State

Zip

Local Emergency Contact

Name

Relationship

Primary Phone

Home Cell Work

Secondary Phone

Home Cell Work

Please let us know why you are applying for Access-a-Ride Service

- I have never used or I don't know how to use fixed route bus and rail service and/or can no longer drive or have no one to drive me
- I use fixed route bus and rail services regularly
- I use regular fixed route bus and rail to go some places, but not others
- I can never use regular fixed route bus and rail because:

If someone were to assist you as you travel, assistance would be needed for:

Getting to/from bus stops/rail stations Always Sometimes Never

Getting on/off the bus or train Always Sometimes Never

Knowing where you need to go Always Sometimes Never

Other reason for assistance (please describe)

How do you currently travel? (Please check all that apply)

Drive myself

Cab

Access-a-Ride

Someone drives me

Bus

Uber/Lyft

Rail

Other

What is the closest major intersection to your home?

How far is the nearest bus/rail stop from your home?

Are you able to travel to this bus/rail stop? Yes No

If no, what prevents you from doing so?

Which routes do you regularly travel?

When was the last time you used the fixed route bus/rail?

If you used to use fixed route service and no longer do, please explain why?

Which disability or health-related conditions prevent you from using regular public transit without the help of another person?

When did you first experience the conditions described above?

- 0-1 years ago 1-5 years ago More than 5 years ago

These conditions are: Permanent Temporary

If these conditions are temporary, how long might they last?

Are the effects of these conditions variable from day to day? Yes No

Do your health-related conditions inhibit your ability to perform self-care tasks or tasks related to living independently?

- Yes No

Are you able to do the following:

Read a bus and/or rail schedule? Yes No

Contact the RTD help line to consult with trip planning? Yes No

Wait 15 min at a stop? Yes No

Determine bus fare? Yes No

Place the fare/pass in the box? Yes No

Find a seat on the bus? Yes No

Recognize landmarks? Yes No

Follow directions in an emergency? Yes No

Determine a new plan when you make a mistake? Yes No

If no for any of the above, please explain:

Which of the following mobility aids do you use when you take trips using public transportation? (Please check all that apply)

Note: It is your responsibility to bring the checked devices to your assessment appointment.

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power scooter | <input type="checkbox"/> Walker |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Extra-large wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Portable oxygen | <input type="checkbox"/> Communication board | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Service animal | Other: | |

When traveling out of your home using your most frequently used device, are you able to:

- | | | |
|---|---------------------------|--------------------------|
| Cross a busy intersection once you get off the bus? | <input type="radio"/> Yes | <input type="radio"/> No |
| Reach your destination once you get off the bus? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel up or down hills? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel in areas without curb cuts? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel at night? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel in cold weather? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel in hot weather? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel in bright light conditions? | <input type="radio"/> Yes | <input type="radio"/> No |
| Travel when it is raining or snowing? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you ever had travel training? | <input type="radio"/> Yes | <input type="radio"/> No |
| Would you like information on travel training services? | <input type="radio"/> Yes | <input type="radio"/> No |

I certify that the information provided in the application is true and correct.

I understand that falsification of information could result in a loss of Access-a-Ride services.

Signature of Applicant or Legal Guardian

Date

Access-A-Ride Professional Medical Verification Form

Health care providers who can complete this form (must be treating the disability for which applicant is applying for Paratransit service):

- Physician
- Psychiatrist
- Respiratory Therapist
- Optometrist
- Chiropractor
- PT / OT
- Social Worker (MSW)
- Mental Health Clinician
- Rehabilitation Counselor
- Orientation & Mobility Specialist
- Registered Nurse
- PA / NP
- Psychologist
- Ophthalmologist

The Americans with Disabilities Act of 1990 (1990) is a civil rights act that requires public transit agencies to provide Paratransit service to people whose disabilities prevent them from using a bus some or all the time. 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.

Access-a-Ride service is designed for individuals who are unable to utilize the fixed route bus and rail system due to:

- a. physical, cognitive or visual impairments that require assistance from another person
- b. impairments related to accessible travel to/from embarking locations

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the above-named professional to provide information about my disability and abilities to use bus service to the Regional Transportation District (RTD) and/or persons assisting RTD in determining my eligibility for Access-a-Ride service. I understand that this information will be used solely for the purpose of determining my eligibility for Access-a-Ride service and that all medical information about my disability will be kept confidential.

I also understand that, at no expense to me, RTD will require that I participate in an in-person evaluation of my travel skills and agree to such an evaluation.

Signature of Applicant or Legal Guardian

Date

To be completed by the medical provider



Name/Credential of Professional:

License Number of Professional:

Phone Number:

Name of applicant:

How long has this applicant been under your care?

Most recent visit date:

Does the applicant's disability prevent the applicant from getting to / from and riding the bus / light rail system?

Yes Sometimes No

If yes or sometimes, please explain how the applicant's disability or health related conditions prevent use of the public bus / light rail system:

Does this applicant need someone to accompany him/her at all times? Yes No

Does the applicant have the mental capacity, visual and/or hearing ability to:

Ask for, understand and follow directions? Yes No

Ask for assistance from appropriate sources? Yes No

Safely cross a major street? Yes No

Safely travel through crowded/complex facilities? Yes No

Recognize a destination or landmark? Yes No

Signal a bus operator to get off at destination stop? Yes No

Filter environmental noise? Yes No

Judge traffic flow? Yes No

Regarding vision impairments only:

- Is the applicant able to locate steps or curbs? Yes No
- Is the applicant impacted by bright sunlight? Yes No
- Is the applicant limited by dimly lit conditions? Yes No
- Is the applicant's vision impacted at night? Yes No

Is the applicant, while using their mobility aid, able to independently:

- Travel outdoors on their property? Yes No
- Travel up to 1 block? Yes No
- Travel up to 3 blocks? Yes No
- Stand for up to 15 minutes with support? Yes No
- Stand for up to 15 minutes without support? Yes No
- Travel up or down hills? Yes No

These impairments are:

- Stable
- Progressive
- Degenerative
- Temporary, duration:

Does weather impact the applicant's ability to travel?

- Windy Weather Yes No
- Cold weather < 30 °F < 40 °F < 50 °F No
- Hot weather > 70 °F > 80 °F > 90 °F No

Signature of Provider

Date

*** MEDICAL VERIFICATION FORMS LACKING A SIGNATURE AND LICENSE NUMBER MAY NOT BE PROCESSED ***

Please return this form to the applicant, or fax to 303-299-2169, once completed.