Regional Transportation District
Application for ADA Paratransit

I am a:

- New Applicant  Admin Only  
- Returning Applicant  ID #  

Applicant Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Address

Name of Apartment Complex or Facility

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Primary Phone

Secondary Phone

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)

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Local Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Primary Phone

Secondary Phone

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?
- Contact the RTD help line to consult with trip planning?
- Wait 15 min at a stop?
- Determine bus fare?
- Place the fare/pass in the box?
- Find a seat on the bus?
- Recognize landmarks?
- Follow directions in an emergency?
- Determine a new plan when you make a mistake?

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.

<table>
<thead>
<tr>
<th>Device</th>
<th>None</th>
<th>Power wheelchair</th>
<th>Prosthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cane</td>
<td>Power scooter</td>
<td>Extra-large wheelchair</td>
<td>Walker</td>
</tr>
<tr>
<td>White cane</td>
<td>Crutches</td>
<td>Communication board</td>
<td>Manual wheelchair</td>
</tr>
<tr>
<td>Portable oxygen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service animal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross a busy intersection once you get off the bus?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach your destination once you get off the bus?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel up or down hills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel in areas without curb cuts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel at night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel in cold weather?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel in hot weather?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel in bright light conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel when it is raining or snowing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had travel training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like information on travel training services?</td>
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<td></td>
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</tbody>
</table>

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
Regional Transportation District

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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the applicant able to locate steps or curbs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the applicant impacted by bright sunlight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the applicant limited by dimly lit conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the applicant’s vision impacted at night?</td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel outdoors on their property?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel up to 1 block?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel up to 3 blocks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand for up to 15 minutes with support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand for up to 15 minutes without support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel up or down hills?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**These impairments are:**

- Stable
- Progressive
- Degenerative
- Temporary, duration: [ ]

**Does weather impact the applicant’s ability to travel?**

<table>
<thead>
<tr>
<th>Weather</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windy Weather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold weather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot weather</td>
<td></td>
<td></td>
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</table>

**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.