



101 11<sup>th</sup> Avenue  
Greeley, CO. 80631  
Phone (970) 350-9290  
Fax (970) 350-9285

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

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The information obtained in this certification process will only be used by Greeley-Evans Transit for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail address: \_\_\_\_\_  
\_\_\_\_\_

1. What is the disability, which prevents you from using our fixed route services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this condition temporary? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

2. How does this disability prevent you from using fixed route service? Please explain completely, use additional sheets if needed.

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3. Are there any other effects of your disability of which we need to be aware?

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What method of communication works best for you?

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The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by Greeley-Evans Transit.

4. Do you use any of the following aids for mobility? Check all that apply.

Wheelchair \_\_\_\_\_

If yes, what is the make/model? \_\_\_\_\_

What is the weight of your wheelchair with you in it? \_\_\_\_\_

What are the physical dimensions in inches?

(Width) \_\_\_\_\_ (Height) \_\_\_\_\_ (Length) \_\_\_\_\_

Cane \_\_\_\_\_ Walker \_\_\_\_\_ Service Animal \_\_\_\_\_

Crutches \_\_\_\_\_ White Cane \_\_\_\_\_

\_\_\_\_\_

6. Can you travel 200 feet without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

7. Can you travel 1/3 mile without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

8. What is the maximum length you can travel without assistance from another person?

\_\_\_\_\_

9. Can you climb three 12-inch steps without assistance?

\_\_\_\_\_

10. Can you wait outside without support for 10 minutes?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

11. Can you ride in a "sedan" type vehicle, such as a taxi? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby certify that the information given above is correct.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☺ How often do you, or would you, use the Paratransit Service?

- 4-5 days per week
- 2-3 days per week
- 1 day per week
- Average of less than 1 day per week

☺ What do you, or would you, use the Paratransit Service for?

- Work
- School
- Shopping/Errands
- Medical
- Social/Recreational
- Other

☺ When do you most frequently need Paratransit Service? Check all that apply.

- | <u>Day of the Week</u>             | <u>Time of Day</u>                      |
|------------------------------------|---|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Before 9:00 AM |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> 9:00 AM – Noon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Noon – 3:00 PM |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> After 3:00 PM  |
| <input type="checkbox"/> Friday    |   |
| <input type="checkbox"/> Saturday  |   |

☺ Have you had any problem(s) with the Paratransit Service that you think we could improve?

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**CONTACT PERSON**

Please give the name and telephone number of someone that we may contact if the need arises.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

# Greeley-Evans Transit

101 11<sup>th</sup> Avenue  
Greeley, CO. 80631

In order for Greeley-Evans Transit to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. Do not list yourself or anyone who may have helped you with your application on this form.

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The following (check one): Physician \_\_\_\_\_  
Health Care Professional \_\_\_\_\_  
Rehabilitation Professional \_\_\_\_\_

Is familiar with my disability and is authorized to provide information to Greeley-Evans Transit that is required to complete this certification.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Please Print

Applicant's Name and date of Birth

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If your application for Paratransit is denied, you have the right to the appeal process. In any case, you have sixty days to make your appeal. No service need be provided while the appeal is heard. If, however, your appeal has not been decided within thirty days, presumptive eligibility applies until a final decision is reached.

Please remit completed request for certification of ADA Paratransit Eligibility to:  
Greeley-Evans Transit  
101 11<sup>th</sup> Avenue  
Greeley, CO. 80631