



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

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

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.

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

What method of communication works best for you?

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?

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 11th Avenue
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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.

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 11th Avenue
Greeley, CO. 80631