



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

REQUEST FOR RE-CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

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The information obtained in this certification process will be used by Greeley-Evans Transit only 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 TYPE or PRINT**

Mr.\_\_\_\_ Miss\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ Other:\_\_\_\_\_

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

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

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

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

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

What method of communication works best for you to receive notifications?

- Home Phone
- Cell Phone
- E-Mail

1. Have there been any changes to your disability since last certification?

- Yes, Improved or Improving
- Yes, Declined or Declining
- No Change or Remaining the Same
- Don't Know

2. If Yes, please describe.

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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.

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

- Cane
- Walker
- Crutches
- White Cane
- Service Animal
- Wheelchair      Make \_\_\_\_\_      Model \_\_\_\_\_
- Width \_\_\_\_\_      Height \_\_\_\_\_      Length \_\_\_\_\_
- Weight with you in it \_\_\_\_\_

4. Do you require a Personal Care Attendant (PCA) when you travel using transit?

- Yes
- No

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

- Yes
- No
- Sometimes

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

- Yes
- No
- Sometimes

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

\_\_\_\_\_

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

- Yes
- No

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

- Yes
- No
- Sometimes

10. Can you ride in a "sedan" type vehicle such as a taxi?

- Yes
- No

### **CONTACT PERSONS**

Please provide names and telephone numbers of up to three people that we may contact if the need arises.

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

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

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

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 \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Signature of Person Assisting \_\_\_\_\_

I hereby certify that the information given above is correct.

Applicant's Signature \_\_\_\_\_

We like to hear from our passengers about their experience and uses of our services. This section does not have any bearing on the decision making of your application. This is for our information and research purposes only.

☺ How often do 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 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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# Greeley-Evans Transit



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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.

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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(s) \_\_\_\_\_

Applicant's PRINTED 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> Ave  
Greeley, CO 80631