



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

REQUEST FOR RE-CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

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.

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.

Day of the Week

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Time of Day

- Before 9:00 AM
- 9:00 AM – Noon
- Noon – 3:00 PM
- After 3:00 PM

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

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.

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 11th Ave
Greeley, CO 80631