



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If you answered "Yes" what is the expected duration date? \_\_\_\_/\_\_\_\_/\_\_\_\_

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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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 \_\_\_\_\_

5. Do you require a Personal Care Attendant when you travel using transit? \_\_\_\_ Yes \_\_\_\_ No

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?

- Yes
- No

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

- Yes
- No
- Sometimes

I hereby certify that the information given above is correct.

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

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT PERSON**

Please give the 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 \_\_\_\_\_

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 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 would you use the Paratransit Service for?

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

☺ When would 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  |   |

☺ If your application is approved, what expectations do you have from our Paratransit Service?

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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: \_\_\_\_\_

## 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