Paratransit Application

Part 1: Paratransit Applicant Questionnaire

This form must be completed by the applicant or someone authorized to sign on the applicant's behalf. All applicants must sign the Authorization for the Release of Information.

Part 2: Professional Verification Form

The Professional Verification Form must be completed by a professional who is familiar with the applicant's condition and qualified to respond. Qualified Professionals include:

- Certified Orientation & Mobility Specialist
- Chiropractor
- Licensed Social Worker
- Occupational Therapist
- Ophthalmologist
- Physical Therapist
- Physician
- Physician Assistant
- Psychiatrist
- Psychologist
- Registered Nurse/Nurse Practitioner

Applicants MUST Submit Both Forms Together

Applications will not be considered complete until the Paratransit Applicant Questionnaire and the Professional Verification Form are both received. Incomplete applications will be returned to the applicant.

1. Mail:
   Grand Valley Transit
   525 S. 6th St.
   Grand Junction, CO 81501
2. Fax: 970-237-5377
3. In person:
   You may also submit all forms in person at the address above, Monday through Saturday, 5:15 am – 8:00 pm.

Review Process

All applications will be processed within 21 calendar days of receipt of the completed packet. Applicants will be contacted to schedule an in-person interview. Transportation will be provided, if needed, at no cost. Following an interview a final determination will be made and applicants will be notified in writing of Grand Valley Transit's determination of eligibility.

Approved: _____

App Received: _____

Expiration Date: _____

Paratransit Applicant Questionnaire

Is this a new application, or a recertification? ☐ New ☐ Recertification
Applicant Information
First Name, Middle Initial, Last Name: _____
Street Address, Apt. Number: _____
City, State, Zip Code: _____
Is this an apartment complex, mobile home park, or facility? ☐ Yes ☐ No
Name of complex or facility: _____
Home Phone, Mobile Phone: _____
Email Address: _____
Preferred Notification Method
☐ Voice Call ☐ Text Message ☐ Email
Gender (optional)
☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say
Date of Birth (mm/dd/yyyy): _____
Primary Language
☐ English ☐ Other _____

☐ Check this box if someone other than the applicant is completing this form and provide the following information
Legal Guardian Information
First Name, Middle Initial, Last Name: _____
Street Address, Apartment Number: _____
City, State, Zip Code: _____
Home Phone, Mobile Phone: _____
Relationship to Applicant (Family Member, Case Worker, etc.): _____
Who should we contact in an emergency?
Emergency Contact Name: _____
Primary Phone, Secondary Phone: _____

Who is authorized to contact Grand Valley Transit on your behalf?
Contact 1 Name (Individual or Organization): _____
Contact 1 Phone Number: _____
Contact 2 Name (Individual or Organization): _____
Contact 2 Phone Number: _____

General Information

How long would you like to use the service?
☐ Temporarily ☐ Permanently

What is your current primary transportation option?

☐ Walking ☐ Taxi/Uber/Lyft ☐ Grand Valley Transit Fixed Route
☐ Drive myself ☐ Ride with somebody ☐ Bicycle
☐ Other, specify: _____

Can you use the fixed route bus without someone else's help?

☐ Yes, I currently ride the fixed route buses ☐ No, I have never ridden.
☐ I only ride with assistance from others. ☐ I only ride when the bus stops are accessible. ☐ I do not ride anymore because:

_____

Grand Valley Transit provides free, in-person training to help you learn to ride our Fixed Route Buses. Would you be interested in this as an alternative?
☐ No ☐ Yes ☐ Possibly, please contact me.

Do you require a Personal Care Attendant to travel with you?
☐ No ☐ Yes ☐ Sometimes, specify: _____

Do you travel with a Service Animal?
☐ No ☐ Yes, Type: _____

Required Assistance

What mobility device(s) will you be using? (Note: Larger mobility devices and devices that exceed 600 pounds when occupied may exceed equipment transport capacity.)

☐ Cane ☐ White Cane ☐ Manual Wheelchair ☐ Crutches ☐ Prosthesis

☐ Powered Wheelchair or Scooter ☐ Walker ☐ Portable Oxygen ☐ No aid required

What is your estimated bodyweight? _____ lbs.

Are you able to complete the following tasks without assistance from another person? Check a box for each question. If you answer "Sometimes" for any questions please explain below.

A. Get to/from a bus stop?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____ _____

B. Walk or travel using a mobility device for 3 blocks on level ground?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

C. Get on/off a fixed route bus without using the lift or ramp?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

D. Get on/off a fixed route bus using the lift or ramp?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

E. Climb three average-size steps?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

F. Wait at a bus stop while standing for 15 minutes?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

G. Wait at a bus stop while sitting for 15 minutes?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

H. Maintain your balance entering, exiting, and riding a fixed route bus?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

I. Understand and follow verbal directions?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

J. Recognize correct stops and landmarks to complete a trip?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

K. Hear stops announced by the operator?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

L. Read and follow informational signs?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

M. Plan a trip using a bus schedule?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

N. Clearly communicate information about yourself?
   - ☐ Always
   - ☐ Never
   - ☐ Sometimes, if so explain: _____

Use this space if further explanation of boxes marked "Sometimes" is needed:

_____
_____
_____
_____

Disability Information

These questions help describe your disability and how it may impact you.
What is your disability?

_____
_____
_____
_____

Is your disability:
☐ Permanent ☐ Stable ☐ Progressive ☐ Temporary, how long?
Months: _____ Years: _____
Explain how your disability prevents you from the following:
Please provide a complete and specific answer. Attach an additional page if needed.

• Getting on or off a lift/ramp equipped Fixed Route Bus: _____
_____
_____

• Getting to or from a bus stop: _____
_____
_____

• Successfully completing a bus trip: _____
_____
_____

Can you, with a mobility aid if needed:
Get to the curbside from your threshold? ☐ Yes ☐ No
Wait at the street curb for a ride? ☐ Yes ☐ No
Wait at the front door/lobby for your ride? ☐ Yes ☐ No
(Note: Grand Valley Transit operators are not allowed to cross the outer threshold of any residence, facility or business.)

Does your disability prevent you from using Fixed Route service seasonally?

☐ No, my inability to ride is not weather related.
☐ Yes, I can only ride Fixed Route Buses in the summer.
☐ Yes, I can only ride Fixed Route Buses in the winter.

Does your disability change daily in ways that could disrupt your ability to use Fixed Route Bus service?

☐ No ☐ Yes, please explain:

_____

_____

Please list three trips you frequently take:

Starting Address Ending Address

1. _____ _____
2. _____ _____
3. _____ _____

Application Signature

I understand that the purpose of this application is to determine if the applicant is eligible to use ADA Paratransit Service. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in the denial of ADA Paratransit services as well as a penalty under the law. I agree to notify Grand Valley Transit if my circumstances change and I no longer need to use ADA Paratransit Services. I understand that I am responsible for authorizing a Professional Verification of my condition(s). I also understand that a follow-up interview by Grand Valley Transit will be requested.

Applicant or Guardian Signature: _____

Date: _____

Address information will be shared with emergency service providers pursuant Colorado House Bill 25-1007.

GVT retains the ability to suspend or alter service in the case of emergency.

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Information Release for Professional Verification

Please complete the information on this page and provide it to the qualified professional who will be completing your Professional Verification Form

Medical Information / HIPAA Authorization
I, _____ authorize the healthcare provider (listed below), and their office completing this application to release to Grand Valley Transit any protected health information about my disability in order to verify my eligibility for Paratransit service. I also authorize the release of further information should it be needed for this application for a period of 60 days from the date of my signature on this application unless revoked in writing.

Applicant Signature: _____

Today's Date: _____

Applicant Name (printed): _____

Date of Birth: _____

Applicant Address: _____

Applicant Phone Number: _____

Health Care Provider: _____

Health Care Provider's City: _____

Name of Health Care Provider's Practice: _____

Health Care Provider's Phone Number: _____