



# PARATRANSIT ELIGIBILITY PROCESS INSTRUCTIONS

## Step 1: WHO MAY BE ELIGIBLE FOR PARATRANSIT SERVICE?

The Steamboat Springs Paratransit service provides paratransit transportation to persons who are certified as eligible under the standards of the Americans with Disabilities Act of 1990 (ADA). The ADA is a federal law that requires paratransit transportation be provided for persons when their disability in combination with their functional abilities prevents them from using regular public transportation.

### Requirements for Paratransit Eligibility

**Eligibility is determined by three factors:**

- Individual's ability to get to/from the bus stop.
- Individual's ability to board/exit the bus.
- Individual's cognitive ability to navigate the regular bus system.

**Eligibility is not based on:**

- age alone
- a disability or medical diagnosis by itself
- a lack of Steamboat Springs Transit bus service in an area
- an inability to drive
- personal finances

**Paratransit eligibility may be granted upon the following basis:**

- Unconditional (the person may use the Paratransit service for all trips)
- Conditional (the person may use Paratransit service under some conditions for some trips)
- Temporary (the person may have conditional/unconditional eligibility for a defined period of time because the limitations of the person are expected to change)

## Step 2: HOW IS YOUR ELIGIBILITY DETERMINED?

The Steamboat Springs Paratransit eligibility determination process includes:

1. Submission of a completed application and signed Medical Release Form.
2. Professional verification of disability, abilities, and conditions.
3. An in-person interview with a Steamboat Springs Transit ADA Coordinator.



## **Transportation to Interview**

Paratransit eligibility evaluations take place at the Steamboat Springs Transit Operations Center (TOC) located at *1463 13<sup>th</sup> Street, Steamboat Springs, CO 80487*. Steamboat Springs Transit will provide transportation for your trips to and from the evaluation if necessary.

## **Interview**

At the interview, the ADA Coordinator will review the application with you and discuss your travel abilities and limitations in more detail. This information will help the ADA Coordinator to identify the best mobility option based on your functional abilities.

The interview may take up to one hour to complete. At the end of the interview, the ADA Coordinator will determine if a functional ability assessment is required.

If you will require a non-English language interpreter at the interview, please indicate your language on the application form.

## **Personal Care Assistance**

If you require personal assistance in any daily life functions including using the bathroom, you will need to have someone accompany you to the evaluation to provide this assistance. **Steamboat Springs Transit staff is not trained and is unable to assist you with personal care issues.**

Depending on the time of day for your appointment, you may also want to bring a light snack with you and any required medications.

## **Mobility Equipment**

Please bring the mobility equipment you will use to board the paratransit vehicles. (i.e. mobility device, walker, cane, etc.).

## **STEP 3: HOW WILL I KNOW IF I AM ELIGIBLE?**

### **Notice of Eligibility Determination**

You will be notified of the eligibility determination by letter within 21 days after completion of the evaluation process. If you are eligible, you will also receive a Paratransit Users Guide with information about how to use the service.

### **Appeals Process**

If Steamboat Springs Transit staff determines you are **Not Eligible** for ADA paratransit service, you may appeal the decision by submitting a written request to SST within 60 days after the receipt of your denial/approval letter.

Simply submit a letter stating that you wish to appeal the decision and why you feel you should be eligible for ADA paratransit service.



Attach copies of any other pertinent information. Appeals received by SST, will be referred to an appeal specialist or review panel. You may be asked to come in for an appeal interview. The appeal recommendation is the final determination. The appeal process should take no longer than 30 days.

You may only re-submit your application if your condition worsens, or your circumstances change - (i.e. move).

## **STEP 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION**

1. **Answer all questions completely and to the best of your ability.** Please call us at (970) 879-3717 between 8 am and 5 pm or email [transit@steamboatsprings.net](mailto:transit@steamboatsprings.net) if you need assistance completing the application.

2. **Be sure to sign the Professional Verification Authorization section of the application** in Section 1 on Page 2. **Incomplete and/or unsigned applications may be returned to you.**

3. Complete and sign the attached **Understanding This Application/ Medical Release Form** (the last page of the application). Incomplete or unsigned Medical Release Forms may be returned to you.

**PLEASE NOTE: This is not a request for medical records or a requirement for you to get a signature from your health professional. Once your application has been received, Steamboat Springs Transit will contact your health professional to confirm your disability.**

### **Examples of health professionals include:**

Certified Orientation & Mobility Specialist

Chiropractor

DSHS/DDD Case/Resource Manager

HCS/AAA Case Manager

MSW employed by a medical facility

Occupational/Physical Therapist

Physician/ Physician Assistant

Psychiatrist/Psychologist

Recreation Therapist

Registered Nurse/Nurse Practitioner

Special Education Teacher

Vocational Rehabilitation Counselor



4. Return the completed application in the enclosed self-addressed envelope or mail to:

**Steamboat Springs Transit – ADA Certification**  
**1463 13<sup>th</sup> Street**  
**Steamboat Springs,**  
**CO 80487**  
**Telephone (970) 879-3717.**

Or fax the application to Steamboat Springs Transit at (970) 879-3806.

5. After your application has been reviewed, you will be contacted by phone by SST staff to schedule your appointment for the in-person evaluation.

Questions? Please call the Steamboat Springs Transit office at (970) 879- 3717 during the business hours of 8 a.m. – 5 p.m., Monday through Friday.



## SECTION 1 – PROFESSIONAL VERIFICATION AUTHORIZATION

In order to allow Steamboat Springs Transit to evaluate your ADA Paratransit Service application, sometimes it is necessary to contact your health care or rehabilitation professional to confirm the information you have provided.

Please complete and sign the following authorization.

I authorize the following organization (physician's office, hospital, rehabilitation center, etc.) to provide Steamboat Springs Transit with information regarding my disability and its effect on my ability to get around on my own.

Name of Healthcare Professional or Agency: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Applicant's Signature/Mark: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Signed by: \_\_\_\_\_

(Guardian or Person assisted with this application)

Printed Name of Co-Signed: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



## SECTION 2 – PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:      Male                      Language Ability (check all that apply):  
              Female                      English    Other: (specify) \_\_\_\_\_

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

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

Mailing Address: (if different) \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_     Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

TDD:  Yes  No   TDD:  Yes  No

\*Last 4 digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*The Federal Privacy Act of 1974 requires that disclosure of your social security number is voluntary. For identification purposes, please provide the last 4 digits of your social security number.

Prefer to receive information in:  Written format  Audio Tape  Braille

Emergency Contact Number

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_     Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Language Ability (check all that apply):  English  Other: (specify) \_\_\_\_\_



### SECTION 3 – MOBILITY INFORMATION

1. Which of these mobility/communication aids or equipment do you use to help you get where you need to go? (Please check all that apply to you.)

- None
- White Cane  Brace  Service animal (Specify) \_\_\_\_\_
- Cane  Manual wheelchair  Picture board
- Walker  Powered wheelchair  Alphabet board
- Crutches  Powered scooter/cart  Portable oxygen
- Prosthesis: (Specify) \_\_\_\_\_
- Other: (Specify) \_\_\_\_\_

If you use a wheelchair/scooter/cart: (if applicable)

- a) Is it WIDER than 30 inches:  Yes  No  Do not know
- b) Is it LONGER than 48 inches:  Yes  No  Do not know
- c) Is the total combined weight of the applicant and your mobility device more than 600 pounds?  Yes  No  Do not know

2. With or without the use of a mobility aid, how many blocks can you go?

- Less than 2 blocks  2 to 4 blocks  More than 4 blocks

3. If you were to ride the regular SST bus would you need a Personal Care Attendant (PCA) with you?

- Always
- Sometimes
- No

3a. If you answered yes or sometimes, please indicate how the PCA would help you:

- To help me get to or from the bus stop



To help me get on or off the bus

To help me when I get where I'm going

4. Have you ever had any training to learn how to use a regular bus?

Yes

No

The training was at: \_\_\_\_\_

(Check all that apply to you)

General bus travel

How to ride one or two specific routes

I finished the training

I did not complete the training

#### **SECTION 4 – DISABILITY OR HEALTH CONDITION INFORMATION**

1. What is the nature of your disability or condition that affects your ability to use the regular bus system? (Check all that apply)

A. General Medical Conditions

None

Cancer  Kidney Failure  Pneumonia

Diabetes  Organ Transplant  AIDS

Other: (Specify) \_\_\_\_\_

B. Bone and Joint Conditions

None

Amputation of: (Specify) \_\_\_\_\_

Broken Bone: (Specify) \_\_\_\_\_

Arthritis  Fusion  Scleroderma  Osteo-arthritis

Ankylosing Spondylitis  Osteoporosis  Rheumatoid Arthritis

Other: (Specify) \_\_\_\_\_





### C. Brain/Nerves/Muscle Conditions

- None
- Alzheimer's Disease  Hemiplegia  Post-Polio
- Brain Injury  Huntington's Chorea  Muscular Dystrophy
- Cerebral Palsy  Multiple Sclerosis  Spina Bifida
- Dementia  Stroke  Epilepsy
- Paraplegia  Quadriplegia  Vertigo/Dizziness
- Guillain-Barré  Parkinson's Disease
- Other: (Specify) \_\_\_\_\_

### D. Heart and Circulatory Conditions

- None
- Coronary Artery Disease
- Angina  Edema  High Blood Pressure
- Heart Attack  Congestive Heart Failure
- Heart Surgery  Peripheral Vascular Disease
- Other: (Specify) \_\_\_\_\_

### E. Lung and Breathing Conditions

- None
- Allergies  Cystic Fibrosis  Lung Cancer
- Asthma  Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Other: (Specify) \_\_\_\_\_

### F. Vision/Hearing/Speech Conditions

- None
- Aphasia  Diabetic Retinopathy  Deaf-Blind
- Cataracts  Partially Sighted  Deaf
- Glaucoma  Night Blindness  Hard of Hearing
- Totally Blind  Visual Field Deficit  Non-Verbal
- Other: (Specify) \_\_\_\_\_



G. Developmental/Mental Conditions

- None
- Autism  Dwarfism  Mood Disorder
- Psychosis  Thought Disorder
- Developmental Disability:
  - Mild
  - Moderate
  - Severe
- General learning disability:  Mild  
 Moderate  
 Severe

Other: (Specify) \_\_\_\_\_

2. Has your health condition or disability been documented by a medical doctor?

- Yes  No

3. Is your health condition or disability temporary?

- Yes: How long do you expect it to last? # of years \_\_\_\_\_
- No: How long have you had this condition or disability? \_\_\_\_\_
- Do not know

4. Please indicate which of the following BEST describes the condition of your mobility: (Check ONE box only)

- Severely limited under all circumstances
- I have good days and bad days
- I can only go to specific locations
- I am currently receiving treatment and I hope to improve
- I am able to travel independently under all circumstances
- Other, please describe: \_\_\_\_\_



## SECTION 4 – FUNCTIONAL TRANSIT SKILLS

Check the box that most appropriately applies to your ability to independently perform the following skills.

I can:	Always	Sometimes	Never
1. Understand how to take a trip on a public bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Read and understand a bus schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tell time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Count bus fare or change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Recognize bus route numbers or train lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recognize landmarks e.g., church or street signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hold on to a handrail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Breathe without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Remember a transit agency's phone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Transfer from a sitting to a standing position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Maintain balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Climb three 10" inch steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Remember directions to a location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Walk or wheel independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wait at a bus stop for up to 20 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cross streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Shop in a grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Function without danger to myself and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 5 – TRAVEL INFORMATION

1. What form of transportation do you currently use?	Always	Sometimes	Never
A. Regular Fixed Route Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SST paratransit van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Drive Myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Someone Drives Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. How many blocks are there from your residence to the nearest bus stop?

- Less than 2 blocks
- 2 to 4 blocks
- 5 to 7 blocks
  
- More than 7 blocks
- Do not know

3. Can you independently travel from your residence to your nearest bus stop?

- Yes
- Sometimes\*
- No\*
- Do not know/have never tried

\*If Sometimes or No, please indicate the barrier(s) that prevent you from accessing your nearest bus stop:

- The stop has no curb cut for my wheelchair/scooter/cart
- Uneven surface of the road
- The street is too steep
- Unable to cross street(s)
- Get confused and cannot find my way
- Cannot walk/wheel that far away
- When the weather is too hot
- When the weather is too cold
- When it is too dark outside (night blindness)
- When it is too bright outside (light sensitive)

4. Are there any other conditions which limit your ability to use the Regular Fixed Route Bus System?

- No
- Yes (Please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **SECTION 6 – UNDERSTANDING THIS APPLICATION FORM**

I understand the purpose of this application form is to determine if I, the applicant, am eligible to use Steamboat Springs Transits' ADA paratransit service according to the guidelines of the Americans with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that Steamboat Springs Transit may contact my healthcare professional/agency to verify my disability.

I understand that a representative from Steamboat Springs Transit may need to talk to me or see me at a later date to clarify or get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to 21 days from the time

Steamboat Springs Transit receives a completed application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application if I am eligible for this service on a permanent, temporary or conditional basis.

I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined not to be eligible for ADA paratransit service or if I am dissatisfied with my eligibility type.

I understand if Steamboat Springs Transit receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviewed and changed.

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service as well as penalty under the law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's Signature/Mark)

Co-signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian or Person assisted with this application)

Relationship to Applicant: \_\_\_\_\_

