



Application for Persons with Disabilities Paratransit Service Eligibility

If you are applying for Paratransit Service (door-to-door), your disability **must limit your ability** to use the COLT Fixed Route bus service.

According to the Americans with Disabilities Act of 1990, a disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

General Information (Please Print) (All information will be kept confidential)

Last Name _____ First _____ Initial _____

Address _____

Apt# _____ City _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Date of Birth (month/day/year) _____ Sex (circle one) M F

List your qualifying disability? _____ Medicare # _____

In case of emergency notify:

Name _____ Phone _____

Relationship to you _____ Application completed by: _____

In order for the City of Loveland Transit (COLT) to evaluate your request for eligibility, it may be necessary to contact a health care or rehabilitation professional for additional information about your disability. It is important that you identify a qualified professional who is familiar with your particular disability. You must include complete telephone and address information including zip codes. Qualified professionals include:

- | | | | |
|---------------------------------|------------------|-------------------------------|------------------------|
| Family Physician (M.D. or D.O.) | Psychologist | Certified Mobility Specialist | Occupational Therapist |
| Ophthalmologist | Registered Nurse | Physical Therapist | |

Please provide qualified professional's information below: (Please print)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Certification and Authorization:

I certify that the information provided in this application is true and correct. I understand that falsification of information may result in denial of service. I authorize the professional listed above to release to City of Loveland Transit (COLT) information about my disability. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 60 calendar days from the date below.

Signature of applicant

Date

Part 1: Information about your disability



A. Please check any of the following that apply to you or write **N/A** _____ here:

- I can't ride the bus without someone else's help.**
- I need a lift or ramp to board the bus.**
- My disability prevents me from getting to the bus stop.**

B. What is your disability? (Please list all disabilities that prevent you from using the COLT Fixed Route bus service.)

C. How does your disability prevent you from using the COLT Fixed Route bus service?

D. Is your disability permanent or temporary?

- Permanent**
- Temporary – until when?** _____
- Don't know**

E. Does your disability change from time to time because of medical treatments, medications or other reasons?

- No**
- Yes – How?** _____

F. Do weather conditions (such as heat, rain or air pollution) prevent you from using a bus?

- No**
- Yes – How?** _____

G. How far can you walk without assistance or a mobility aid?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 1/4 Mile |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> 1/2 Mile |
| <input type="checkbox"/> 2 blocks | <input type="checkbox"/> 3/4 Mile |
| <input type="checkbox"/> 3 blocks | |

H. How many large stairs can you go up or down?

- None**
- 1**
- 2**
- 3**
- 4 or more**

- I. Do you sometimes use the Fixed Route bus service?
- No**
 - Yes – Which routes?** _____
 - Where is the closest bus stop to your home?** _____

- J. Have you ever received mobility training?
- No**
 - Yes – When?** _____ **Where?** _____

Part 2: Functional Abilities



- A. Without the help of someone else, can you...(Check any you **CAN** do)
- Ask for, understand, and follow directions?**
 - Cope with unexpected problems and changes in your routine?**
 - Recognize landmarks?**
 - Cross a busy street?**
 - Use a telephone to make and receive calls?**
- B. Do you need a personal care attendant to assist you when you travel on the bus?
(Does not include the bus driver)
- Yes** **No**

How do they help you?

- Assist you in getting to the bus**
- Assist you in getting on or off the bus**
- Help you after you arrive at your destination**

- C. Do you use a service animal?
- No**
 - Yes – Type of animal** _____
 - Trained by** _____
 - What service does the animal perform?** _____

- D. Do you travel with a portable oxygen tank?
- Yes** **No**

Part 3: Mobility Aid Users



A. Which of these mobility aids or equipment do you use? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> white cane | <input type="checkbox"/> motorized wheelchair |
| <input type="checkbox"/> cane | <input type="checkbox"/> 3-wheel scooter |
| <input type="checkbox"/> walker | <input type="checkbox"/> manual wheelchair |
| <input type="checkbox"/> braces | <input type="checkbox"/> do not use aid |
| <input type="checkbox"/> other, please specify: _____ | |

B. How far can you walk or travel with a mobility aid?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 1/4 Mile |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> 1/2 Mile |
| <input type="checkbox"/> 2 blocks | <input type="checkbox"/> 3/4 Mile |
| <input type="checkbox"/> 3 blocks | <input type="checkbox"/> do not use aid |

C. If you use a wheelchair or a scooter, is it more than 30 inches wide, 48 inches long, or is the occupied weight over 600 pounds?

- No**
- Yes – What are the dimensions?** _____
- Don't use a wheelchair**

Part 4: Where do you go?



A. List two of your most frequent destinations and how you get there now:

- 1. Where do you go?** _____
Address _____
How do you get there now? _____

- 2. Where do you go?** _____
Address _____
How do you get there now? _____

If you have questions regarding this application you can contact the City of Loveland Transit (COLT) at (970) 962-2700 Monday – Friday from 8:00 AM to 5:00 PM

It is important that all parts of this form are completed. If not, it will be returned to you for completion. After completing this application, please return to:

City of Loveland Transit (COLT)
105 W 5th Street
Loveland, CO 80537
Phone: (970) 962-2700
Fax: (970) 962-2936