



Eagle Valley Transportation Authority ADA Paratransit Eligibility Application – 2024

In accordance with the Americans with Disabilities Act of 1990 (ADA), Eagle Valley Transportation Authority (DBA - Core Transit) provides paratransit or “origin to destination” service to anyone with a functional limitation that prevents them from using public transportation and who is traveling within the area served by Core Transit buses. Paratransit service is intended only for those trips that the person cannot make on Core Transit fixed route buses. This application form is intended to determine when and under what circumstances the applicant can use Core Transit fixed route buses and when paratransit service is required.

Core Transit will only use the information obtained in this application for the provision of curb-to-curb transportation services. Information may be shared with other transit providers to facilitate travel in other service areas at the applicant’s request. The information will not be provided to any other person or agency.



PO Box 1070
3289 Cooley Mesa Road
Gypsum, CO 81637
(970) 328-3520
CoreTransit.org

Instructions for completing this form

- The applicant (or someone assisting the applicant) must complete sections A through E.
- A licensed professional from the list provided must complete and sign the Professional Verification.
- All applicants, whether new or applying for recertification, must complete a new application.

All questions must be answered. Incomplete forms will be returned.

If you have any questions or need assistance completing this form, please contact us at (970)328-3520 (Option 3 on the main menu).
Mail completed forms to:

Core Transit
Attn: Operations Manager
3289 Cooley Mesa Road
Box 1070
Gypsum, CO 81637



GENERAL INFORMATION

Last Name:			
First Name:			MI:
Physical Address:			Apt #:
City:	State:	Zip:	
Mailing Address:			
City:	State:	Zip:	
Daytime Phone:	TTY:	Yes	No
Evening Phone:	TTY:	Yes	No
Email:			
Birth Date:	Gender:	Male	Female

Emergency Contact Person:	
Name:	Relationship:
Day Phone:	Evening Phone:
Email:	

Do you need future written information provided to you in an accessible format?	Yes	No
Type of Service Requested:	Curb to Curb	Pass Only

For Pass Only: Skip Sections B, D & E



Part A: Information about your Disability and Mobility Equipment

<p>What type or types of disabilities prevent you from using Core Transit? (Please check all that apply)</p>		
Physical Disability	Visual Impairment / Blindness	Developmental Disability
Brain Injury	Mental illness	Other (Describe):

<p>Please describe your disability (or disabilities) in more detail, including the diagnosis (or diagnoses)</p>

<p>Please indicate all of the mobility aids or equipment you use when traveling outside your home.</p>		
Communications Device	Long White Cane	Oxygen Tank
Manual Wheelchair	Powered Wheelchair	Scooter
Crutches / Cane	Walker	Leg Braces
Prosthesis	Service Animal	None
<p>Other (Describe):</p> 		



Part B: Information about your vision

1. Cause of vision loss / Diagnosis:		
2. Are you totally blind? (If yes, skip to #7)	Yes	No
3. My vision is worst during these conditions. (Check all that apply)		
Bright sunlight	Dimly lit or shaded places	
Nighttime	I see the same in different lighting conditions	
4. My eye condition is considered to be:		
Stable	Degenerative	Other (explain):
5. I am able to use my vision to consistently identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. (Check all that apply)		
The color of traffic lights	Pedestrian Walk/ Don't Walk signals	Crosswalk markings
Curbs or curb ramps	Level changes along the walking path	Bus/Transit stop signs that indicate the location of the stop
6. Anything else you wish to tell us about your vision in regards to mobility within the community?		



7. Most often, I use the following mobility aids when I walk outside: (Please check all that apply)		
Sighted (person) Guide	Guide Dog	White Cane
Optical Devices (telescope, light, special glasses, etc)	None	Other (describe):
8. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance:		
Yes	No	Sometimes
9. My hearing is normal:		Yes No
If No, please describe your functional hearing problems:		

Part C: Information about your current use of fixed route services or paratransit services

1. Do you currently use Core Transit Fixed Route by yourself? (If YES continue. If NO, go to question#5)		Yes	No
2. If Yes, How often?			
Daily	Several times per week	At least once per month	Rarely
3. When was the last time you independently used Core Transit?			
4. If you need the assistance of another person to travel while using the bus, what assistance does this person provide?			



5. You indicated that you do not use Core Transit. Why not? (Check all that apply)	
The closest stop is too far from my house	I do not know how to ride Core Transit
I cannot travel by myself between the bus stop and my destination	I'm afraid to use Core Transit
I do not want to use Core Transit	Other (describe):

PART D: Curb to Curb Destination Information

1. Please list the destinations for which you use or need Paratransit services and the reasons why fixed route service cannot be used:	
Destination:	Address:
Reason:	
Destination:	Address:
Reason:	
Destination:	Address:
Reason:	



Destination:	Address:
Reason:	

2. Please read the following statements and check all those that best describe what you believe about your ability to use Core Transit by yourself.
I use Core Transit for some trips, but sometimes there are barriers that prevent me from using these services
I use Core Transit frequently on routes to familiar destinations
I use Core Transit to go to new places
I believe I could use Core Transit if someone taught me
I am not able to use Core Transit by myself
The severity of my disability changes from day to day, I ride Core Transit when I am feeling well
Some weather conditions prevent me from getting to and from the bus stop
I can get to and from the bus stop if the distance is not too great
The bus does not always go where I want to go



Part E: Your Functional Ability

Your answers to questions in this section will help us better understand your functional ability in specific areas. For each question, please circle only one answer. Your answers should be based on your physical and cognitive ability to perform the tasks independently using the mobility equipment that you typically use when traveling outside your home.

Without the help of someone else, can you:

1. Walk up and down the steps if there are handrails on both sides?	Always	Sometimes
	Never	Not Sure
2. Use the telephone to get information?	Always	Sometimes
	Never	Not Sure
3. Travel one level block on the sidewalk in good weather?	Always	Sometimes
	Never	Not Sure
4. If you are able to do this, how long does it take you?	Less than 5 minutes	
	5-10 minutes	Not Sure
5. Cross the street, if there are curb cuts?	Always	Sometimes
	Never	Not Sure
6. Ride up and down a wheelchair lift with handrails on both sides?	Always	Sometimes
	Never	Not Sure
7. Cross the street, if there are traffic controls?	Always	Sometimes
	Never	Not Sure
8. Travel three blocks on the sidewalk in good weather?	Always	Sometimes
	Never	Not Sure



1. If you are able to do this, how long does it take you?	Less than 5 minutes		
	5-10 minutes	5-10 minutes	
2. Step on and off a curb from a sidewalk?	Always	Sometimes	
	Never	Not Sure	
3. Wait ten minutes outside in good weather if there is no seat?	Always	Sometimes	
	Never	Not Sure	
4. Find your own way to or from transit stop after being shown?	Always	Sometimes	
	Never	Not Sure	
5. Currently travel by yourself using any mode of transportation?	Always	Sometimes	
	Never	Not Sure	
6. If always or sometimes, which modes of transportation allow you to travel independently?	Core Transit Fixed Route		
	Para Transit	Car	
7. Have you ever gotten lost when traveling alone?	Yes	No, I never travel outside alone	
		No, I've never gotten lost	
8. If yes, were you able to find your way back?	Yes	Yes, with help	
		No	
9. If the weather is good and there are no environmental barriers, how far can you travel outdoors using your mobility device, if applicable.			
I cannot travel outdoors alone at all		Curb in front of my house	
Less than 1 block	3 blocks	6 blocks	9 blocks
More than 9 blocks	Not sure	Other (describe):	



Part F: Weather and Environment

Do weather conditions affect your ability to travel independently on a fixed-route bus?			
Yes	Sometimes		No
If yes, what types of weather conditions make independent travel difficult?			
Hot (list appropriate degrees):	Rain	Snow	Fog/Humidity
Cold (list appropriate degrees):	Wind	Ice	Other:
Are you able to get to and from Core Transit stops on your own?			
Yes	Sometimes		No
If No or Sometimes, please check all that apply:			
I cannot get places if there are no curb cuts		I cannot if the street or the sidewalk is too steep	
I cannot cross busy streets and intersections.		I cannot travel outside when it is too hot or too cold due to my disability	
I cannot find my way at night because of a vision disability		I get confused and cannot find my way	
I probably could with travel training		I feel unsafe when traveling alone on Core Transit	
Other (describe):			
Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Core Transit.			





CERTIFICATIONS

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant Signature: _____

Date: _____

Person completing form if other than applicant (please check one):

I certify that the information provided in this application is true and correct, based upon information given me by the applicant.

I certify that the information provided in this application is true and correct, based upon my own knowledge of the applicant's health condition or disability.

Print Name: _____

Signature: _____

Date: _____

Relationship to Applicant: _____

Daytime Phone: _____

Email: _____



PROFESSIONAL AUTHORIZATION

This page must be completed by one of the following currently licensed professions: (please check one)		
Chiropractor	Mental health counselor	Nurse practitioner
Occupational therapist	Orientation & Mobility instructor of the blind	Physical therapist
Physician	Physician's assistant	Psychiatrist
Psychologist	Recreation therapist employed by a medical facility	Registered nurse
Respiratory Therapist	Special education teacher	Speech pathologist
Travel trainer	Vocational rehabilitation counselor	Other:
Please describe all conditions (physical, cognitive, emotional, other), which functionally prevent the applicant from using the Core Transit fixed routes?		



How does this condition PREVENT the applicant from using the Core Transit fixed route bus service?

--	--	--

Is this condition temporary?	Yes, for ___ months	No
------------------------------	---------------------	----

Exceptions or additions:

--

I certify that the information in parts I—V of this application is true and correct to the best of my knowledge and ability.

Print Name: _____

Clinic/Agency: _____

Signature: _____

Date: _____

Telephone: _____

Address: _____



The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that bans discrimination against people with disabilities. To meet their needs, public transportation companies must provide a variety of services. The applicant may be found eligible for paratransit services for all trips he or she requests, or eligible (based on functional ability) for some trip requests but not for others, or ineligible because he or she is capable of using fixed route transit. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

