



COLT PARATRANSIT ELIGIBILITY INSTRUCTIONS

Step 1: Who may be eligible for COLT/Dial-A-Ride Service?

The Dial-A-Ride service funded by the City of Loveland Transit (COLT) provides paratransit transportation to persons who are eligible under the standards of the Americans with Disabilities Act (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 Dial-A-Ride Eligibility:

The ADA includes two requirements for Dial-A-Ride eligibility:

1. You must have a disability; and,
2. Your disability must prevent you from using the COLT fixed route bus service

Dial-A-Ride eligibility is not based on:

- Age
- A disability or medical diagnosis
- A lack of COLT fixed route bus service in an area
- An inability to drive
- Personal finances

The following types of eligibility may be granted:

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

Step 2: HOW IS YOUR ELIGIBILITY DETERMINED?

The COLT/Dial-A-Ride eligibility determination process includes:

1. Submission of a completed application and signed Medical Release Form,
2. Professional verification form completely filled out by the Qualified Professional you designate.
3. Once COLT receives the completed professional Verification from the designated professional, the application will be reviewed and an eligibility determination will be made.



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

Notice of Eligibility Determination

You will be notified of the eligibility determination by letter, mailed to the mailing address you provide us. If you are determined eligible, you will also receive a COLT/Dial-A-Ride Users Guide with information about how to use the service.

Appeals Process

Applicants who are determined not eligible or who do not agree with the conditions established for their use of the COLT/Dial-A-Ride service may request an appeal, which must be filed within 60 days from the date of the initial eligibility determination. Information on how to request an appeal will be included with the eligibility determination letter.

STEP 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Answer all questions completely and to the best of your ability.
2. Be sure to sign the application. Incomplete and/or unsigned applications may be returned to you.
3. Complete and sign the Medical Release Form. 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, COLT/Dial-A-Ride will contact your health professional to confirm your health condition or disability.

List of Qualified Professionals:

Certified Orientation & Mobility Specialist
Psychiatrist
Psychologist
Occupational Therapist
Registered Nurse/Nurse Practitioner
Physician Assistant
Physician
Physical Therapist
Ophthalmologist
Licensed Independent Social Worker (LISW, LICSW)



4. Return the completed application and Medical Release Form:
By Mail:

COLT
105 West 5th Street
Loveland, CO 80537

By Fax: (970) 962-2936

By Email: COLT@cityofloveland.org

Applications are accepted at the COLT office, located:

105 West 5th Street
Loveland, CO 80537

City of Loveland Transit will determine eligibility for ADA paratransit services provided by Dial-A-Ride.

Questions? Please call the COLT office at 970-962-2700 or TTY at 970-962-2970, 8 a.m. – 5 p.m., Monday through Friday. Materials are available in large print and other alternative formats. Assistance for non-English applicants is also available.



Application for Dial-A-Ride (COLT) Paratransit Service

General Information: *Please read carefully. All questions must be answered. Incomplete or unsigned applications will be returned.*

Is this a new application, or a recertification? New Recertification

Part A. Personal Information

First Name	Last Name	Middle Initial
Street Address		Apartment #
City	State	Zip Code
Is this an apartment complex, mobile home park or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of complex or facility	
Primary Phone:	Mobile Phone:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth ____/____/____		

Mailing address if different:

Street Address	Apartment #
City	State
	Zip code

Part B. Emergency Contact **Who is authorized to contact COLT/Dial-A-Ride and act on your behalf**

Contact name	Contact name (Individual or Organization)
Phone	Phone
Work Phone	Contact name (Individual or Organization)
Relationship	Phone



Part C. Tell us about your disability or disabling health condition.

1.) What is the primary disability or health condition that prevents you from being able to use COLT's Fixed Route Bus Service? Please be specific (Example: stroke, emphysema, schizophrenia, etc.).

Date of diagnosis or onset: _____

2.) Do you have other physical or mental health disabilities or conditions that limit your ability to use COLT's Fixed Route Bus Service?

Yes No

If yes, please explain: _____

3.) Do the effects of your disability or health condition vary from day to day?

Yes No

If yes, please explain: _____

4.) Is your disability or health condition: Permanent Temporary

How long: _____ Month(s) _____ Year(s)

If you answered temporary, please explain: _____

Part D. Tell us about your use of COLT's Fixed Route Bus Service

1.) Have you used the COLT's Fixed Route Bus Service? Yes No

If yes, how often do you use fixed-route buses: _____



2.) Are you able to reach the COLT bus stop nearest your home?
 Yes No Sometimes

If your answer is sometimes, Please explain: _____

3.) How would you describe the terrain where you live? (Ex: Very steep hill, flat, uneven sidewalk, no sidewalk Etc.) _____

4.) What best describes your ability to use the COLT Fixed Route Bus Service.
 I can use the regular bus for most trips
 I could use the regular bus but it would be difficult
 I can use the bus but only for specific trips or destinations
 I have never tried to use the regular bus
 I cannot use the regular bus without a personal care attendant
 I cannot use the regular bus at all because: _____

5.) Do weather conditions prevent you from using the bus? (Check all that apply)
 Heat Cold Snow/Ice Rain

6.) How do you currently travel? (Check all that apply)
 Drive Myself Someone else drives Van/car service
 Taxi/Lyft/Uber Fixed Route Dial-A-Ride

7.) Have you ever received mobility training? No Yes

When _____ Where _____

8.) Which of the following mobility aids or equipment do you use? (Check all that apply)

<input type="checkbox"/>	None	<input type="checkbox"/>	Walker	<input type="checkbox"/>	White Cane	<input type="checkbox"/>	Service Animal	<input type="checkbox"/>	Crutches
<input type="checkbox"/>	Power Wheelchair	<input type="checkbox"/>	Power Scooter	<input type="checkbox"/>	Manual Wheelchair	<input type="checkbox"/>	Boarding Chair	<input type="checkbox"/>	Cane
<input type="checkbox"/>	Portable Oxygen	<input type="checkbox"/>	Prosthetic Device	<input type="checkbox"/>	Communication Aide	<input type="checkbox"/>		<input type="checkbox"/>	

Other (Please Describe): _____

Service Animal information: Name _____

Type of Animal _____ Weight _____

9.) If you use a wheelchair or scooter, would you be able to transfer to a bus or vehicle seat? Yes No

10.) Please check the furthest distance you are reasonably able to travel without the assistance of another person. Please assume you will be traveling on level ground where there are no barriers or weather conditions affecting your mobility. (If you use a mobility device, answer assuming you will be using your primary mobility device)

Less than 200 feet
 1/4 mile (3 blocks)
 1/2 mile (5 blocks)
 3/4 mile (8 blocks)
 More than 3/4 mile

Please estimate how long this would take. _____ Minutes.

11.) WITHOUT the use of your primary mobility device, how far are you able to travel?

Not at all
 Less than 200 feet
 1/4 mile (3 blocks)
 1/2 mile (5 blocks)
 3/4 mile (8 blocks)
 More than 3/4 mile

Please estimate how long this would take. _____ Minutes.

12.) Are you able to wait at a bus stop that does not have a bus shelter or bench?
 Yes No

If yes, for how long?

Less than 5 minutes

Less than 10 minutes

10 minutes or more

13.) Are you able to identify the correct bus, when there are multiple buses servicing a stop or transit center?
 Yes No

14.) When using paratransit service, would your health condition/disability require you to travel with a personal care attendant (PCA)?
 Yes No

* A PCA is a person traveling as an aide who is designated or employed by a person with disabilities to help that person meet his/her personal needs, facilitate travel, and/or provide assistance to the individual when he/she arrives at their destination.

15.) Some persons cannot be left alone at their residence or other destination; for example, persons with dementia or Alzheimer’s disease. Does someone always need to meet you when you arrive at a destination?
 Yes No

Part E: Navigation Skills

Are you:

Able to ask for, understand and follow directions? Yes No

Able to recognize, destinations, bus stops or landmarks? Yes No

Able to recognize printed information? Yes No

Able to process spoken words or auditory information. <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to communicate needs. <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to cope with unexpected problems or changes in routine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to independently and safely travel through crowded and/or complex facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to travel independently along sidewalks and other pedestrian ways? <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to cross a busy street independently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to use a telephone to make and receive calls? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part F. Visual Impairment (The following are questions about visual impairments, if not applicable, please skip this section)

<p>16.) Please describe your visual impairment. _____ _____</p> <p>How long have you had this visual impairment? _____</p>
<p>17.) Are you legally blind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18.) Is the condition stable, degenerative or otherwise changing? _____</p>
<p>19.) Do you have any specialized mobility devices specific to your visual impairment? (Ex: Sighted guide) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please list: _____</p>

20.) Are you able to travel outdoors by yourself? ___Yes ___No

If yes:

___Only on your own property?

___to places nearby. (on your block)

___In poor weather(Snow/Rain) Please explain:_____

___to places further away. Please explain:_____

21.) If you answered yes to question 19 and you checked "To places further away", please check if you can cross:

___Quiet Streets

___Busy Intersections

___At traffic lights

22.) If you are partially sighted is your vision affected

___Bright Sunlight

___Dimly Lit or Shaded Place

___Night

23.) Have you ever had mobility training? ___Yes ___No

If yes, was it successful? ___Yes ___No

If No, Please explain _____

24.) If you stopped using the fixed route bus system, please explain:



The Following are general questions to help Dial-A-Ride/COLT better serve its customers.
Please answer all applicable questions to the best of your ability.

1.) Are you able to travel in a four-door sedan type vehicle? ___Yes ___No

2.) If you require a ramp or lift to be able to safely travel, does your residence or living arrangement have an accessible entrance?

___Yes ___No

3.) If you would like to designate a pick up location other than front door or front entrance of your residence, please specify where you would like Dial-A Ride to pick you up. (i.e. side entrance of building to the west)

4.) Please provide any other information that may assist Dial-A-Ride in providing you with the best experience.



Part G: Please Read the following and sign the application.

For the applicant: Applications must be signed. **Unsigned applications will be returned.**

I understand that the purpose of this application is to determine whether I am eligible to use COLT/Dial-A-Ride paratransit services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service. I understand that information I provide will be disclosed only as needed to evaluate eligibility for COLT/Dial-A-Ride paratransit Service, and to provide Dial-A-Ride services if I am determined to be eligible.

Applicant or legal representative Date

If this application was completed by someone other than the applicant: If someone other than the applicant assisted in completing this application, that person must complete and sign the following:

Relationship to applicant:_____

First Name:_____ Last Name:_____

Address:_____

Phone: _____ - _____ - _____ Other: _____ - _____ - _____

Organization or agency affiliation:_____

I have knowledge of the applicant's disability or health condition. ___Yes ___No

I am aware of how the applicant's disability or health condition limits or prevents use of the COLT Fixed Route Bus System. ___Yes ___No

Representative's Signature Date



Part H: Medical Release Form

Authorization to Release Medical Information

In order to allow COLT/Dial-A-Ride to evaluate your request for transportation under the Americans with Disabilities act of 1990, it is necessary to contact a health care provider that is familiar with your disability.

Please give the name, address and telephone number of your current health care provider that is most familiar with your specific health condition or disability. If there is more than one health care provider that you would like for us to contact, then please list all applicable names/addresses below. (Only one provider is required)

1.)

Name of Professional: _____ Title _____

Address: _____

Phone: _____ Fax: _____

2.)(Optional)

Name of Professional: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

I authorize the above named health care provider to release information to the City of Loveland Transit's (COLT) Dial-A-Ride Program. I understand that this information will be used exclusively to determine my eligibility for ADA paratransit services. I understand that this information will be valid for 90 days. I understand that I may revoke this medical release in writing at any time to the COLT office.

Applicant Name (Please Print): _____

Signature of applicant or legal representative: _____

Today's Date: _____ **Applicant's Date of Birth:** _____



Part I: Instructions regarding signatures and submitting application to COLT

Before returning the application, please make sure that:

- 1.) You answer all questions applicable to your health condition or disability
- 2.) You sign part G on page 11
- 3.) You complete and sign the Medical release form on page 12

Please return the application to the COLT office

By Mail:

COLT
105 West 5th Street
Loveland, CO 80537

By Fax: (970) 962-2936

By Email: COLT@cityofloveland.org

If you have questions or need assistance completing the application, including an alternative format, please call the COLT office at (970) 962 – 2700.