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## HOW TO APPLY FOR ADA PARATRANSIT CERTIFICATION

Access-a-Ride is RTD's complementary paratransit service. Like the regular bus, it is shared ride service. Eligibility for Access-a-Ride service is determined by the impact a disability or disabling condition has on one's ability to use bus/rail service, not on the presence of a disabling condition. Eligibility is established under the guidelines provided by the federal government.

Similar to regular bus service, there may be multiple stops en route to your destination.

### How to apply in 4 easy steps

1. Complete the enclosed Application form.
2. Download the Medical Verification Form. Sign the Authorization for Release of Information and provide the form for completion to your licensed Medical Provider familiar with your disability.
3. Return both parts of the *completed forms* to RTD via USPS at:

**RTD**  
**c/o Access-a-Ride**  
**1660 BLAKE ST**  
**DENVER, CO 80202**                      *OR fax it to 303-299-2169*

Once RTD has reviewed the completed documents, they will be sent to our assessment center, and you will be contacted to schedule via an automated call system.

4. Participate in an in-person certification appointment. RTD will provide transportation to this appointment if needed. ID photos will be taken.

*Please let us know if you need translation of interpretation services for this appointment.*

### What to do on the day of your certification appointment

1. Wear clothing appropriate for the weather.
2. Bring the mobility aids that you primarily use (or will use) on public transportation.  
*Note: our vehicles can accommodate a combined weight of up to 800 pounds.*
3. Bring a photo ID card.
4. Bring someone to assist you with personal care tasks if needed.
5. If you use oxygen, bring enough for at least 3 hours.
6. Bring a snack if you feel you might need one.
7. Bring medications that you will need during the time you are away (up to 3 hrs).

Applications not completed within 90 days of submission will be considered withdrawn.

**Important note:** All determinations are made based on the information gathered from your application, medical verification form, and your assessment. Applicants who wish to appeal their eligibility determination will be provided with information on how to make an appeal when their assessment results are mailed.

# ADA Paratransit Certification Application



## ADA PARATRANSIT CERTIFICATION APPLICATION. (New customers)

*(Unanswered questions may result in delay in processing)*

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County:** \_\_\_\_\_

**Name of Apartment/Facility:** \_\_\_\_\_

**Primary phone:** \_\_\_\_\_  Home  Cell  Work

**Secondary Phone:** \_\_\_\_\_  Home  Cell  Work

**E-Mail:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Gender:**  Male  Female  \_\_\_\_\_

**Pronouns used:**  He/Him/His  She/Her/Hers  They/Them/Theirs

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

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

**Primary language:** \_\_\_\_\_ **Will you need translation?**  Yes  No

**Need written information in a different format? Indicate preference:** \_\_\_\_\_

### Local Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone: \_\_\_\_\_  Home  Cell  Work

Secondary Phone: \_\_\_\_\_  Home  Cell  Work

### **Is someone assisting you with this application? (Name and contact information)**

\_\_\_\_\_ **My preferred communication is via:**  Phone  Text  Email

**I wish to receive recorded pick up reminders the night before the trip**  Yes  No

**I wish to receive recorded pick up information when pick up is imminent**  Yes  No

I understand that paratransit service is not point-to-point transportation, but shared ride public transportation. Service on Access-a-Ride is only available when fixed route bus service is available.

\_\_\_\_\_ (initial here)

### **CURRENT TRAVEL:**

#### **How do you currently travel outside your home:**

Access-a-Ride  Access-on-Demand  Uber/Lyft  Friends or family

I use fixed route bus and rail services regularly.

# ADA Paratransit Certification Application



**Primary routes used:** \_\_\_\_\_

I use fixed route bus and rail to go the following places: \_\_\_\_\_

I need help using the fixed route bus for the following tasks: \_\_\_\_\_

I can never use regular fixed route bus and rail because: \_\_\_\_\_

**When was the last time you used the fixed route bus/rail?** \_\_\_\_\_

**How far is it from your home to the nearest bus stop?** \_\_\_\_\_

## HEALTH STATUS:

**How do your health-related conditions currently PREVENT you from using regular public transit without the help of another person?** \_\_\_\_\_

**Do the effects of these conditions vary from day to day?**  Yes  No

**Do your health-related conditions inhibit your ability to perform self-care tasks or tasks related to living independently?**  Yes  No

**Which of these mobility aids do you use when you leave your home? (Check all that apply)**

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> None                | <input type="checkbox"/> Cane         | <input type="checkbox"/> Manual wheelchair      |
| <input type="checkbox"/> Communication board | <input type="checkbox"/> Prosthesis   | <input type="checkbox"/> Extra-large wheelchair |
| <input type="checkbox"/> Portable oxygen     | <input type="checkbox"/> Crutches     | <input type="checkbox"/> Power wheelchair       |
| <input type="checkbox"/> White cane          | <input type="checkbox"/> Walker       | <input type="checkbox"/> Power scooter          |
| <input type="checkbox"/> Service animal      | <input type="checkbox"/> Other: _____ |   |

**\*\*PLEASE bring your primary mobility device to your certification appointment. You may be required to return with your device if you do not bring it to your appointment.\*\***

## TRAVEL RELATED SKILLS:

**Are you able to perform the following tasks?**

- |  |                              |                             |                                    |
|--|------------------------------|-----------------------------|------------------------------------|
| Read a bus and/or rail schedule?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Use a phone app to assist with trip planning?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Contact Customer Care for help with trip planning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Manage fare media?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Recognize landmarks/locate your destination?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Follow directions in an emergency?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |

Determine a new plan when you make a mistake?  Yes  No  Sometimes

**Please explain no/sometimes answers:**

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**When traveling in the community, are you able to:**

Cross a busy intersection?  Yes  No  Sometimes

Travel up/down hills?  Yes  No  Sometimes

Travel in areas without curb cuts?  Yes  No  Sometimes

Travel at night?  Yes  No  Sometimes

Travel in cold weather?  Yes  No  Sometimes

Travel in hot weather?  Yes  No  Sometimes

Travel in bright light conditions?  Yes  No  Sometimes

Travel when it is raining or snowing?  Yes  No  Sometimes

Have you ever had travel training?  Yes  No

**Please explain no/sometimes answers:**

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**How far are you able to travel when in the community?** \_\_\_\_\_

Eligibility for paratransit service is set forth by the Americans with Disabilities Act of 1990 (Section 37.123 (3)):

- 1. Based on an inability to get to and from a bus stop or on and off a lift-equipped fixed-route bus by yourself.*
- 2. Having a disability that prohibits you from completing fixed-route bus.*

**Please review the following information:** (and check once read)

- I understand that the medical verification form is a required part of this application and must be completed by one of my licensed providers.
- I understand that an in-person interview and assessment of my mobility needs is required as part of this application process. Access-a-Ride will provide transportation to that appointment if needed.
- Incomplete forms or forms without signature of **applicant** or **legal guardian** will not be processed until completed. Please check the forms for completeness prior to submission.
- Travel training services are available through the certification center for those wishing to learn how to use fixed route bus and rail service.

# ADA Paratransit Certification Application



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**I certify that the information provided in this application is true and correct.**

**I understand that falsification of information could result in loss of Access-a-Ride services.**

**Forms without signature will delay processing.** Incomplete applications may be withdrawn after 90 days.

\_\_\_\_\_  
**Signature of Applicant or Legal Representative**

\_\_\_\_\_  
**Date**

*Verbal consent is not a substitute for the applicant's signature, in most cases (2/2023)*