

## HOW TO APPLY FOR ADA PARATRANSIT RECERTIFICATION

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 who is familiar with your disability.
3. Return both parts of the *completed forms* (6 pages) 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 forwarded to our assessment center, and you will be contacted for scheduling 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 during this appointment.

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Applications not completed within 90 days of submission will be considered withdrawn.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



## APPLICATION FOR ADA PARATRANSIT RECERTIFICATION. (Existing customers)

(Unanswered questions may result in a delay in processing)

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**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)

# ADA Paratransit Recertification Application



## 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

Primary routes used:

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

I need help using the fixed route bus and rail 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?

## HEALTH STATUS:

Since my last certification, my health/disability:

is better      is the same      is worse (please elaborate):

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)

None	Cane	Manual wheelchair
Communication board	Prosthesis	Extra-large wheelchair
Portable oxygen	Crutches	Power wheelchair
White cane	Walker	Power scooter
Service animal	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?	Yes	No	Sometimes
Use a phone app to assist with trip planning?	Yes	No	Sometimes
Contact Customer Care to help with trip planning?	Yes	No	Sometimes
Manage fare media?	Yes	No	Sometimes
Recognize landmarks/locate your destination?	Yes	No	Sometimes
Follow directions in an emergency?	Yes	No	Sometimes
Determine a new plan when you make a mistake?	Yes	No	Sometimes

# ADA Paratransit Recertification Application



Please explain no/sometimes answers:

**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:

**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)

Changes to my disability, ability to perform travel tasks, or changes with my mobility device require notification of Access-a-Ride and may result in need for reassessment of eligibility to avoid missed trips.

I understand that I may be required to participate in an in-person interview and assessment of my mobility needs as part of this application process.

I understand that I must complete an accompanying medical verification form as part of the recertification process.

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 Recertification 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 applicants signature in most cases (02/2023)*

*Please print and sign this form before submitting to the address listed on page one.*

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.