

## Traveler

Traveler provides accessible transportation for persons with an assessed inability to access any other transportation modes that exist in the designated service areas of Garfield County.

Americans with Disabilities Act (ADA) eligibility is a transportation decision, not a medical one. *Eligibility for Traveler services is neither based solely on disability, age, or medical diagnosis, nor is it based on the perceived or real inconvenience, inexperience and/or personal choice to not utilize these transportation modes.*

I also understand that, at no expense to me, Traveler's requirements are that I participate in an in-person functional ability assessment that will determine the "range of access" to Traveler service.

Once you complete and return the application, a timely consideration of the application will occur. You will receive a call by the office staff to set up an appointment for the in-person functional ability assessment. A call is usually made within a week of receipt of the application. Therefore, assure that the contact number listed on the application is indeed where the applicant can be reached.

Please e-mail, mail or fax completed application to:

Traveler

Garfield County Department of Human Services – Senior Programs

195 West 14<sup>th</sup> Street

Rifle, CO 81650

Fax: 928-0465

[jumartin@garfield-county.com](mailto:jumartin@garfield-county.com)

Please call Judy Martin at (970) 945-9191, extension 3061, with questions, or for applications in rural Garfield County, New Castle through Battlement Mesa. The town of Parachute has its own transportation system. Please contact the town manager at (970) 285-7630

If you live inside the city limits of Glenwood Springs or the town of Carbondale, please call (970) 384-4855 with any questions.

## TRAVELER – ADULTS WITH DISABILITIES APPLICATION

This application is designed to gather information concerning the applicant's ability to use the transportation modes available in your service area of Garfield County.

Please complete this application as thoroughly as possible and to the best of your ability. The more information you provide, the better Traveler will understand your transportation needs and travel challenges. Once the completed application is received, you will be contacted to arrange an in-person functional ability assessment.

Please return the completed application to Traveler, Garfield County Department of Human Services – Senior Programs, 195 West 14<sup>th</sup> Street, Rifle, CO 81650. Please call (970) 945-9191, extension 3061, should you have any questions or need assistance in completing the application.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex:  Male  Female

Applicant contact mode/number(s) \_\_\_\_\_

Residential address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_  
\_\_\_\_\_ City/State/Zip \_\_\_\_\_

E: mail address \_\_\_\_\_

In case of Emergency Notify:

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

Contact number(s) \_\_\_\_\_

Please check below how you would like written material sent to you in the future.

Regular Print  Large Print  Any Other Language \_\_\_\_\_

Do you currently use public transportation?  Yes  No

If yes, Last time used \_\_\_\_\_

Please explain the reason(s) for your inability to utilize public or private transportation modes that are available in your area.

Is it your opinion, that this inability is temporary?  Yes  No

What are the barriers that prevent you from accessing these transportation modes?

In what way(s) does this barrier prevent you from utilizing these transportation modes?

When you travel, do you have/require assistance from a personal care attendant?

Yes, always  Yes, sometimes  No

Can you walk or wheel, without assistance?  Yes  No

Do you, or have you in the past had seizures?  Yes  No

How far is the nearest bus stop to your resident? Approximately \_\_\_\_\_

Can you get to and from this bus stop?  Yes  No

Can you get to and from the "curb" closest to your residence to access ADA service? \_\_\_\_\_

I am a U.S. citizen?  Yes  No

Do you utilize any assistive devices for ambulation? (Please check all that apply)

- Walker
- Scooter
- Crutches
- Wheelchair
- Other (Please Specify) \_\_\_\_\_
- Portable oxygen
- Cane
- Powered scooter
- Long white cane
- Picture or alphabet board
- Leg braces
- Service animal
- Prosthesis
- Hearing aides
- Glasses

Is the combined weight of you in your wheelchair?

Under 600 pounds  600 pounds or more

Does your physical condition change from day to day where it may be difficult to use bus services?

- Yes, my physical condition is good on some days and bad on others.
- No, my physical condition does not change from day to day.
- Not sure

On days when your physical condition is good, can you on your own, or using mobility aid (i.e. wheelchair, scooter, walker, etc.)? Check all that apply:

- Get to the curb in front of your house
- Travel up to 1 block
- Travel up to 4 blocks
- Cannot travel outside your house. Please explain \_\_\_\_\_

On days when your physical condition is bad, can you on your own, or using mobility aid (i.e. wheelchair, scooter, walker, etc.)? Check all that apply:

- Get to the curb in front of your house
- Travel up to 1 block
- Travel up to 4 blocks
- Cannot travel outside your house. Please explain \_\_\_\_\_

Do you have a valid Colorado driver's license?  Yes  No

I have surrendered my Colorado's driver's license?  Yes  No

Another qualifying factor for Traveler service is the voluntary surrendering of a valid Colorado driver's license due to a perceived or real inability to safely operate a motor vehicle. This inability to safely operate a motor vehicle must be a determination of the applicant and/or their family, a health care provider or the Colorado Department of Motor Vehicles. Surrender due to violations or abuse of the license holders driving privileges, is not considered as voluntary.

**Please read the following statements and check those which best describe your abilities to use fixed route buses. (Check all that apply)**

- I can get to and from the transportation vehicle if the distance is not too great.
  - I can ride the bus when I am feeling well. There are other times, however when my disability or health conditions worsens, and at these times I cannot ride the bus.
  - I have a disability or health conditions that prevent me from riding the bus if the weather is very hot or very cold.
  - I cannot climb stairs to get on or off a vehicle.
  - I can get to and from the vehicle only if there are curb-cuts and level sidewalks.
  - I am not able to use current transportation vehicles for other reasons. Reasons:
- 

Are you able to ask the driver for assistance?  Yes  No

Can you grasp railings to get on and off the vehicle?  Yes  No

Can you pull cords, or push the bell strip in order to let the driver know you want to get off the vehicle?  Yes  No

Can you make a fare transaction/donation on a vehicle?  Yes  No

- My disability or health conditions make it impossible to travel when there is snow or ice on the ground.
- I have difficulty understanding or remembering all the things I would have to do to use the bus.
- Under the best of conditions, what is the FURTHEST you can walk outdoors with the help of another person?

- Less than one block
- 1 block
- 2 blocks (1/4 mile)
- 4 blocks (1/2 mile)

- 6 blocks (3/4 mile)
- more than 6 blocks
- I cannot travel outdoors alone at all

## Please give us more information about your functional abilities

Without the help of someone else can you.....

1. Ask for and understand written or spoken instructions?

Always  Sometimes  Never  Not Sure

2. Cross the Street?

Always  Sometimes  Never  Not Sure

3. Stand for 10 minutes if there is no place to sit?

Always  Sometimes  Never  Not Sure

4. Step on and off a sidewalk from the curb?

Always  Sometimes  Never  Not Sure

5. Walk up and down three steps if there is a handrail?

Always  Sometimes  Never  Not Sure

6. Stand on a moving vehicle holding onto a handrail?

Always  Sometimes  Never  Not Sure

7. Transfer from one vehicle to another?

Always  Sometimes  Never  Not Sure

8. Can wait 10 minutes at a stop that does not have a seat and a shelter?

Always  Sometimes  Never  Not Sure

**Please give us information about where you go and how you get there now.**

List your 3-4 most frequent destinations and how do you currently get there?

1. Where do you go? \_\_\_\_\_  
Address: \_\_\_\_\_  
How often do you go there? \_\_\_\_\_  
How do you get there now? \_\_\_\_\_

2. Where do you go? \_\_\_\_\_  
Address: \_\_\_\_\_  
How often do you go there? \_\_\_\_\_  
How do you get there now? \_\_\_\_\_

3. Where do you go? \_\_\_\_\_  
Address: \_\_\_\_\_  
How often do you go there? \_\_\_\_\_  
How do you get there now? \_\_\_\_\_

4. Where do you go? \_\_\_\_\_  
Address: \_\_\_\_\_  
How often do you go there? \_\_\_\_\_  
How do you get there now? \_\_\_\_\_

Do you have a health care professional's report to substantiate this request?  No  Yes

## Certification and Signature

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I understand that the purpose of this application is to determine if I am eligible to use Traveler. I certify that the information provided in this application is true and correct.

The Americans with Disabilities Act of 1990 is a civil rights act that requires public transit agencies to provide services to people whose disabilities prevent them from using public transportation some or all of the time. The information you provide will enable us to make an appropriate determination for you. All information will be kept confidential. Thank you for your assistance.

By signing this application, the applicant agrees to the following conditions:

1. An in-person functional ability assessment will be required in addition to a completed application.
2. A Professional Medical Verification Application may be required from your physician.
3. If at any time you are no longer affected by the disability as described, your eligibility for Traveler services automatically ceases.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signed Name

\_\_\_\_\_

Date

If someone assisted in completing this application, please provide the following information:

Print Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone \_\_\_\_\_

Please complete and include this form with your application and mail (Garfield County Dept. of Human Services, 195 West 14<sup>th</sup> Street, Rifle, CO 81650), fax (970-928-04650 or e-mail (jumartin@garfield-county.com). A call will be made to you by the office staff within five days of receipt of the application to set up an appointment for the in-person functional ability assessment. You may also call us at (970) 945-9191 extension 3061 should you have any questions or concerns.

## Authorization for Release of information for Traveler

In order for Traveler to evaluate your request for eligibility, sometimes it is helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list one or two professionals who we can contact if we need additional information.

Examples of qualified professionals include: physicians, physical therapist, occupational therapist, independent living specialist, rehabilitation specialist, social worker, registered nurse, ophthalmologist, psychiatrist, psychologist, case manager.

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**Medical Professional:** \_\_\_\_\_

**Type of Professional:** \_\_\_\_\_

**Office Location** \_\_\_\_\_ **Phone** \_\_\_\_\_

I hereby authorize the above named professionals to provide information about my disability and abilities to use Traveler and/or persons assisting Traveler in determining my eligibility for Transit Service. I understand that this information will be used solely for the purpose of determining my eligibility for service and that all medical information will be kept confidential.

Signature of Applicant or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

Please Release my information to:

Traveler  
Garfield County Department of Human Services – Senior Programs  
1956 West 14<sup>th</sup> Street  
Rifle, CO 81650  
Fax: (970) 928-0465