



Winter Park ADA Paratransit Eligibility

Thank you for applying for ADA paratransit service. Please read these instructions carefully.

What is ADA paratransit service and who is eligible?

Paratransit service is provided for customers who are unable, because of their disability, to use accessible fixed route buses. On routes where there is not yet an accessible fixed route bus, passengers requiring a wheelchair lift in order to board are provided paratransit service. Your disabling condition may be permanent, temporary, or conditional.

Visitors are eligible to use Winter Park's ADA paratransit service. If a visitor has eligibility from another system or if you require an accessible bus in order to ride, you may use our paratransit service.

Winter Park's ADA paratransit service is a shared-ride curb-to-curb transportation. For riders who are eligible, door-to-door (origin to destination) service will be provided.

- A rider who sometimes is able to use the bus may be eligible for paratransit service for those trips that cannot be made by bus because of a disability.
- Riders who use a wheelchair will be conditionally eligible for paratransit service if the route on which they wish to travel is not wheelchair accessible.

How do I apply?

1) **Residents** who will be in the area 21 or more days: ask your health care provider or disability specialist, who is familiar with your disability, to complete the attached Professional Verification of Disability form. This form may be completed by anyone of the following professionals or staff from the National Sports Center for the Disabled:

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Orthopedist |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Social Worker (MSW) | <input type="checkbox"/> Rehabilitation Counselor |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Independent Living Specialist |
| <input type="checkbox"/> Mental Health Clinician | <input type="checkbox"/> Mobility instructor |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> NSCD staff |
| <input type="checkbox"/> PT/OT | |
| <input type="checkbox"/> Chiropractor | |



After the attached Professional Verification of Disability Form has been completed, please send to Town of Winter Park, P.O. Box 3327, Winter Park, CO 80482.

An in-person interview and assessment may be required before eligibility can be determined or renewed. Eligibility will be good for three years, and then renewal will be required.

2) Visitors

Call (970) 726-4163 as soon as you know you will be visiting. A short visitor eligibility form is attached. It will provide us with basic information needed in order to serve you properly. You may provide this information to our transit operator, Transdev in several ways:

By telephone: (970) 726-4163

E-mail it to: Phillip.VanHorn@Trandev.com

Mail it to: Phillip Van Horn, Transdev
PO Box 166, Winter Park, CO 80482

If you arrive and find that you will need paratransit due to lack of accessible buses, just call us for next day service. We will ask you for the basic information on the short visitor form and then arrange your rides for the next day.

Visitor eligibility is good for 21 days in a calendar year. If you will be using the service for more than 21 days, please complete the full eligibility form.

When will I find out if I am eligible?

You will receive a letter within 21 calendar days from the date you completed your application and, if required, in-person interview and assessment, and when all other necessary documentation has been received by Winter Park. If it is determined you are able to use the fixed route bus service for some or all of your trips and you do not agree, you may file an appeal within (60) calendar days from the date you received your eligibility letter.

In accordance with the provisions of the Americans with Disabilities Act and the Civil Rights Act of 1964, Winter Park does not discriminate on the basis of disability, race, color, national origin, or gender. For more information about these statutes, or to file a complaint, please contact the Town of Winter Park at (970) 726-8081.



Authorization for Release of Information

I hereby authorize the following professionals _____ (*insert name of professional or office*) to provide information about my disability and abilities to use bus service to the Town of Winter Park and/or persons assisting the Town of Winter Park in determining my eligibility for paratransit service. I understand that this information will be used solely for the purpose of determining my eligibility for paratransit service and that all medical information about my disability will be kept confidential.

I also understand that, at no expense to me, Winter Park may require that I participate in an in-person evaluation of my travel skills and I agree to such an evaluation.

(Signature of Applicant or Responsible Party)

Date

FOR MEDICAL OR OTHER QUALIFYING PROFESSIONAL:

Name of Professional: _____

Title of Professional: _____

License Number if applicable: _____

Phone Number: _____ Fax #: _____

The Americans with Disabilities Act of 1990 is a civil rights act that requires public transit agencies to provide paratransit service to people whose disabilities prevent them from using a bus some or all of the time. 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.



1) In what capacity do you know the applicant? _____

2) When did you last see the applicant? _____

3) What is the formal diagnosis of the applicant's condition? _____

4) What is the prognosis? Is the condition stable, degenerative, or otherwise changing?

5) Is this condition Temporary? ___Yes ___No

If the answer to question #5 is YES, for how long do you anticipate the applicant needing specialized transportation? ___Months

6) Is the individual able to walk outdoors alone?

___ Sometimes ___ Often ___ Never

Comments: _____

7) If the answer to question 6 is SOMETIMES or OFTEN, where can he/she travel?

Only on their own property: ___Yes___ No
To places nearby (example, on the same block): ___Yes___ No
To places farther away: ___Yes___ No



If YES to places farther away, please explain: _____

8) If the applicant is able to travel outdoors alone, is he/she able to travel:

- Less than 1 block: Yes No
- 1 to 3 blocks: Yes No
- More than 3 blocks: Yes No
- Stand without support: Yes No
- Stand for 15 minutes: Yes No

9) Can this applicant independently travel in and/or tolerate the following conditions:

- Hot weather: Yes No
- Strong sunlight: Yes No
- Cold weather: Yes No
- Hills: Yes No
- Wind: Yes No
- Street crossings: Yes No

10) Is the applicant able to:

- Follow written or oral direction: Yes No
- Ask for assistance from appropriate sources: Yes No Deal
- with unexpected situations or changes in routine: Yes No Give
- addresses and phone numbers upon request: Yes No
- Safely cross a major street: Yes No
- Find their way in familiar locations: Yes No
- Signal a bus operator to get off at a familiar stop: Yes No

11) Is the applicant's ability to travel outside alone affected by other conditions, (consider in particular the impact of environmental noise, the inability to distinguish traffic flow patterns, or when roadways are icy, snow-packed, or have snow berms)? If so, please describe:



THE LAST TWO QUESTIONS ARE FOR VISUAL IMPAIRMENTS ONLY:

12) If the individual is partially sighted, is he/she able to see steps or curbs?

___ Sometimes ___ Often ___ Never

Comments: _____

13. If the individual is partially sighted, is his/her vision affected by different lighting conditions?

Bright sunlight: ___ Yes ___ No
Dimly lit or shaded places: ___ Yes ___ No
Night time: ___ Yes ___ No

Comments: _____

I verify the information I completed for this application is accurate to the best of my knowledge as of the date I signed below.

Signature of Medical or Other Professional

Date



Professional Verification of Disability Form

Please complete this form in order to be considered for paratransit service. Winter Park may require an in-person interview and assessment of your travel abilities. Submit the form to:

E-mail: Phillip.VanHorn@Transdev.com
Phone: (970) 726-4163
Postal service: Phillip Van Horn, Transdev
PO Box 166, Winter Park, CO 80482

To be completed by applicant:

Name of Applicant: _____
Last First Initial

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone #: _____ Work Phone #: _____

E-mail: _____

Birth Date: _____ M ___ F ___

Mailing Address (if the same as home address, leave blank)

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Country: _____

Please give us the name and telephone number of a LOCAL friend or relative to call in the event of an emergency:

Name: _____ Relationship: _____

Home Phone #: _____ Alternate Phone #: _____

Will a passenger assistant be traveling with you? Yes No

Do you require a wheelchair lift to board the bus? Yes No

Can you navigate to and from a curbside location? Yes No
