All Points Transit
P.O. Box 1416
Montrose, CO 81402
(970) 249-0128

ADA Transportation Eligibility Application

Part A: Personal Information

First Name: _____ M.I. _____ Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

1. Is this an apartment complex, mobile home park, or facility? ☐ Yes ☐ No

2. Name of complex or facility (if applicable): _____

Mailing Address (if different from above): _____

Primary Phone: _____ Mobile Phone: _____

Email Address: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female

Part B: Emergency Contact (Authorized to contact APT and to act on your behalf)

Contact Name: _____

Phone: _____

Relationship to Applicant: _____

Applicant's Release (Please Initial):

_____ I am filling out this form on behalf of the applicant

_____ I understand the purpose of this evaluation form is to determine my eligibility for ADA Transportation service.

_____ I understand the information about my disability contained in this application will be kept confidential and shared only with professionals evaluating my eligibility.

_____ I hereby authorize my medical representative to release any and all information regarding my medical condition to All Points transit.

_____ I understand that false or misleading information provided by me or someone acting on my behalf could result in my eligibility being denied or revoked.

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

1. What is the primary disability or health condition that you feel prevents you from being able to use APT's Fixed Route Bus Service? Please be specific.

   Date of diagnosis or onset:

2. Do you have other physical or mental health disabilities or conditions that may limit your ability to use APT'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

If you answered "Temporary", please explain: _____

_____

_____

_____

Part D: Tell us your knowledge of APT's Fixed Route Service

1. Have you used APT's Public Bus Service? ☐ Yes ☐ No

If yes, how often do you use the public route? _____

2. When was the last time you used the Public Bus Service? _____
3. Which APT bus stop is closest to your home? _____

Are you able to get to this stop on your own? ☐ Yes ☐ No

4. Are you able to, on your own, use the internet or telephone to obtain bus information? ☐ Yes ☐ No
5. How would you describe the terrain where you live? (e.g., steep hill, flat, uneven sidewalks, no sidewalks, etc.): _____

_____

6. What best describes your ability to use the APT Public Bus Bus Service?

☐ I can use the public bus for most trips.

☐ I could use the public bus, but it would be difficult.

☐ I can use the bus, but only for specific destinations.

☐ I have never tried to use the public bus.

☐ I cannot use the public bus without a personal care attendant.

☐ I cannot use the public bus at all because:

7. Do weather conditions prevent you from using the bus? (Check all that apply):

☐ Heat ☐ Cold ☐ Snow/Ice ☐ Rain

8. How do you currently travel? (Check all that apply)

☐ I drive myself ☐ Someone else drives me ☐ Van/Car Service ☐ Taxi/Uber

☐ Fixed Route Bus ☐ Dial-a-Ride

9. Have you ever received mobility training (i.e., has someone shown you how to ride the fixed route bus)?

☐ Yes ☐ No

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

☐ None ☐ White Cane ☐ Cane ☐ Scooter

☐ Power Scooter ☐ Manual Wheelchair ☐ Powered Wheelchair ☐ Crutches

☐ Hearing Device ☐ Oxygen Tank ☐ Service Animal

☐ Other (please describe): _____

11. What is the farthest distance you can reasonably travel without assistance from another person? (Assume level ground and no barriers or weather issues. If you use a mobility device, answer based on your primary device.)

    ☐ Less than 200 feet ☐ ¼ mile (about 3 blocks) ☐ ½ mile (about 5 blocks)

    ☐ ¾ mile (about 8 blocks) ☐ More than ¾ mile. Estimated time to travel this distance: ___ minutes.

12. Are you able to wait at a bus stop without a shelter or bench?

    ☐ Yes ☐ No

    If yes, how long can you wait?

    ☐ Less than 5 minutes ☐ Less than 10 minutes ☐ 10 minutes or more

13. When using ADA Transportation service, will your health condition or disability require you to travel with a personal care attendant, caregiver, or escort? ☐ Yes ☐ No ☐ Sometimes

14. Do you require someone to meet you at your destination? (For example, individuals with dementia or Alzheimer's who cannot be left alone.) ☐ Yes ☐ No

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Part E: Independent Travel and Navigation Skills

Please check the box that best describes your ability:

1. Are you able to ask for, understand, and follow directions? ☐ Yes ☐ No
2. Are you able to recognize destinations, landmarks, and bus stops? ☐ Yes ☐ No
3. Are you able to read printed information? ☐ Yes ☐ No
4. Are you able to communicate your needs? ☐ Yes ☐ No
5. Are you able to process spoken words or auditory information? ☐ Yes ☐ No
6. Are you able to cope with unexpected problems or changes to your routine? ☐ Yes ☐ No
7. Are you able to travel independently and safely through crowded and/or complex facilities? ☐ Yes ☐ No
8. Are you able to travel independently along sidewalks and other pedestrian paths? ☐ Yes ☐ No
9. Are you able to cross a busy street independently? ☐ Yes ☐ No
10. Are you able to use a telephone to make and receive calls? ☐ Yes ☐ No

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Part F: General Questions – The Following are general questions to help APT better serve our customers. Please answer all applicable questions to the best of your ability.

1. If you require a ramp or lift to safely travel, does your residence or living arrangement have an ADA-accessible entrance?

    ☐ Yes ☐ No

2. If you would like to designate a pick-up location other than your front door or main entrance, please specify (e.g., side entrance of building to the west): _____

    _____

1. Please provide any additional information that may help APT offer you the best possible service: _____

_____

_____

_____

Part G: Applicant Certification and Signature

Important: This application *must be signed*. Unsigned applications ***will not be accepted.***

I understand that the purpose of this application is to determine whether I am eligible to use All Points Transit (APT) ADA Transportation services. I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in denial or revocation of service. I also understand that any information I provide will be used only for the purpose of evaluating my eligibility for APT ADA Transportation services and, if approved, for the provision of those services.

Signature of Applicant or Legal Representative: _____

Date Signed: _____

If this application was completed by someone other than the applicant, that person must complete the following:

Relationship to the Applicant: _____

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Organization or Agency Affiliation (if any): _____

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

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

Representative's Signature: _____

Date Signed: _____

Part H: Authorization to Release Medical Information

To evaluate your request for ADA-eligible transportation services, All Points Transit must obtain information from a health care provider familiar with your condition. A Professional Verification Form will be sent to the provider you list below.

Please complete the provider's information:

Name of Professional: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

I authorize the above-named provider to release information to All Points Transit's Accessible Transportation Program. I understand that this information will be used solely to determine my eligibility for services under the Americans with Disabilities Act (ADA), and will be kept secure and confidential.

Applicant Name (please print): _____

Signature of Applicant or Legal Representative: _____

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

Part I: Application Submission Checklist

Before submitting your application, please make sure you have:

1. Answered all questions related to your health condition or disability.
2. Signed the certification in Part G (on page 4).
3. Completed and signed the Medical Release Form in Part H.

Return your completed application to All Points Transit:

- By Mail: 156 Colorado Ave, Montrose, CO 81401
- By Fax: (970) 249-4473
- By Email: ada@aptransit.org